BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within In after death. Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND I	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH BAY YEAR 3. TIME OF DEATH									
)		TO THE RESERVE OF THE PARTY OF	n yrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
	231-20-0133	□ M 2 XXF 80	YRS.	No-Contract to the	HOURS MIN.	Sept 21.	1911	North Carolin			
~	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOW	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
Ď.	Shady Grove Advent	<u>ist Hospita</u>		Montg	omery						
<u>n</u>	10e. STATE 10b. COUNTY		10c. CITY			10d. INSIDE CITY LIMITS?					
ä	Maryland Montgo	mery	Ger	mantow	1			1 TYES TO NO			
AL	10e. STREET AND NUMBER					10g. CITIZE	N OF WHAT COUNTRY?				
FUNERAL DIRECTOR	18904 McFarlin Dri				U.S.						
2	11. MARITAL STATUS 12 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ECENDENT OF HISPAN specify Cuban, Mexico		Yee or No- 14	I. RACE — American Indian, Black, White, atc.			
à l	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 🗆 Y	ES XX NO Specify	γ:		Specify: White			
	15. DECEDENT'S EDUCAT		16e. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF	BUSINESS/INDUS	BTRY			
	(Specify only highest grade cor Elementary/Secondery (0-12)	npieted) Coltege (1-4 or 5+)	life. Do NOT us	vork done during se retired.)	most of working						
MPL	8		Clerk			Insur	ance Co	· .			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maid					
BE	William W. Ball					. Henders					
6	19e. INFORMANT'S NAME (Type/Print)				t end Number or Rural	Route Number, City or	Town, State, Zip Co	ode)			
	Robert D. Cox 200. METHOD OF DISPOSITION	206		as #10	cemetery, crematory or	Lana	LOCATION CH	n as Town Chate			
	1 Donetion 5 Other (Specify)	I from State	other place)			1		y or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICEN		tropoli		MALORY AND ADDRESS OF FA		Lexandr.	ia, Virginia			
		20_	M00896	10 E	. Deer Pa			Funeral Home ithersburg, MD 20877			
	23. PART I. Enter the diseases, or con eheck or heert fellure. Lis			not enter the I	node of dying, suc	h ss cardiac or re	apiretory srres	Approximate			
	IMMEDIATE CAUSE (Final							Onset end Deet			
	disease or condition resulting in death) s. RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF):										
. 1	DUE TO (OR AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE AUMONARY DISCASE Sequentially life conditions										
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE OF	F):	S FUU	TOWNE	PISE	195			
¥	If sny, lasding to immediata cause, Enter UNDERLYING	SMOKIN	6								
Ĕ	that initiated events		CONSEQUENCE O	F):							
	resulting in deeth) LAST										
	PART II. Other eignificant conditions	contributing to death b	ut not resulting	In the underly	ing cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL	HYPERKALDMIA	4_					FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MED	11.11.019.41.00	/				' ' '	2 LYNO	OF DEATH?			
2 .								120 2 20110			
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	heck only one)					
PHYSICIAN:		IOSPITAL: Inputient 2 - ER/Outp	etlent 3 DOA	OTHER: 4 Nursing H	ome 5 🗆 Residence	6 Other (Specify)					
Ť	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b. TIN	IE OF 28c.	INJURY AT WORK?	26d. DESCRIBE HO	W INJURY OCCU	RED			
ВУ	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
60	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, factory, o	ffice	26f. LOCATION (Str. City or Town, St		r Rural Route Number,			
AP.	29e. CERTIFIER (Check only one)										
COMPLET	2 MEDICAL EXAMINER:	On the besis of examination	n end/or investigation	on, in my opinio	n, death occured at the	time, date and place	, end due to the	cause(e) and manner as stated.			
296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month											
TO B	our rem				10000	d	14	2/4/			
	30. NAME AND ADDRESS OF PERSON WHO	MY AP	4701 R	HVBOLF	H RDI	LG3 RE	CRVICC	E MD 2085.			
	31. DATE FILED (Month, Day, Year) NOV - 4 1991	Fulle Davidson	Allenda								

		_
		•

DHMH-16 Rev 1/89

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	t. DECEDENT'S NAME (First, Middle, LI		(ORDREY	2. DATE OF DEATH DO 3		3. TIME OF DEATH A					
	4. SOCIAL SECURITY NUMBER 214-10-7744 90. FACILITY NAME (If not institution, g.	1½ M 2 □ F 79	rs. last birthday) YRS.	F UNDER 1 YEAR F UNDER 24 HRE MONTHS DAYS HOURS MIN 9b. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 12-31-1	8. BIRTH Country	PLACE (State or Foreign y) RON, MD.					
TOR		GENERAL HOSPITAL		SALISBURY	DEATH	WICON						
DIRECTOR	MD . 10b. COL	VICOMICO		, TOWN OR LOCATION LISBURY			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	GUNBY ROAD, BO	V #74		101. ZIP CODE	10g. CITIZEN OF W							
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? I YES 2 IF YES, GIVE WAR OR DATES	NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Mex t YES 2 K NO Spe	ican, Puerto Rican, etc.)	U S A O or No — 14. RACE Black Specifi	,—American Indian, White, etc.					
COMPLETED	15. DECEDENT'S I (Specify only highest gi Elementary/Secondary (0-12)	EDUCATION 164 College (1-4 or 5+) 2	(Give kind of w life. Do NOT us	usual occupation ork done during most of working retired.) E MANAGER		SINESS/INDUSTRY TURE CO						
	17. FATHER'S NAME (First, Middle, Lest) HERMUS C	. CORDREY		IS. MOTHER'S	NAME (First, Middle, Malden							
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	E'THE ADDRESS (Street and Number or Rur	L SMITH al Route Number, City or Town	n, State, Zip Code)						
Ţ	THELMA E. CORDREY BOX 74, GUNBY RD. SALISBURY, MARYLAND 2180 20e. METHOD OF DISPOSITION Commetter of Disposition Date Date Date Commetter of Commette											
Ц	Muald	(prem	V	BOUNDS FUN	ERAL HOME,	,SALISB	JRY,MD.					
	23. PART I. Enter the diseasea, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, and part failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIDPUL MONARY ARREST DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II, Other algnificant condit	iona contributing to death but n	ot rasulting in	n the underlying cause givan	In Part I. 24a. WAS AN / PERFORI 1 □ YES 2	MED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? I YES 2 SONO	HOSPITAL: 1 N Inpetient 2 ER/Outpetien		26. PLACE OF DEATH (
ву Рну	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED						
	3 Suicide 8 Could not 0 4 Homicide determined		t home, farm, st	reet, factory, office	281. LOCATION (Street or City or Yown, State)	nd Number or Rural Ro	oute Number,					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIF	IYSICIAN: To the best of my knowledge IINER: On the beels of examination end	e, death occurred	I at the Ilme, date end place, and do	ue to line ceuse(e) end menr ne lime, date end place, end	ner se stated. I due to the ceuse(s)	and manner es stated.					
TO BE	DL Chro	drucki.	M.O.	29c, LICENSE N		29d. DATE SIGNED	Month, Day, Year)					
	Dr. Dennis Ch 31. Date Filed (Month, Day, Year)	WHO COMPLETED CAUSE OF DEATH (ince 4	- LocustStre	ets-SAW	SBURY /	10 2/801					
\mathcal{I}	NUV 0 1 1991	Sulia Davidson-Ran										

g ^{ri} n e					
	,				
		,			
		100			
		W 13			
· = 1					_
			7		

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within secure after the completely flated in by the attending physician and completely flated in by the averal direction within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, L.	ast)				2. DATE OF DEATH	Y YEA	3. TIME OF DEATH				
	Sarah E.	Conner				10 2	6 9	1 10:30A M				
	4. SOCIAL SECURITY NUMBER		O.E. NOW	UNDER 1 YEAR	IF UNDER 24 HRS. 7	Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry)				
	218-05-0069 9a. FACILITY NAME (If not institution, g	1 M 2 F	O / YRS.		R LOCATION OF DEAT	(Month, Day, Year) 08-25-04	V	/irginia				
۳ ا		9c. COUNTY C	erset									
g	Alice Byrd T											
DIRECTOR	MD Son	merset		www.or.locati				10d. INSIDE CITY LIMITS? 1 TYES 2 THO				
	10a. STREET AND NUMBER	THE SECTION OF THE SE			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	Gandy Lar	ne			21817		USA					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPANIC city Cuban, Maxican,	ORIGIN? (Specify Yea	or No- 14, 1	- 14. RACE - American Indian, Black, White, etc.				
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 XNO Specify:	r derito ritoeri, etc.)		Specify: White				
	15. DECEDENT'S	EDUCATION	16a. DECEDENT'S USU	AL OCCUPATIO	N .	16b. KIND OF BUS	I INESS/INDUSTI	RY				
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work of the Do NOT use ret		st of working	At Hor	700					
M M	unknown		Housewit	fe								
8	17. FATHER'S NAME (First, Middle, Last, Joseph Hudso					(First, Middle, Maiden	Surname)					
H	19a. INFORMANT'S NAME (Type/Print)		J 40h MAII ING ADD	DESS (Charles		i Bolger	State 7in Cad	-1				
2	Harlton Conner					Crisf:						
		10-29/91 20b	PLACE OF DISPOSITIO	N (Name of cen	netery, crematory or	20c. LO	CATION — City	- City or Town, State				
	1 A Burial 2 Cremetion 3 1 1 4 Donation 5 0 Other (Specify)	Hemoval from State St	innyridge l	Memoria	al Park	Cri	sfield,	MD 21817				
	21. SIGNATURE OF EMPERAL SERVIC			22. NAME AN	D ADDRESS OF FACIL	ons Funer	al Home					
	Kalul	N. Budle	beech			St Cri						
CERTIFICATION	23. PART I. Enter the diseasea, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ehock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentially list conditione, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CE	PART II. Other significent cond	d. ditione contributing to deeth b	out not resulting in th	na undariying	g ceuee given in Pa	ert I. 24e. WAS AN PERFOR	MED3	24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	Tà	26. PL [MER:	ACE OF DEATH (Chec	k only one)						
XSI	1 TYES 2 NO	1 - Inpatient 2 - ER/Outp	patient 3 🗆 DOA 4 9	Nursing Hom	e 5 🗆 Residence 6							
	27. MANNER OF BEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	286. TIME OF	WO	URY AT RK?	26d. DEŞCRIBE HOW II	NJURY OCCURE	iD				
red BY	3 Suicide 6 Could no determine	ot be 26s. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, stree			26t. LOCATION (Street a City or Town, State)	and Number or R	ural Floute Number,				
COMPLETED	29a. CERTIFIER (Check only one) MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beat of examplaction and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
S	296. SIGNATURE AND TITLE OF CHIE	TIFIER /	C	,	29c. LICENSE NUMB	BEP /	29d. DATE SIG	SHED Month Out May				
O BE	A. H	Mary	, ms		1)1021	4	10	128191				
2		erling, M.D	320 W. Ma:		- Criefi	eld MD	21817	, , , ,				
				LII DU.	- CLISIT	cru, III	2101/					
	31. DATE FILED (Month, Day, Year) 9	1 Guin De	idson Randoll									

ELINES THEFT

ABYLAND 21203-3146

	sou da	urtache	once.
1	referred 5y		notified at
CALLINOTE, MANAGEMENT	. Page 6 may	ral director, page	iner must be n
בו בי	ours after death	lled in by the funer o, or removal.	medical exam
212	executed within 2.	n and completely fill to burial, cremation	matic event, the
	eath certificate be	attending physician	y, or other trau
DIVISION OF VIEW DECORDS, T.O. DOA 13140,	equires that the d	en signed by the of Health and Mer	shows any injur
	SICIAN: The law I	certificate has be h the State Dept.	d, or item 23 s
A ISION	RATTENDING PHY	RECTOR: After this urs after death with	m 28 is marke
5	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- ours after death. Page 6 may a reference by the hospital control of the control of the property of the control	OT TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be dead within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	1	5	_=

	FOR		STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH	AND I	MENTA	L HYGIEN	9 1 E) 00	L.S.	
	1 - STATE REGISTRAR					ICATE					REG. NO	_				
	I. DECEDENT'S NAME (First	, Middle, Last)	Ti		OH	EN	/			2. DATE MONT	e of death	ý	9 ^{YEAR}	3. TIME OF DE 4:05	PM M	
	577-46-3629	TEST 1 0	SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mon	OF BIRTH th, Day, Year)	31	6. BIRTH Countr	FLORI	100	
	9a. FACILITY NAME (If not in	stitution, give stree	nt and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE			9c. COUN	ITY OF D			
DIRECTOR	SHADY GRO		ROC	KVII	LE				MO	NTGO	MERY					
띭	10a. STATE 10b. COUNTY MARYLAND MONTGOMERY					Y, TOWN C	OR LOCAT	ION						10d. INSIDE C	TY	
	MARYLAND		CLA	RKSB								1 TYES 2				
FUNERAL	10e. STREET AND NUMBER 23017 TIMBER CREEK LANE							. zip cod 20871	_					CTATEC	7	
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF					13.				NIC ORIGI	IN? (Specify Ye			STATES E — American II	odlen.	
	1 Never Married 2		FORCES? 1	YES 2 X	10		If yes, sp	ocify Cubi	ın, Maxice	n, Puarto	Rican, atc.)		Speci	k, Whita, etc.		
р Вү	3 X Widowed 4 Divo													WHITE		
TE	(Specify onl	EDENT'S EDUCAT	mpleted)	(G	ive kind of	work done (se retired.)	during mo	ON st of world	ng	16	b. KIND OF BU	SINESS/IND	USTRY			
COMPLETED	Elamentary/Secondary (1-12)	College (1-4 or 5	TA	X A	DVIS	OR				INCOME	TAX	PREP	ARATIO	N	
Š	17. FATHER'S NAME (First, M	fiddle, Last)		·				16, MOT	HER'S NA		Middle, Maider					
BE (THAYER T		ER					RUT	-	CARR						
10	19a. INFORMANT'S NAME ((00)								mber, City or Tox					
	BRIAN CO		(SON)	20b. PLACE						BURI	KE, VI					
	1 Donation 5 Other	on 3 🗆 Remove	al from State	other pla	BC0)									y or Town, State IA, VIRGINIA		
	21. SIGNATURE OF FUNERA		ISEE	22. NAME AND ADDRESS OF FACILITY DANZANSKY—GOLDBERG MEMORIAL CH												
	Dear	1	1	11-	0									MD. 20		
	23. PART i. Enter the d	leeesee, Dr CDr	mpilicationa the	ot coused the de	ath. Do									Approx		
	ahock, or h IMMEDIATE CAUSE (Fit		st only one car	use on each iins	i.					,			,		Between end Daath	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Aute Internet (Ual) Myprodic / Internet) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions.												200			
	DUE TO (OR AS A CONSEQUENCE OF):															
NO	Sequentially list condit		DUE TO	OR AS A CONSE	DUENCE O	10		ean	e							
CAT	if any, leading to imme cause. Enter UNDERLY	ING														
TE	thet initiated evente		DUE TO	(OR AS A CONSE	QUENCE C	OF):										
CERTIFICATION	resulting in death) LAS	d.												-		
뒿	PART II. Other significa	ant conditions	contributing to	death but not	resulting	in the ur	derlyln	g cause	given in	Part I.	34s. WAS AF	man districts on	246	WERE AUTOPS	a to the action	
MEDIC	Camplete	Hear	BLOCK								1 - YES	-		OF DEATH?		
	Lordjoye	DIC SA	oct	/										1 🗆 YES 2	⊋No	
A.	25. WAS CASE REFERRED	lmanan	Amos	+					AND ADDRESS OF THE PARTY OF THE				1			
PHYSICIAN:	EXAMINERTY 1 YES 2 NO	1	HOSPITAL	EN/Outpetlent 3	(7 nns	OTHE	R:	LACE OF C	ACCIONACION		Company Company					
HYS	27. MANNER OF DEATH		28e. DATE OF	FINJURY	25b. Til	WE OF	28c. INJ	TURY AT	esidence		er (Specify) ESCRIBE HOW	INJURY OC	CURED			
ву р	1 Natural 5 🗍	Pending Investigation	(Month, I	Deg: West)	- N	M		YES 2	NO							
	3 Suicide 6 🗆	Could not be	28s. PLACE (building	OF INJURY — At he etc. (Specify)	me, term,	street, fec	tory, affic	*		28f. LO	CATION (Street y or Rwn, State	and Number	or Rural I	Route Number		
	4 Homicide	determined														
AP.	one)			f my knowledge, de												
DEPUTE Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mpnth, Day, M. C.) 29d. DATE SIGNED (Mpnth, Day, M. C.)									s) and manner s	s stated.						
									ar)							
5	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAL	ISE OF DEATH (ITE	M 271 /7m	e. Print)	,	Ja	433	7		1 10	Je!	/7/		
	Donel G	plaker	10	4010%	160	000	40	h	Rd	B	elles	da	mn.			
	31. DATE FILED (Month, Day,		/ 32/REGISTR	AN'S SIGNATURE	ode 12	J	000	- J V	101		- / ()	-	- 0.			
	00130	91	June	W. W. W. W. W. W.	1											

Page and Company

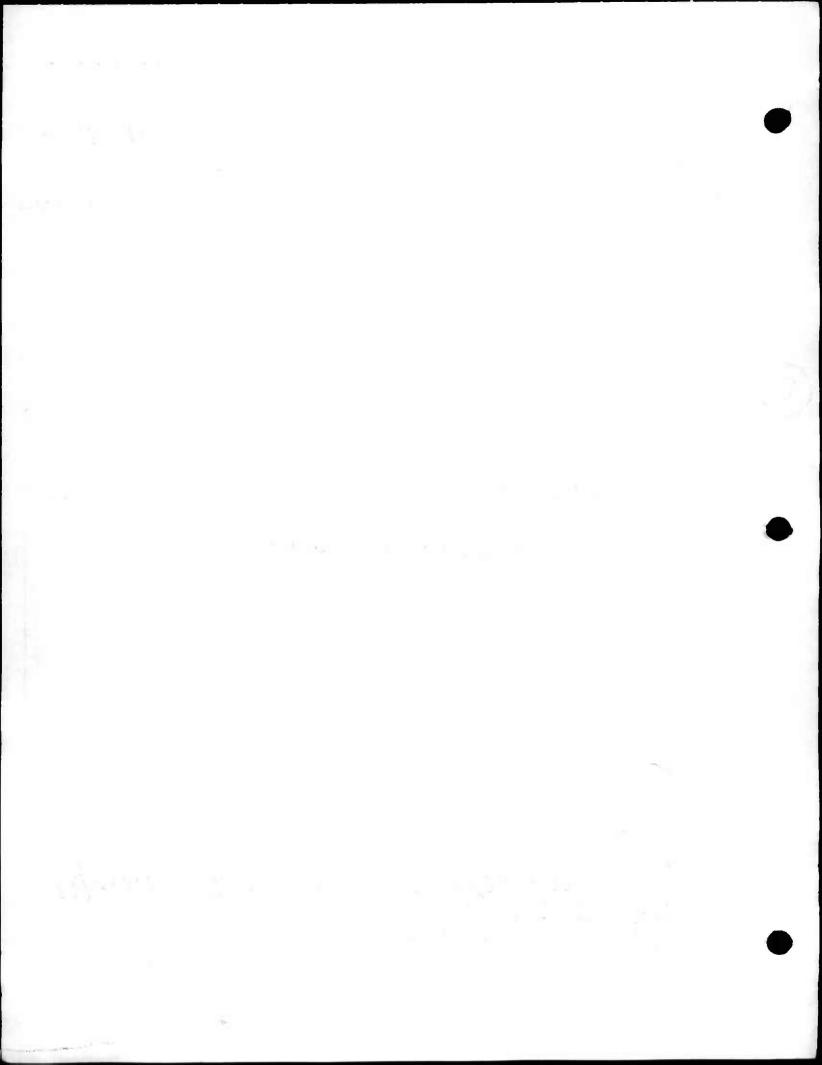
	1H	17 CT	be file
2	+	_	

	TEGIOTHAN				CE	HIL	ICATI	CUF	DEA	I H	F	REG. NO.			
	1. DECEDENT'S NAME (First Raymond	, Middle, Last)	(NMI)		0					2. DATE OF MONTH	D/		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (I	6. AGE (In yrs. last birthday)			1 YEAR	IF UNDER	24 HRS	October 26,1991			4 01071	6:00 P M
	396 38 1316		1 🔀 M 2 🗌 F	6		YRS,	MONTHS	DAYS	HOURS	MIN.	(Month, Di	9y, Year) 20,	1929	Count	ssissippi
	9a. FACILITY NAME (If not in		1	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH					
٥	1009 Veirs		Ro	Rockville Montgomery					ery						
S S	10a. STATE	10b. COUNT	Y			t0c. CIT	Y, TOWN	OB LOCAT	ION						
DIRECTOR	Maryland		Rockville					10d. INSIDE CITY LIMITS? 1 X YES 2 NO							
¥	10s, STREET AND NUMBER		101. ZIP CODE						10g. CIT	IZEN OF V	VHAT COUNTRY?				
FUNERAL	1009 Veirs				2085.					ited	States				
	1 Never Married 2 Married FORCES? 1 X YES 2					IED D	13.	WAS DEC	ENDENT C	F HISPAN	C ORIGIN? (S	pecify Yas n. stc.)	or No-	14. RACE Black	E — American Indian, k, Whits, stc.
ВУ	3 X Widowed 4 Divo		1948-19	72	TES					Specify:		,,		Speci	
COMPLETED	15, DEC (Specify only	EOENT'S EOU	CATION completed)		18a. OEC	EOENT'S	USUAL O	CCUPATIO	ON st of working		16b. KII	D OF BUS	INESS/IN	DUSTRY	
Щ	Elementary/Secondary (0	-12)	College (1-4 or 5 a)	Staf	FOS	erge	ant/	nicia	ny .	ł				
₽ B	12		-			Den	taI :	l'ech	nicia	an	U.	S. A	rmy		
8	17. FATHER'S NAME (First, M.	, , , ,									NE (First, Midd		Sumame)		
BE	Edward V.		wart						Anı	nie	Gib	son			
0	19s. INFORMANT'S NAME (7)				19b.	MAILING	AODRES	(Street a	nd Number	or Rural Ro	oute Number, (City or Town	, State, Zip	Code)	
	Teresa A. Garrett 1009 Lemira Avenue, Waukesha, Wisconsin 53188														
	20b. PLACEAND DATE OF DISPOSITION 1 M Burdel 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of cemetery, crematory or other place)														
	4 Donation 5 Other	ck C	Creek Cemetery 10-31-91 Washington, D.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0689 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pum Home/Rockville, Inc. 300 West									umph t Mo	rey Funeral				
	4694	17	Janus 1				Av	enue	,Roc	kvil	le, Ma	aryla	nd 2	0850	-2805
CERTIFICATION	23. PART Four th diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Deeth disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):														
		•	1.												<u> </u>
MEDICAL	PART II. Other signification	nt condition	s contributing to	death bu	t not re	sulting i	n the un	derlying	cause g	iven in P	art I. 24a	. WAS AN A		24b.	WERE AUTOPSY FINDINGS
음											_ 1	YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ME															1 YES 2 NO
z															
PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:						ACE OF DE	ATH (Chec	k only one)				
YS	YES 2 NO		1 🗆 Inpatient 2 🗆	ER/Output	tlent 3	DOA	OTHER		5 Rai	eldencs 6	Other (Sp.	ecify)			
ВУ РН		Pending	28a, DATE OF (Month, Da	INJURY y, Year)		28b. TIME INJ		28c. INJU WOI 1 Y	JRY AT RK? ES 2		28d. DESCRIE	BE HOW IN	JURY OCC	CURED	
	3 Sulcide s	Could not be	26s. PLACE OF building, s	INJURY -	– At hom	e, ferm, æ	treel, facto	ery, office			28f. LOCATION City or Tox	N (Street an	nd Number	or Rural R	oute Number,
COMPLETED	29a. CERTIFIER														
MP	(Check only	FYING PHYSIC	CIAN: To the best of	ny knowla	dge, daat	h occurre	d at the ti	me, dats	end placa,	and dua to	the cause(s)	and mann	er an atat	ed.	
8				amination :	and/or Im	restigation	n, in my o	einion, de	ath occur	d at the ti	me, dats and	placs, and	dus to Ih	s Csuse(s)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTAINER 296. LICENSE NUMBER 29d. OATE SIGNED															
2	00	-7	مسك	_	m.	9			D085	546			▶ 00	ctobe	er 26, 1991
	John F Taub	PERSON WHO	D 9210	TAT I CO	H (ITEM	27) (Type,	Print)		- 4- J				205		
	John F. Taub						enue	≥, B	etnes	saa,	Maryl	and :	2081	4	
	31. DATE FILED (Month, Day, W	11	36. REGISTRAF	S SIGNAT	Aur	ARC.									

LATZ M

BALTIMORE, MARTLAND 21215-0020	NYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be introduced in this pital or attending physician	O THE FUNEARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND	MENTA	L HYGIEN		31300		
	1. DECEDENT'S NAME (First, Microle, Lest) 1. DECEDENT'S NAME (First, Microle, Lest) 4. SOCIAL SECURITY NUMBER	SEX 6. AGE (In	Came	ROV MDER 1 YEAR	F UNDER 24 HRS.	12	of DEATH	AY (Per 3. TIME OF DEATH		
	417-34-2530	MM2 DF	YRS. MONT		HOURS MIN.		OF BIRTH	30	8. BIRTHPLACE (State or Foreign Country)		
DIRECTOR	94. FAMILITY NAME (If not Institution, give stree	Hospita	5	i Vei	R LOCATION OF	DEATH	1	oc coun	TY OF DEATH		
DIRE	Maryland Montgo	omery		wn or Locati r Spri			,		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
RAL	100. STREET AND NUMBER 917 Hyde Road			101.	ZIP CODE 0802				EN OF WHAT COUNTRY?		
BY FUNERAL		P. WAS DECEDENT EVER IN L FORCES? 1 XYES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECI	ENDENT OF HISP	can, Puarto	N? (Specify Yar Rican, atc.)		ted States 14. RACE — American Indian, Bleck, White, atc. Specify:		
							b. KIND OF BU	SINESS/IND	Black		
COMPLETED		College (1-4 or 5+) 5+	Professor	nd.)	or working	Ţ	Jnivers	sitv			
	17. FATHER'S NAME (First, Middle, Last) Charley Cameron			18. MOTHER'S NAME (First, Middle, Maiden Surnan Magnolia Cameron							
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	RESS (Street an				n. State Zin i	Corde)		
임	Winifred Cameron		917 Hyde				ing, N				
	20a_METHOD OF DISPOSITION 1	from Stata 20b.Pl	ACE AND DATE OF DIS bry, crematory or other pla ATKLAWN CE	POSITION (Name	ne of	DAT			ity or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ELL		MCGU:	ADDRESS OF F	a Ave	Servic	e, In	le, Maryland ic. ington, D.C.		
CERTIFICATION	23. PART I. Enter the diseases, or combook, or heart feiture. List immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents resulting in death) LAST	OUE TO (OR AS A CO	DISEQUENCE OF:		ilus		dac or respi	retory arra	st, Approximata interval Between Onset and Daath		
MEDICAL	PART II. Other significant conditions c	ontributing to death but	not rasulting in tha	underlying	causa given ir	Part i.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	ОТН		CE OF DEATH (C	heck only or	10)				
2	1 YES 2 NO	Inpatient 2 - ER/Outpatie	int 3 DOA 4 DI	Nursing Home	5 Realdenca	_					
BY P		28b. TIME OF INJURY	28c. INJUI WOR		28d. DES	CRIBE HOW IN	JURY OCCU	GRED			
	1 Natural 5 Pending 2 Accident Investigation		1					28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
- 40		28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, offica		28f. LOC City	ATION (Street a or Town, State)	nd Number o	r Rural Route Number,		
MPLEIED	2 Accident Investigation 3 Suicide S Could not be determined 29a. CERTIFIER (Check only)	: To the best of my knowledg	je, death occurred at th	ie time, data a	nd place, and du	a to the cau	or Town, State)	ner ea atated	1.		
- 40	2 Accident Investigation 3 Suicide S Could not be determined 29a. CERTIFIER (Check only)	To the best of my knowledgen the basis of examination ar	je, death occurred at the	ne time, data a ny opinion, des	nd place, and dur	a to the cau	or Town, State)	ner ea atated I dua to tha			



ained by the hos	hould be detached		iffed at once.
be bemay be ret	dector, page 5 s)	er must be not
urs after death. P	In by the funeral	r removal.	nedical examine
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pupe by many perevaled by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
certificate be exe	nding physiclan an	Hygiene prior to b	or other trauma
res that the death	igned by the atter	eafth and Mental	rs any injury, o
AN: The law requi	ificate has been s	State Dept. of H	r item 23 show
ENDING PHYSICIA	DR: After this cert	ter death with the	B is marked, o
OSPITAL DR ATT	UNERAL DIRECT	rithin 72 hours af	ANT: if item 28
THE F	TO THE F	be filed w	IMPORT

Shepard,

M.

Marc R.

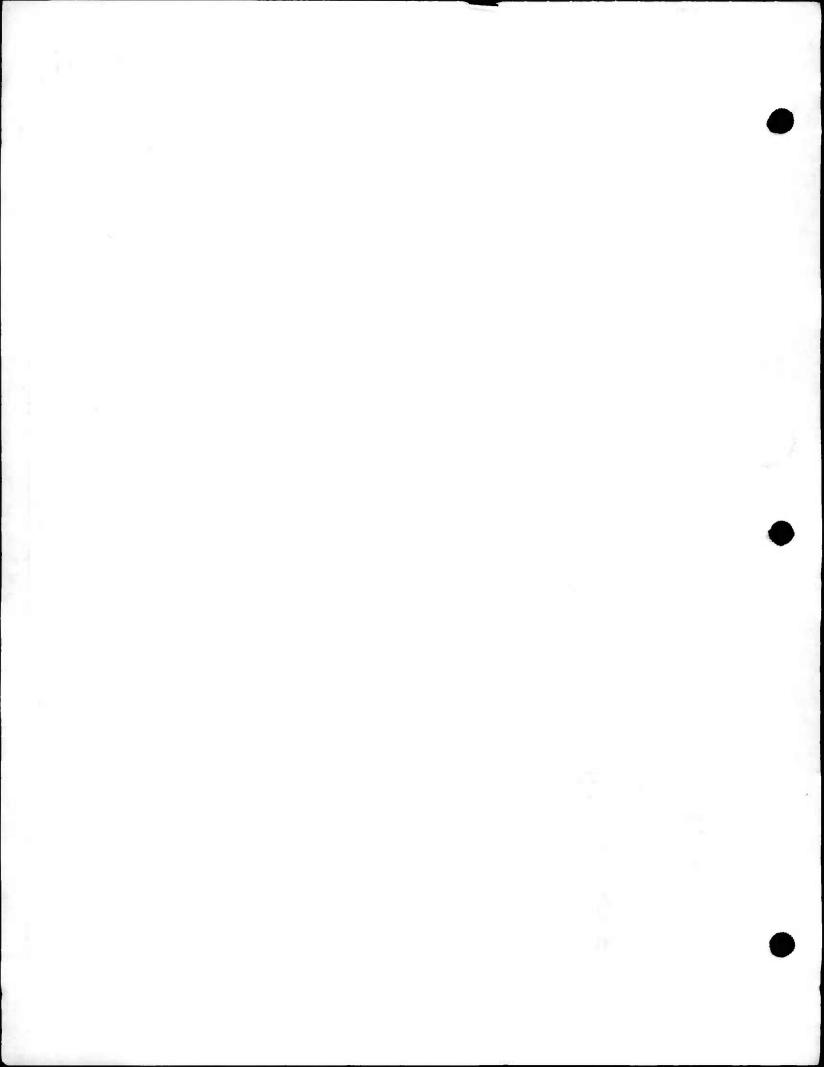
31. DATE FILED (Month, Day, Year)
NUV 01 '91

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMEN				MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Dunca	an Crer	ar					2. DATE	of DEATH	1	991	3. TIME OF DEATH 8:20 A. M
	4. SOCIAL SECURITY NUMBER 038-09-9101	5. SEX 1 ₩ 2 □ F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	(Mont	OF BIRTH h, Day, Year) . 26,1	896	Count	HPLACE (State or Foreign ry) Scotland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH				,.		NTY OF E	
OR	Fox Chase Nursing	Center			S:	ilve	r Sp	ring			Me	ontg	omery
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. Cl	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
. DIRECTOR	MD Monts	gomery			ilve	r Sp	ring				LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 12504 Two Farm Di	rive				10	7. ZIP COD 209				_	U.S.	WHAT COUNTRY?
r FUN	11, MARITAL STATUS 1 Never Married 2 Married	FORCES?	NT EVER IN U.S. AF	RMED NO		If yes, sp		an, Maxice	in, Puarto	N? (Specify Yes Rican, atc.)	or No-	14, RAC Blac Spec	E — American Indian, ik, Whita, etc.
BY	3 X Widowed 4 Divorced	Cast In the state of											White
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) iffe. Do NO				work done use retired.)	during m	ost of work	ing	161	. KIND OF BU			
MPI	Gener					anag	er			Jewe1	ry C	0.	
00	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Surname)		
BE	John Crerar				_			ate					
5	19a. INFORMANT'S NAME (Type/Print)		19							er Spr			20904
	John Crerar 20e. METHOD OF DISPOSITION 1 Device 2X Cremetion 3 Dem	TE OF DISF	POSITION	(Name			E 20c. LO	CATION	City or To	own, Stata VA			
	4 Donation 6 Other (Specify)	FNSEE	Mt.	omic					1 '			urra	, VA
	michae	12/	hely	~						Sons, ve,NW,		ingt	on,DC 20016
	23. PART I. Enter the diseeses, or	complications the	et coused the d	eath. Do	not ente	r the me	ode of dy	ing, suc	h aa cer	diec or resp	iratory er	reat,	Approximete
	ahock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) a									interval Between Onset and Death			
z													
ATIO	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	eDUE TO	OR AS A CONSE	QUENCE (OF):						,		
EH	residing in deedily EAST	d			_								
A	PART II. Other eignificent condition	na contributing to		_		nderlyir	ig ceuse	given in	Pert i.	24a. WAS AN PERFOI 1 YES	RMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDIC													1 YES 2 NO
HAN	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF	DEATH (C/	heck only o	nne)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 F	Residence	8 🗆 Oth	er (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE O (Month,	F INJURY Day, Your)	28b. TI	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d, DE	SCRIBE HOW	INJURY O	CCURED	
	2 Accident investigation 3 Suicide 6 Could not be determined		OF INJURY — At h	ome, ferm	, street, fac	tory, offi	ca			CATION (Street or Town, State		er or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS												(a) and manner as stated.
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE		11.					CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Ybar) Der 30, 1991
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	USE OF DEATH (ITI	EM 27) (M	on Print)	2	1)0	46:	380			, , , , , ,	701 30, 1991

D. 1800 I St. N. W.

Washington, D. C.

20006



31. DATE FILED (Month, Day, Year)
NOV 05 '91

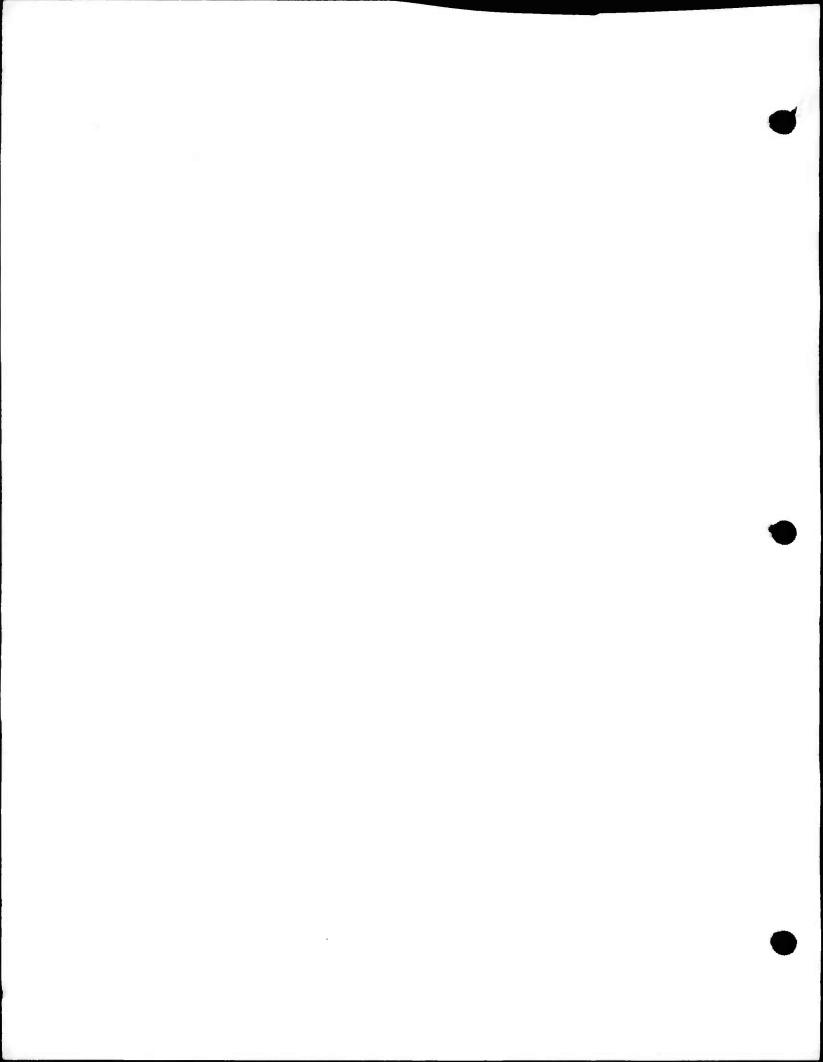
P. REGISTRAP'S SIGNATURE

									-	7 1	31508
	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT OF	F HEALTH	AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			211111	ICATE	JP DEA	In	REG. NO).		
	Franks	s Day	2112					1.75	MY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		-					(0 3		91	1418 P M
	A THE RESERVE TO SERVE THE PARTY OF THE PART		6. AGE (In yrs. les		MONTHS DA		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPL Country)	ACE (State or Foreign
	087-03-4804	1 M 2 DeF	80	YRS.	WONTING DIA	HOURS	101114	10-04-	1911		to Rico
	9a. FACILITY NAME (If not institution, give st	freet and number)			9b. CITY, TOV	WN OR LOCAT	ION OF DE	ATN		TY OF DEAT	
l K	Washington Adver	ntist Hos	nital		Takor	ma Par	k			tgome	
I K	RESIDENCE OF DECEDENT				Tarto	101			1101	r c g O me	
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LO	CATION				140	Id. INSIDE CITY
1 5	Maryland Monts	gomery			lver S					- 1	LIMITS?
	100. STREET AND NUMBER	Somery		J 51.	TAGE D					1	YES 2 NO
A A		-				10f. ZIP COD					AT COUNTRY?
빌	11519 February Ci	rcle				209	04		US	SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MEO	13. WAS	DECENDENT	OF HISPAN	IC ORIGIN? (Specify Ye	s or No-	14. RACE -	American Indian.
	1 Never Married 2 Married	IF YES, GIVE WA	OR DATES	10	If yes	yes 2 NO	an, Mexice:	n, Puarto Rican, etc.)	- 1	Black, W	Vhite, etc.
B	3 Widowed 4 Divorced			X					Specify: Whi	1 40	
	15. DECEDENT'S EOUC (Specify only highest grade of	ATION	18a. DE	CEOENT'S	USUAL OCCUP	Puert		16b. KIND OF BU	SINESS/INDI		Lte
l iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	(G life.	tve kind of v Do NOT us	vork done during e retired.)	most of work	ng	5-20-20-3			
4	2		9	o am c	tress			Clothi	no		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Cams	LICOS						
1 - 1								ME (First, Middle, Maiden	,		
H	Jose Grau							l Leon Leo			
2	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	AOORESS (Stre	et and Numbe	r or Rural R	loute Number, City or Tow	n, State, Zip	Code)	
	Frances Renz		2	117 3	Shoref:	ield R	d., 1	Wheaton, M	iaryla	and 20	902
	20a. METNOD OF DISPOSITION	77	20b. PLACE	NDDATEC	F DISPOSITION				CATION - C		
	1 Buriel 2 Cremation 3 Remo	ival from State	cemetery, cre	matory or of	her place)		1. 1	1-3-91 01r			
1 1	21. SIGNATURE OF FUNERAL SERVICE LICE	ENBEE	L NOTD	eck 1	122 NAME	E ANO ADDRE	K I.	T-3-31 OTL	iey, M	aryıa	and
ΙI	10/6	1111		>				Funeral H	lome.	Inc.	
ш	- Grenne	EUM	100						-		oring, MD.
	23. PART i. Enter the diseases, or co	omplications that	caused the de	ath. Do n	ot enter the	mode of dy	ing auch	as cardiac or read	raton, arre	er or	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate interval Between										
	IMMEDIATE CAUSE (Final disease or condition	A . 1 -	0	. 5	-	1					Onset and Death
	resulting in death)	Acote	- Ken	1 X	-A . les	- 4	11.				DAUL
					100	~ +	44	perkacep	100		1 - ()
		DUE TO (O	R AS A CONSEC	UENCE OF):	~ 4	119	perksey	1111		P~ ()
N N	Sequentially list conditions b.	ZALLA	RAS A CONSEC	EM!	22/124	rion	114	multiple	1 M2		Weeks
TION	if any, leading to immediate	2 1 2 1 5 (c)	R AS A CONSECUTE AS A CONSECUTE	EMI UENCE OF	22/134	aris n	(perkseen miltipl	e)		Masker
CATION	cause. Enter UNDERLYING		R AS A CONSECUTIVE AS A	UENCE OF	39(3,4	Rion	(meltype	e)		Masker
IFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa		R AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION	OLHOL OF	<i>,</i> .	rion	(metypl metypl	e)		Weeks
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury			OLHOL OF	<i>,</i> .	rion	(metype	L)		Master
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (O	R AS A CONSEC	UENCE OF):			•	~)		Master
S	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART ii. Other algnificant conditions	DUE TO (O	R AS A CONSEC	UENCE OF):			Part I. 24a, WAS AN	AUTOPSY	24b. WE	Weeks
S	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART ii. Other algnificant conditions	DUE TO (O	R AS A CONSEC	UENCE OF):			Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	AM	RE AUTOPSY FINOINGS
S	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART ii. Other algnificant conditions	DUE TO (O	R AS A CONSEC	UENCE OF):			Part I. 24a, WAS AN	AUTOPSY MED?	CO	RE AUTOPSY FINOINGS
MEDICAL CE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART ii. Other algnificant conditions	DUE TO (O	R AS A CONSEC	UENCE OF):			Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	CO OF	RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE
MEDICAL CE	PART ii. Other algnificant conditions	DUE TO (O	R AS A CONSEC	UENCE OF):			Part I. 24e. WAS AN PERFOR	AUTOPSY MED?	CO OF	RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL CE	PART II. Other algorificant conditions 25. Was CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (O	R AS A CONSEC	UENCE OF	the underly		given in F	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	CO OF	RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL CE	PART if. Other algorificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (O	eath but not re	UENCE OF	the underly 26. OTHER:	/ing cause (given in F	Part I. 24s. WAS AN PERFOR 1 TYES 2	AUTOPSY MED?	CO OF	RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL CE	PART II. Other algorificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	DUE TO (O	R AS A CONSEC	UENCE OF	the underly 26. OTHER: 4 Nursing N	ying cause of the property of	given in F EATN (Checked)	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	AM CO OF 1	RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO (O	R AS A CONSEC	UENCE OF	26. OTHER: 4 Nursing N	PLACE OF D	EATN (Choosidence 8	Part I. 24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	AM CO OF 1	RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation	DUE TO (O	eath but not re	DOA Zeb. TIME	26. OTHER: 4 □ Nursing N OF RY M 1 □	PLACE OF D	EATN (Checksidence 8	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) B Other (Specify) 28d. OESCRIBE NOW II	AUTOPSY MED? QBNO	AMI CO OF 1 [RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	DUE TO (O	R AS A CONSECT Path but not re R/Outpetlant 3 JURY Yeer) NJURY — At hor	DOA Zeb. TIME	26. OTHER: 4 □ Nursing N OF RY M 1 □	PLACE OF D	EATN (Checksidence 8	Part I. 24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED? QBNO	AMI CO OF 1 [RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 3 Suicide a Could not be distarmined	DUE TO (O	R AS A CONSECT R/Outpetlant 3 JURY (ber) NJURY — At hor.: (Specify)	DOA 28b. TIME	26. OTHER: 4 Nursing N 1 Treet, factory, or	PLACE OF D IOME 5 RE INJURY AT WORK? YES 2	EATN (Check sidence 8	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) Other (Specify) 28d. OESCRIBE NOW III City or Town, State)	AUTOPSY MED? SeNO NJURY OCCL and Number o	OF 1 [RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART ii. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide a Could not be datarmined 29a. CERTIFIER (Check only) CERTIFYING PNYSICI	DUE TO (O	R AS A CONSECT R/Outpetlant 3 JURY (ber) NJURY — At hor.: (Specify)	DOA 28b. TIME	26. OTHER: 4 Nursing N 1 Treet, factory, or	PLACE OF D IOME 5 RE INJURY AT WORK? YES 2	EATN (Check sidence 8	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) Other (Specify) 28d. OESCRIBE NOW III City or Town, State)	AUTOPSY MED? SeNO NJURY OCCL and Number o	OF 1 [RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFFIER (Check only	DUE TO (O	R AS A CONSECTION OF THE PROPERTY OF THE PROPE	DOA 28b. TIME INJURIE, form, at	26. OTHER: 4 Nursing N OF 28c. RY M 1 [reet, factory, or	PLACE OF D IOME 5 Ra INJURY AT WORK? YES 2	EATN (Choosidence 8	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) Other (Specity) 28d. OE\$CRIBE NOW II City or Town, State)	AUTOPSY MED? SeNO NJURY OCCU and Number of	OP 1 [RE AUTOPSY FINOINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 3 Suicide a Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (O	R AS A CONSECTION OF THE PROPERTY OF THE PROPE	DOA 28b. TIME INJURIE, form, at	26. OTHER: 4 Nursing N OF 28c. RY M 1 [reet, factory, or	PLACE OF D IOME 5 Re INJURY AT WORK? YES 2 Iffice Iste and place, In, death occur	EATN (Check sidence 8	Part I. 24a. WAS AN PERFOR 1 YES 2 I YES 2 Ok only one) Other (Specify) 28d. DESCRIBE NOW II City or Town, State) of the cause(e) and man lime, data and placa, and	AUTOPSY MED? NED? NURY OCCU Ind Number of the state of due to the	AMPOOR OP 1 [RE AUTOPSY FINOINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
ED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 2 Accident 3 Suicide 4 Nomicide 29a. CERTIFFIER (Check only	DUE TO (O	R AS A CONSECTION OF THE PROPERTY OF THE PROPE	DOA 28b. TIME INJURIE, form, at	26. OTHER: 4 Nursing N OF 28c. RY M 1 [reet, factory, or	PLACE OF D IOME 5 Re INJURY AT WORK? YES 2 Iffice Interest and place, In, death occur 29c. LICE	EATN (Check sidence 8 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) B Other (Specity) 28d. OESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(e) and man ime, data and placa, and placa, and placa.	AUTOPSY MED? NED? NURY OCCU Ind Number of the state of due to the	AMPOOR OP 1 [RE AUTOPSY FINOINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
E COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation and Suicide a Could not be distarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (O	R AS A CONSECTION OF THE PROPERTY OF THE PROPE	DOA 28b. TIME INJU	26. OTHER: 4 Nursing N OF M 1 reet, factory, or d at the time, d I, in my opinior	PLACE OF D PLACE OF D Ome 5 Re INJURY AT VES 2 Iffice Sta and placa, In, death occur 29c. LICE	EATN (Check sidence & and due bed at the til	Part I. 24a. WAS AN PERFOR 1 YES 2 It was an PERFOR 1 YES 2 It was an PERFOR 1 YES 2 It was an Other (Specify) 28d. OEŞCRIBE NOW III 28f. LOCATION (Street a City or Town, State) o the cause(e) and man lime, data and piaca, and DER	AUTOPSY MED? NJURY OCCU and Number of the country	JRED JRED A Rural Route d. couse(a) and	RE AUTOPSY FINOINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Inth. Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 3 Suicide a Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (O	R AS A CONSECTION OF THE PROPERTY OF THE PROPE	DOA 28b. TIME INJU	26. OTHER: 4 Nursing N OF M 1 reet, factory, or d at the time, d I, in my opinior	PLACE OF D PLACE OF D Ome 5 Re INJURY AT VES 2 Iffice Sta and placa, In, death occur 29c. LICE	EATN (Check sidence & and due bed at the til	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) B Other (Specity) 28d. OESCRIBE NOW II 28f. LOCATION (Street a City or Town, State) to the cause(e) and man ime, data and placa, and placa, and placa.	AUTOPSY MED? NJURY OCCU and Number of the country	JRED JRED A Rural Route d. couse(a) and	RE AUTOPSY FINOINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number, Inth. Day, Year)

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH						
DECEDENT'S NAME (First, Middle, Last)	ΔΑ	- A	(-	,	2. DATE	

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		ENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	MARGARE		Dick	SON	2. DATE OF DEATH DATE OF DAT	9	7 / 7	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 033-26-9226 9a. FACILITY NAME (If not institution, give second	1 □ M 2 □ F 9	In yrs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEA		900 M	BIRTHPLAC Country) ASSACH	
TOR	Brooke Grove Nurs			Olney	OR LOCATION OF DEA	un .	Montgomery		
DIRECTOR		tgomery	3	N, TOWN OR LOCA .Ney	TION		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔀 NO		
FUNERAL	100. STREET AND NUMBER 18430 Brooke Grov				20832		Unit	ed St	ates
B	11. MARITAL STATUS 1 Naver Merriad 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, s	CENDENT OF HISPANI pecify Cuben, Mexican, S 2 NO Specify:	C ORIGIN? (Specify Yea , Puerto Rican, atc.)	or No 14	Specify:	merican Indien, ite, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)							STRY	
	17. FATHER'S NAME (First, Middle, Last) Andrew	Allan	Secret	ary	16. MOTHER'S NAM	E (First, Middle, Maiden		rier	
TO BE	190. INFORMANT'S NAME (Type/Print) Jean D. Narayanar		7415	Piney B	and Number or Rural Ro ranch Rd,	oute Number, City or Tow Takoma Pa	ark, M	D 20	
	1 Burial 2 Cremation 3 Removal from State Other pl			Cremat	ometery, crematory or OTY AND ADDRESS OF FAC	Sil	cation – cir .ver S	-	
	· sill	B. ell	M00827	Rapp 933	Funeral S Gist Ave,	Services, Silver Sp	ring,		20910
	23. PART Fenter tha diseases, prehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ph Eum	ach line.		ode of dying, auch	as cardiac Dr respi	ratory arrea	nt,	Approximata Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL (-1	ns contributing to death b	ut not resulting	ot resulting in the underlying cause given in Part i. 24a. W Pi				AWAI COM DF I	NE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION DF CAUSE DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☒ NO	HOSPITAL: 1 Inpatient 2 ER/Outp	netlant 2 🗆 DOA	OTHER:	PLACE OF DEATH (Che	II DESIRE			
	27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28e. DATE DF INJURY (Month, Day, Year)	28b. T#	AE OF 28c. IN		28d. DESCRIBE HOW I	NJURY OCCU	RED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, off	ice	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route	Number,
COMPLET	Contain only	SICIAN: To the best of my know IER: On the basis of axamination							l manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	DEPROCUS	2. M	>	29c. LICENSE NUM	BER O	29d. DATE SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W	UE 18	100 1	MARD	EN LAN	JE, OU	VEY,	MI	
	31. DATE FILED (Month, Day, Year)	SUMA DAMASA	Market						

DHMH-16 Rev 1/89



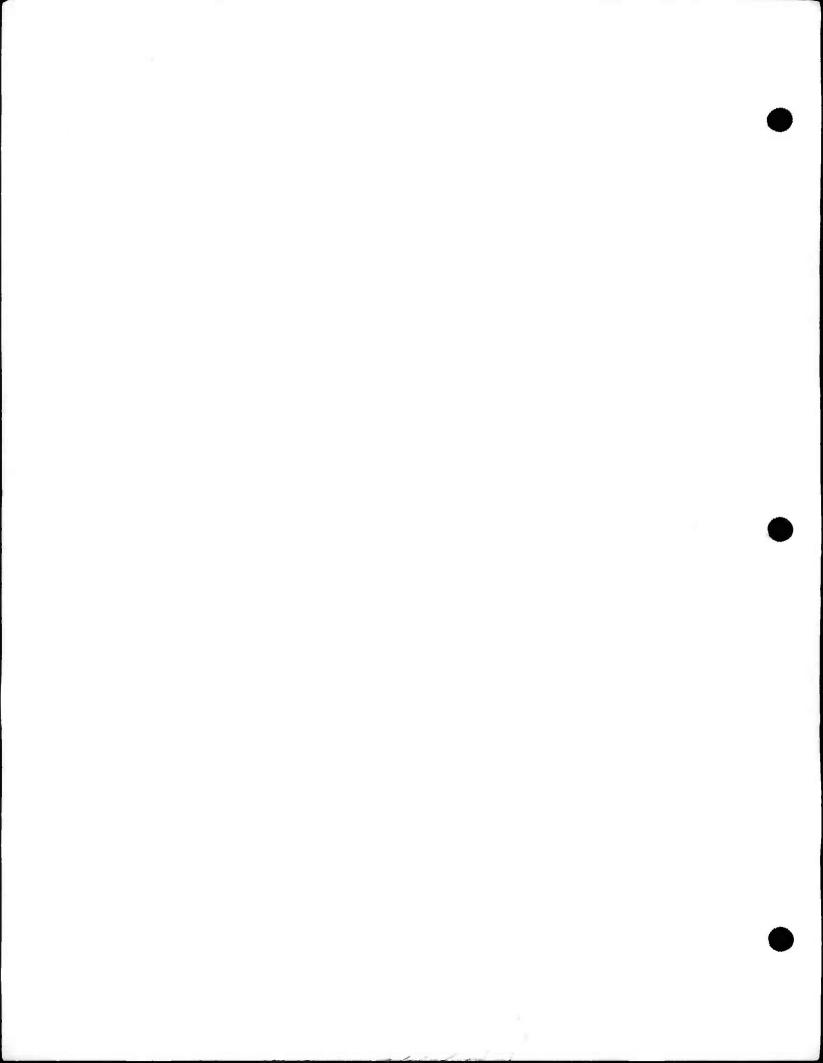
BALTIMORE, MARYLAND 21215-0020	is was after death. Page 6 may be retained by the hospital or attending physician. Bed in by the funeral director, page 5 should be detached for use as the burial-transit perman, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mass after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transformation or femoral. The funeral director page 5 should be detached for use as the buriat-transformation or femoral.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAR			OF HEALTH ANI	MENT/	AL HYGIEN	_	
1	1. DECEOENT'S NAME (First, Middle, Last)					2. DAT	E OF OEATH		3. TIME OF DEATH
		CATHERINE		LTON		11	01	199	91 4:10 am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birthday) YRS.	MONTHS I	YEAR IF UNDER 24 HRS	(Mor	E OF BIRTH oth, Day, Year)	- 1	BIRTHPLACE (State or Foreign Country)
	217-46-9117 9a. FACILITY NAME (If not institution, give s	Λ	83 YRS.	AL OUTY T	OWN OR LOCATION OF		ch 26,		Nebraska
OR	Montgomery Ge		spita1	5.5	ney, Mar		d	9c. COUNTY	ntgomery
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			TY, TOWN OR					10d, INSIDE CITY
DIRECTOR	Maryland Mont	tgomery			Spring				LIMITS?
	10e. STREET AND NUMBER	EOMELY		array L	101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
E	17340 Quaker Lane	1			20860				U.S.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 1	ER IN U.S. WRIMED	13. WA	S DECENDENT OF HIS	PANIC ORIG	IN? (Specify Yea	or No 14	RACE — American Indian, Black, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES ZY NO Sp				Specify: White
COMPLETED BY	15. DECEDENT'S EDU		18a. DECEDENT"			16	b. KIND OF BUS	SINESS/INDUS	TRY
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT	work done dur ise retired.)	ring most of working				
₹ I		4	Homem	aker			Own 1	Home	
ខ្ល	17. FATHER'S NAME (First, Middle, Last)						Middle, Maiden	Surname)	
BE	Arlington Steel 19a. INFORMANT'S NAME (Type/Print)	e	Viola S 19b. MAILING ADDRESS (Street and Number or Rural Route Num						
2	CHARLESTON II ALMININI CO	(0-)							
ļ	William Lee Dalto 20a. METHOO OF DISPOSITION 1 Burlel 2 Cremetion 3 Removed Property Proper		20b.PLACE AND DATE		and Rd.,				4 or Town, State
	1 Donation 5 Other (Specify)	oval from State	Mt. Comf	other place)			-2 A1		
i	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	A COMIL	22. NA	ME AND ADDRESS OF	FACILITY			
Ī	millar	l & hi	0-		seph Gawle				
	23. PART i. Enter the diseases, or o	complications that car	ised the deeth. Do	not enter th	0 Wiscons	in Av	e. Wa:	sh. D.	C. 20016
	ehock, or heert fellure. IMMEDIATE CAUSE (Finel	Liet only ona ceuse o	n aech iine.		200000000000000000000000000000000000000			sam aves	intervel Between Onset and Death
	disease or condition resulting in deeth)								Llak
		OUE TO (OR	AS A CONSEQUENCE	OF):	A 1				IVVIS
S	Sequentielly list conditione, Cereby Vascular disease OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE 10 (OR)	AS A CONSEQUENCE (/ -):					
윤	CAUSE (Disease or Injury that initiated evente	DUE TO (OR /	AS A CONSEQUENCE (PF):					
ե	resulting in death) LAST	d							
	PART ii. Other eignificant condition	s contributing to deal	h but not resulting	in the unde	ariving cause given	in Part i	24a. WAS AN	AltToney	24b. WERE AUTOPSY FINDINGS
S S		heart fo		in the onde	errying cause given	in Petti,	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	3011963110	1,000					1 TYES 2	ре но	DF DEATH?
Σ									1 TES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEATH	(Check only o	one)		
is l	1 TES 2 NO	HOSPITAL: (文) Inpatient 2 日 ER/	Outpatient 3 🗆 DOA	OTHER:	g Home 5 🗆 Reelden	ce 6 🗆 Oth	er (Specify)		
E	27. MANNER OF DEATH	28a. OATE OF INJU (Month. Day, Ye		ME OF 21	Bc. INJURY AT WORK?	28d. DE	SCRIBE HOW I	NJURY OCCUR	EO
à	1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJ building, atc. (URY — Al home, term, Specify)	streat, factory	y, office		CATION (Street a y or Town, State)	and Number or	Rural Route Number,
	29a. CERTIFIER	011 To 01 1 1 1 1			a seed tell tow				
COMPLETED		CIAN: To the best of my k							ause(a) and menner as stated.
- 11	29baSIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE				IGNED (Month, Day, Year)
BE	10 min In H	n mo			17721	74		▶	(Monal, Day, rear)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	p. Print) D.	Hannon,	MD	~	112	
	1811 MAG	Mulip	10,0	non	Wg	DY	, D.	HAN	NON
	31. DATE FILEO (Morrith, Day, Year)	BE REGISTRAN'S S	A Adams	,					

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI				NTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)						. DATE OF DEATH			3. TIME OF DEATH
Lorraine M. Durb	in					oct. 31.	1991	YEAR	7:18 a. M
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 H	RS. 7.	DATE OF BIRTH		8. BIRTHP	PLACE (State or Foreign
579-36-1264	1 - M 2 XXF	51 YRS.	ONTHS DAYS	HOURS M	in. N	(Month, Day, Year)	1929	Country)	ginia
9e. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN	OR LOCATION				TY OF DE	
Shady Grove Adver	ntist Hospit	al	Rockvi	11e			Mont	gome	ry
10e. STATE 10b. COUNT	Y	10c. CITY, 1	OWN OR LOCA	ATION					10d. INSIDE CITY LIMITS?
Maryland Monte	omery	Potor							1 TYES 2 NO
				of. ZIP CODE			10g. CITIZ	ZEN OF WI	HAT COUNTRY?
9325 Copenhaver 1)T1VE 12. WAS DECEDENT EVER			20854				S.A.	
1 Never Merried 2 XXMerried	FORCES? 1 TYE	S 2XXNO	If yes, a	pecify Cuben, M	lexicen, F	ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No—		— American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 U YE	s2XXMo s	Specify:		- 1	Specify	White
15. DECEDENT'S EDU (Specify only highest grad		18e, OECEDENT'S US (Give kind of worn life. Do NOT use r	UAL OCCUPAT	ION nost of working		18b. KIND OF BU	SINESS/IND		
Elementary/Secondery (0-12)	College (1-4 or 5 +)	1					_		
12 17. FATHER'S NAME (First, Middle, Last)		Benefits	Speci			Milita:		sear	ch Co.
						in the second second	,		
Walton Matthew 19e, INFORMANT'S NAME (Type/Print)	-	195 MAILING AT	ODRESS /Street			ie Peters te Number, City or Tow		Codel	
Charles R. Durbin	ıIII	same a		and Number of F	TUTAL HOU	te rumbei, city or ion	m, State, Zip	C00 0)	
20e. METHOD OF DISPOSITION 1 □ Burlel 2XIXCremellon 3 □ Ren	accord from State	0b. PLACE OF DISPOSITI		emetery, cremator	y or	20c. LC	CATION —	Cify or Tow	rn, Slate
4 Donetion 8 Other (Specify)	November 10m state	letropolita	n Cre	natory		A1e	xandr	ia.	Virginia
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME	ANO ADORESS (OF FACIL	ITY			C. L. 100 C.
).5.	tal_	M00896	10 5	Door	D =1	De Vol			
23. PART i. Enter the diseases, or	complications that caus								MD 20877
shock or heart feilure	List only one ceuse on	each line.		oud of djing,	, 00011 0	oc. a.z. or 100p	natory and	out,	Interval Between Oneet end Deeth
IMMEDIATE CAUSE (Final disease or condition	1 11	VG C	0.11	- 2 D					2 mo's
resulting in deeth)		A CONSEQUENCE OF:	100						2 1103
_									İ
Sequentially list conditions, if eny, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF):							
ceuse. Enter UNDERLYING	6								
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST	d								
PART II. Other significant condition	na contributing to death	but not resulting in	the underlyi	na causa aiw	n In Pe	ort i. 24e, WAS AN	AUTOBOV	245	WERE AUTOPSY FINDINGS
PARANEOH		CUSHINI							AVAILABLE PRIOR TO COMPLETION OF CAUSE
177	C.73.72 C	- 00,717.01		7,1-0-1	-0-	1 🗆 YES	XXNO		OF DEATH?
						-			1 Nes 2 No
25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEAT	'H (Obser				
EXAMINER?	HOSPITAL:		THER:				-		
27. MANNER OF DEATH	1 Inpatient 2 XXER/O			me 5 ∐ Reelde		Other (Specify) 8d. OESCRIBE HOW	IN ILIBA OCC	LIBED	
1) Natural 5 Pending	(Month, Day, Year		RY V	YORK?		ou. OEGOINDE HOW	MOONT OOK	JOHED	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJU	RY — At home, farm, atro			\rightarrow	8f. LOCATION (Street	and Number	or Rural R	nute Number
4 Homicide 8 Could not be determined	building, etc. (S	pecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		City or Town, State			, taniba,
29e. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the beat of my kn	owledge, death occurred	at the time, de	te and place, en	d due lo	The cause(s) and ma	nner ee stat	ed.	
ana)	IER: On the beele of examina								end menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	A			29c. LICENS	E NUMBI	ER	29d. DAT	E SIGNED	(Month, Day, Year)
tomit	Fron 1			DOY	476	260			
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)	10 1	, -		1	ov.	1. 1991
Daniel Rosenblum	M.D. 10400	Conn Avo	#1,01	Kensi	noto	n. Marul	and o	N205	
		JULIU AVE	A 11 9 1 1 4			TIGHT VI	<u> </u>	<u> </u>	



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 m. is after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN				
	1. OECEOENT'S NAME (First, Middle, Last)	WILLIAM	F. I	DUNN		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF D		3. TIME OF DEATH 8:15 A. M		
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	220-34-9632 9a. FACILITY NAME (If not institution, give s	1 M 2 G F 5	2 YRS.	9b. CITY, TOWN O	R LOCATION OF DE	12-26-38	2-26-38 Maryland			
DIRECTOR		5235 Whittington Road (Home) Marion				on Station Somerset				
E S	10a. STATE 10b. COUNT			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	MD SOT	merset	1	Marion S	zation			1 TES 2 NO		
FUNERAL	5235 Whitting	rton Road		101	21838		USA	OF WHAT COUNTRY?		
3	11. MARITAL STATUS	12. WAS DECEOENT EVER IN	U.S. ARMED	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (S				RACE — American Indian, Black, Whita, etc.		
B	1 Naver Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specify			Specify: White		
品	15. DECEDENT'S EDU (Specify only highest grade					16b. KINO OF BUS	SINESS/INOUST	RY		
COMPLETED	Elementary/Secondary (0-12)	Collaga (1-4 or 5+)	Mainte			Food 1	Distrib	outor		
OMI	Grade 9 17. FATHER'S NAME (First, Middle, Last)	040 and			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
BE C	Russell Dunn				Flor	a Foster				
10 8	190. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow	n, State, Zip Co	1 e)		
	Thelma J. Dunn (ame as #		defg	CATION — City	- X Chair		
	20a. METHOD OF DISPOSITION 10-2 1X Burial 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	other placel	Cemetery				city, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	4		22. NAME AI	O AODRESS OF FA	ons Funera	al Home			
	> Kakuly	But be	سا			St Cris				
	23. PART i. Enter the diseases, or ahock, or heart failure.	complications that causad List only one cause on ea								
								Onset and Death		
_	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury									
H	that initiated events resulting in death) LAST	Due to (on AS A	CONSEGUENCE O	r):				j		
							surropey	24b. WERE AUTOPSY FINDINGS		
ICAL	TATE II. SOLUT SIGNIFICATION		or not readiting	in the undarryin	g cause given in	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
A PER CONTRACTOR OF THE PER CONTRACTOR OF TH							Z NO	OF DEATH?		
PHYSICIAN: MEDI										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
HYS	1 YES 2 XNO 27. MANNER OF CEATH	1 Inpatient 2 ER/Outpi	28b. TIN	AE OF 28c. IN.	URY AT	8 Other (Specify) 28d. DE\$CRIBE HOW	NJURY OCCUR	ED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	M 1 🗆							
COMPLETED E	3 Suicide 6 Could not be datermined 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,		
PE	29e. CERTIFIER 1 Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.									
WO.	an-1	ER: On the basis of examination	and/or investigation	on, in my opinion, o	eath occured at the	time, deta and place, as	nd due to the c	ause(e) and menner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	0 0/1 11	1. 0		29c. LICENSE NUI	MBER (/ Cir-	29d. OATE SI	GNED (Month, Day, Year)		
2	ID NAME AND ADDRESS OF PERSON WH		M. D.		11 35	785	1 1	75 787		
	ames R. Gaul,	M.D 106 F	Pine Blu	ff Rd	Suite 1	2-A - Sali	sbury,	MD 21801		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Rondale									

6. 15. 11.1 • r udit verse are the great

MACHINE IN THE XX S MACHINE XX SHOWS ANY INTERF, OF OTHER DESIGNATION OF THE PROPERTY OF THE P

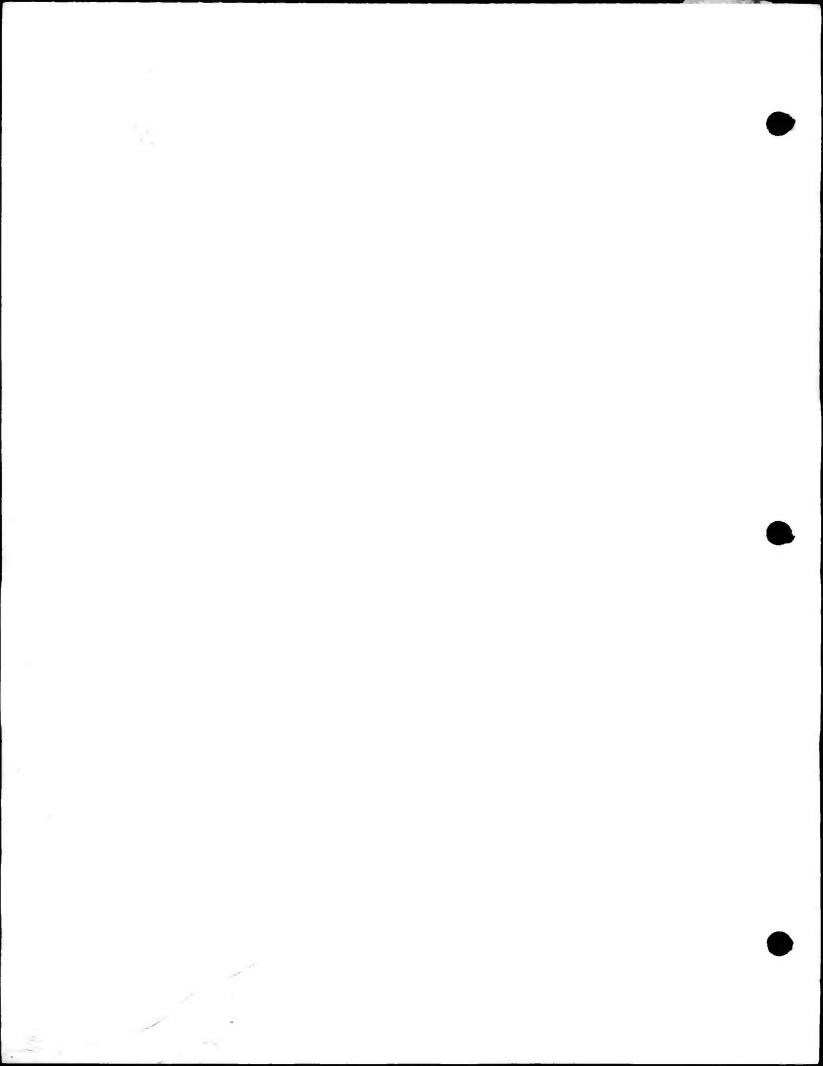
law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARKAND 21203-3146

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH NITSA K. DEVIN 30 PH sevin 7. DATE OF BIRTH A. BIRTHPLACE (State or Fore 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 77-42-7144 DAYS HOURS Washington, DC 1 🗆 M 2 🗸 F YRS 06 62 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Shady Grove Adventist Hospital Rockville Montgomery DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? 10f. ZIP COOE 20853 4505 Glasgow Drive USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TES 2 X NO Specify: Specify: White B 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highe Elementery/Secondary (0-12) College (1-4 or 5+) 1 - 12Homemaker own home 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anthony E. Korson Roula Sklerakis 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) John E. Devin 4505 Glasgow Drive, Rockville, Md. 20a, METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State uriel 2 - Cremetion 3 - Removal from State Gate of Heaven Silver Spring, Md. 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D Renalde FIX- 1/foo NO14 Owe SS mor Hines 23. PART I. Enter the diaeasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Onset and Deeth **IMMEDIATE CAUSE (Final** Cardiomyopathy Dilated disease or condition CARDIONYOPATHY 15 4RF reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIDE TO COMPLETION OF CAUSE DIABETES MELLITUS 1 TYES 2 NO OF DEATH? FAILURE CHRONIC 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 NO 1 Impetiant 2 - ER/Outpetiant 3 - DOA ng Nome 5 🗆 Raeldence & 🗆 Other (Specify) 4 🗆 Ni 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide a Could not be determined 4 Homicide COMPLET 29s. CERTIFIER

CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE Romes allower A.MD. 10-30-51 016540 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) JAMES A ROMAN 9715 MEDICAL ROCKVILLE, CENTER MD 20850 MILVE 31. OATE FILEO (Month, Day, Year) 22. REGISTRAR'S SIGNATURE OCT 31 '91 whia Davidson Bandale



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

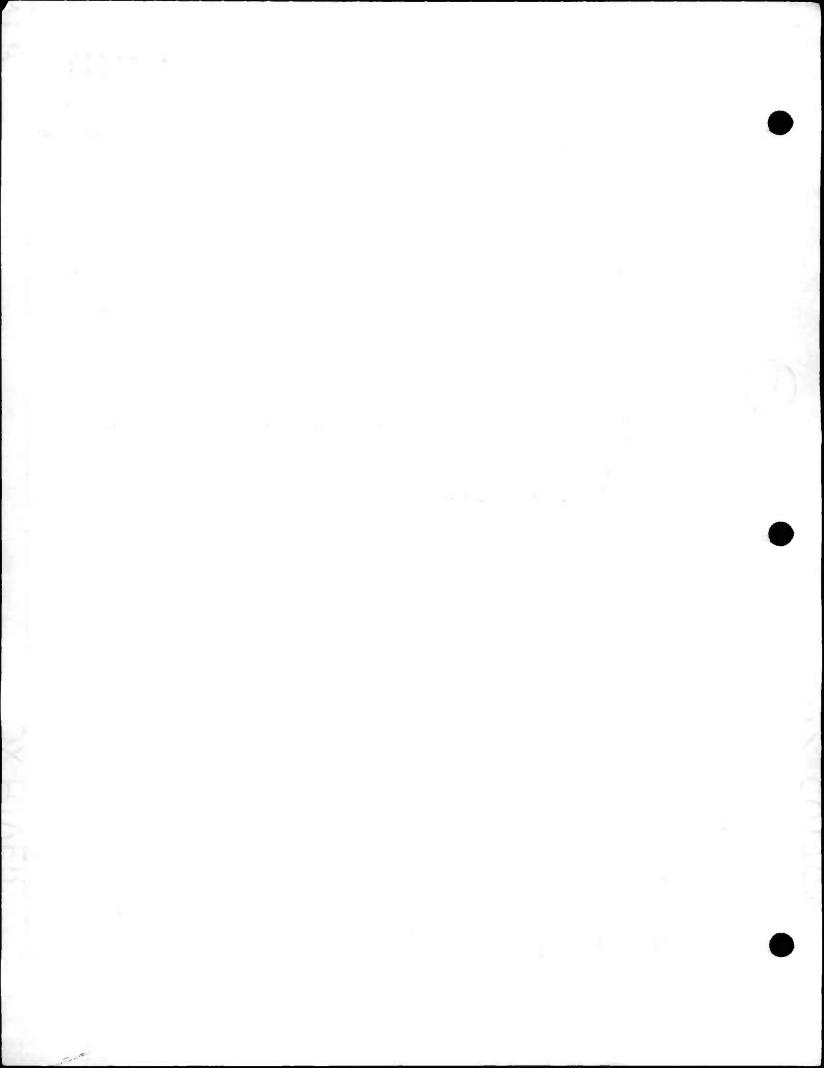
31. DATE FILEO (Month, Day, Year) OCT 3 0 '91

8

TO BE COMPLETED BY FUNERAL DIRECTOR

						91	31514
FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			IENTAL HYGIEN REG. NO.	E	
1. DECEOENT'S NAME (First, Middle, Last)		OZITI II I	JAIL OI	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
LEO	I	DESSLER			10 25	199	8:20 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
114-01-5116	1 📉 M 2 🗆 F	90 YRS.	ONTHS DAYS	HOURS MIN.	3 - 28 -	1901	NEW YORK CITY
9e. FACILITY NAME (If not institution, give str		9		R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
1801 E. JEFFERSON	ST., #629		ROCK	VILLE		MONT	GOMERY
10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
MARYLAND MONTG	OMERY	ROCK	VILLE				1 X YES 2 NO
10e. STREET AND NUMBER			101	. ZIP CODE	-	10g. CITIZE	N OF WHAT COUNTRY?
1801 E. JEFFERSO	N STREET			20852		UNIT	ED STATES
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No — 14	. RACE — American Indian, Black, White, etc.
1 Never Married 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TES	2 XNO Specify:	, ruetto ricali, etc.)		Specify: WHITE
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	SUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUS	
(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 8+)	(Give kind of wor	rk done during mo retired.)	at of working			
12		SALESMA	N		REAL 1	ESTATE	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle, Maiden	Surname)	
MAX DESSLER		1.00		ANNA	(UNKNOW)	N)	
19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Tow		•
MATILDA DESSLER					#629,ROC		
20a METHOD OF DISPOSITION 1 X Burtal 2 ☐ Cremation 3 X Remo	val from State /	20b. PLACE AND DATE OF CLARCIA CONTRACTOR OF CARD			1.0		y or Town, State
4 Donation \$ Dother (Specify)		HARUN GARL		1. PAKK		HALLA	H, NEW YORK
\mathcal{L}	I U	*				RIAL C	CHAPELS, INC.
· / Jarry	/h. /	se			E PIKE, RO		
23. PART I. Enter the diseases or co	omplications that cause on	sed the death. Do no	t antar tha mo	da of dying, such	aa cardiac or reap	iratory arres	t, Approximata
IMMEDIATE CAUSE (Final							
disease or condition resulting in death)		ILMONARY AR					
		S A CONSEQUENCE OF):					
Sequentially list conditions,		VE HEART F S A CONSEQUENCE OF):					6 MONTHS
if any, leading to immediate cause. Enter UNDERLYING				icv			
CAUSE (Disease or Injury that initiated events CHRONIC RENAL INSUFFICIENCY DUE TO (OR AS A CONSEQUENCE OF):							
reaulting in death) LAST							
							T
PART II. Other significant conditions	contributing to death	but not resulting in	tha undarlyin	g causa given in i	Part I, 24e. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 YES :	NO	OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL				100 00 00000			
EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Che			
27. MANNER OF DEATH	1 Inputient 2 ER/O			10 5 A Realdence	8 Other (Specify) 28d. OESCRIBE HOW I	INJURY OCCU	RED
Netural 5 Pending	(Month, Day, Yea	n) INJUI	RY WO	YES 2 NO	TEQUIDE NOT		
2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJU	RY — At home, farm, str			28f. LOCATION (Street		Rural Route Number,
4 Homicide 8 Could not be	building, etc. (S	(pecify)			City or Town, State,		
290. CERTIFIER 1 X CERTIFYING PHYSIC	CIAN: To the best of my kn	owiedge, death occurred	at the time date	and place, and due	to the causals) and ma	nner se etekad	
anal							cause(e) end menner se stated.
29b. SIGNAPURE AND TITLE OF CERTIFIER	0 1//	7 .		29c, LICENSE NUM			SIGNED (Month, Day, Year)
X aurerso	EX	ein					25/1991
		DEATH (ITEM 27) (Type, F		D25113)		

LAWRENCE E. KLEIN, M.D., 3301 NEW MEXICO AVE., NW, #331, WASHINGTON, D.C. 20016



BALTIMORE, MARYLANG 21803-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

procession of the second of th	Les to tendents me burial-transit permit. Pages		
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law required by the law requ	. DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be attacked from the me burial-transit permit. Pages	ept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	And the second accomplished acc
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Is	TO THE FUNERAL	be filed within 72 hours after death with the State De	
- /	Œ.	J	

Robert Hughes, M.D.

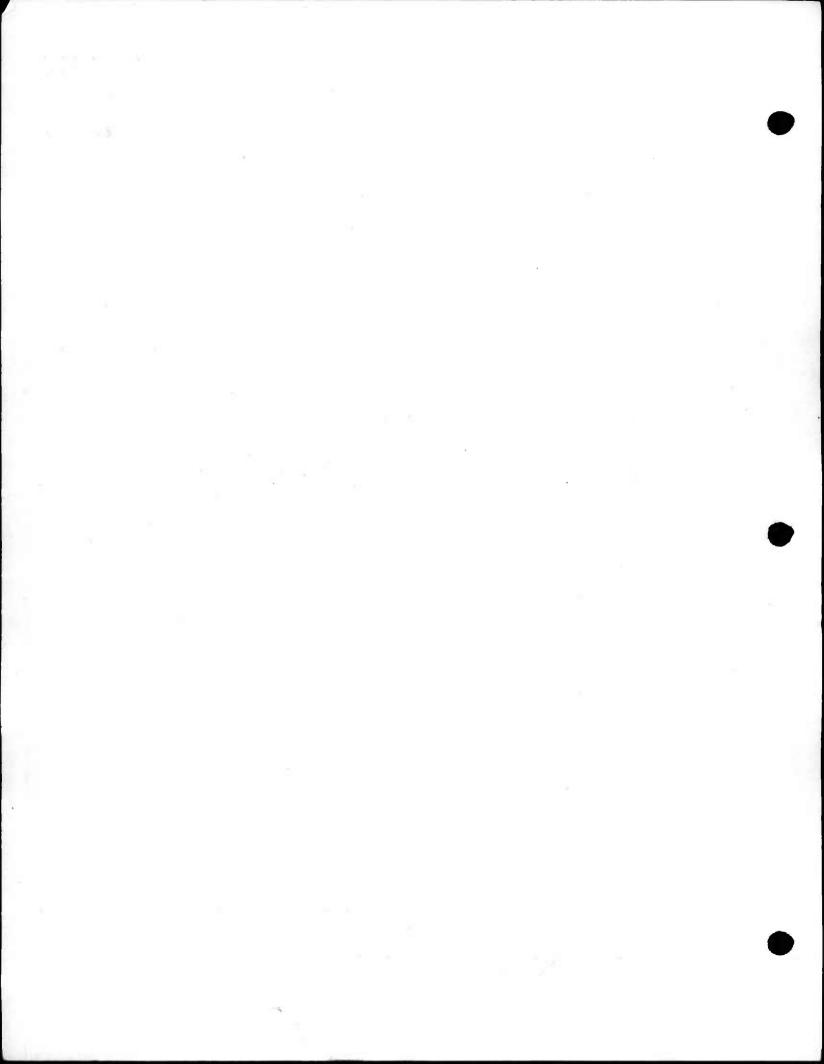
BEGISTBAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
NOV 04 91

TOTAL STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRON 1. DECEMBERT SAME (Prox. Modes, Last) 1. DECEMBERT SAME (Prox. Modes, Modes) 1. DECEMBERT SAME (
Lillian L. Davis 4. SOCIAL SECURITY MOMBER 3. BERT SAME (PAR MARKE PAR MARKE) 4. SOCIAL SECURITY MARKE PAR MARKE
A 4. SOCIAL SECIENTY NORMER A SEX ADE IN MARK FOR CONTROL ASSESSMENT AND SEX ADE IN MARK FOR CONTROL OF SEX ADE IN MARK FOR
TOTALITY MAME (For installate, yet steed are number) By APACHY MAME (For installate, yet steed are number) Frederick Master for installate, yet steed are number) Frederick Recountry Frederick Resource or experience or steed
THE PROPERTY HAME (FOR INTERIOR DESCRIPTION OF DEATH SECTION OF DEATH SECT
SPECIALTY NAME for instruction, pie street and number Se. CITY, TOWN OR LOCATION OF BEATH Frederick Frederic
Frederick Health Care Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick Frederick 100
DESTREET AND NUMBER 1212 Autre Court 12. NAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 13. NAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 14. Nover Mentrica 2 Married 3K Widoward 4 Divorced 15. NECEMBENT'S EDUCATION 16. DECEMBENT'S EDUCATION 17. FR. GIVE WIN OF DUCKED 17. FR. GIVE WIN OF BUSINESS THOUGHTS (Fig. 1) The S. GIVE WAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 16. DECEMBENT'S EDUCATION 17. FRITTER'S NAME (First, Micdie, Last) William H. Logan 18. DECEMBENT'S EDUCATION William H. Logan 19. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 10. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) NOTIFIES NAME (First, Micdie, Last) William H. Logan 19. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 10. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 11. Storet Town, State, 26 Cook) Mary Howland 21. STORATHER DAY FUNDAM. SERVICE UCHRISE MOOTOGOMERY Complete and Number or Part Michael Munifold, Carlo Town, State, 27 Cook) 12. NAME AND ADDRESS OF PRACTIFY ROBERT A. Pumphrey Funeral Home, Rockville, Maryland 21. STORATHER DAY FUNDAM. SERVICE UCHRISE MOOTOGOMERY A Completion of the Cook) MOOTOGOMERY A Completion of the Cook of the Coo
DESTREET AND NUMBER 1212 Autre Court 12. NAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 13. NAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 14. Nover Mentrica 2 Married 3K Widoward 4 Divorced 15. NECEMBENT'S EDUCATION 16. DECEMBENT'S EDUCATION 17. FR. GIVE WIN OF DUCKED 17. FR. GIVE WIN OF BUSINESS THOUGHTS (Fig. 1) The S. GIVE WAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 16. DECEMBENT'S EDUCATION 17. FRITTER'S NAME (First, Micdie, Last) William H. Logan 18. DECEMBENT'S EDUCATION William H. Logan 19. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 10. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) NOTIFIES NAME (First, Micdie, Last) William H. Logan 19. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 10. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 11. Storet Town, State, 26 Cook) Mary Howland 21. STORATHER DAY FUNDAM. SERVICE UCHRISE MOOTOGOMERY Complete and Number or Part Michael Munifold, Carlo Town, State, 27 Cook) 12. NAME AND ADDRESS OF PRACTIFY ROBERT A. Pumphrey Funeral Home, Rockville, Maryland 21. STORATHER DAY FUNDAM. SERVICE UCHRISE MOOTOGOMERY A Completion of the Cook) MOOTOGOMERY A Completion of the Cook of the Coo
DESTREET AND NUMBER 1212 Autre Court 12. NAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 13. NAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 14. Nover Mentrica 2 Married 3K Widoward 4 Divorced 15. NECEMBENT'S EDUCATION 16. DECEMBENT'S EDUCATION 17. FR. GIVE WIN OF DUCKED 17. FR. GIVE WIN OF BUSINESS THOUGHTS (Fig. 1) The S. GIVE WAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 16. DECEMBENT'S EDUCATION 17. FRITTER'S NAME (First, Micdie, Last) William H. Logan 18. DECEMBENT'S EDUCATION William H. Logan 19. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 10. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) NOTIFIES NAME (First, Micdie, Last) William H. Logan 19. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 10. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 11. Storet Town, State, 26 Cook) Mary Howland 21. STORATHER DAY FUNDAM. SERVICE UCHRISE MOOTOGOMERY Complete and Number or Part Michael Munifold, Carlo Town, State, 27 Cook) 12. NAME AND ADDRESS OF PRACTIFY ROBERT A. Pumphrey Funeral Home, Rockville, Maryland 21. STORATHER DAY FUNDAM. SERVICE UCHRISE MOOTOGOMERY A Completion of the Cook) MOOTOGOMERY A Completion of the Cook of the Coo
DESTREET AND NUMBER 1212 Autre Court 12. NAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 13. NAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 14. Nover Mentrica 2 Married 3K Widoward 4 Divorced 15. NECEMBENT'S EDUCATION 16. DECEMBENT'S EDUCATION 17. FR. GIVE WIN OF DUCKED 17. FR. GIVE WIN OF BUSINESS THOUGHTS (Fig. 1) The S. GIVE WAS DECEMBENT SUBJECT OF HISPANIC CONSTITUTY 16. DECEMBENT'S EDUCATION 17. FRITTER'S NAME (First, Micdie, Last) William H. Logan 18. DECEMBENT'S EDUCATION William H. Logan 19. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 10. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) NOTIFIES NAME (First, Micdie, Last) William H. Logan 19. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 10. MALING ADDRESS (Storet and Number or Part Michael Munifold, Carlo Town, State, 26 Cook) 11. Storet Town, State, 26 Cook) Mary Howland 21. STORATHER DAY FUNDAM. SERVICE UCHRISE MOOTOGOMERY Complete and Number or Part Michael Munifold, Carlo Town, State, 27 Cook) 12. NAME AND ADDRESS OF PRACTIFY ROBERT A. Pumphrey Funeral Home, Rockville, Maryland 21. STORATHER DAY FUNDAM. SERVICE UCHRISE MOOTOGOMERY A Completion of the Cook) MOOTOGOMERY A Completion of the Cook of the Coo
Secondary Seco
Secondary Seco
Secondary Seco
Secondary Seco
The December Substitution
BenerotarySecondary (6-12) College (1-4 or 5-) Secretary Secretary Church
Secretary Secr
William H. Logan Wain Howland
William H. Logan Wain Howland
William H. Logan Wain Howland
The internal state of
Mary D. Barber 20a. METHOD OF DISSPOSITION 20a. METHOD OF TOWN, State 20a. METHOD OF TOWN, State 20a. Method of Dissposition 20a. LOCATION - City of Town, State 20a. Method of Dissposition 20a. LOCATION - City of Town, State 20a. Method of Dissposition 20a. LOCATION - City of Town, State 20a. Method of Dissposition 20a. LOCATION - City of Town, State 20a. LOCATION - City of Town, State 20a. LOCATION - City of Town, State 20a. Location 20a. Location - City of Town, State 20a. Location 20a. Location - City of Town, State 20a. L
20a. METHOD OF DISPOSITION 1 Burlal 2 (& Cremation 3 Ramoval from State 20b. PLACE of DISPOSITION Name of Commission or Montgomery Crematorium, Inc. Bethesda, Maryland Bethesda, Maryland 20b. Inc. Bethesda, Maryland Bethesda, Maryland 20b. Inc. Bethesda, Maryland 20b. In
MOTGOMERY Crematorium, Inc. Bethesda, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0198 22. SHART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and interval Bath inter
21. SIGNATURE OF FUNERAL SERVICE LICENSEE MO0198 20. MARK AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Rockvill 300 West Montgomery Avenue Rockville, Maryland 20850-2805 20. MARK AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Rockvill A. Pumphrey Funeral Home/Rockvill Robert B. Pumphrey Funeral H
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): a. Due to (or as a consequence of): Due to (or as a consequence of): Cause. Enter UNDERLYING CAUSE (Disease or initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a conseque
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): a. Due to (or as a consequence of): Due to (or as a consequence of): Cause. Enter UNDERLYING CAUSE (Disease or initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a conseque
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): But TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 1
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):
Note Continue Co
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26b. TIME OF INJURY Month, Day, Year) 26b. TIME OF INJURY Month, Day, Year) 26c. INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK?
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26b. TIME OF INJURY Month, Day, Year) 26b. TIME OF INJURY Month, Day, Year) 26c. INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK?
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26b. TIME OF INJURY Month, Day, Year) 26b. TIME OF INJURY Month, Day, Year) 26c. INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK?
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK?
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK?
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK?
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY AT WORK? 1 YES 2 NO 26c. INJURY AT WORK?
PERFORMEO? AMALIABLE PRIOR TO COMPLETION OF CA OF DEATH YES 2 NO NO PEATH
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpellent 3 DOA 28. PLACE OF DEATH (Check only one) OTHER: 1 Natural 5 Pending 2 Accident Investigation 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Dey, Year) 28. PLACE OF DEATH (Check only one)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpellent 3 DOA 28. PLACE OF DEATH (Check only one) OTHER: 1 Natural 5 Pending 2 Accident Investigation 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Dey, Year) 28. PLACE OF DEATH (Check only one)
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpellent 3 DOA 28. PLACE OF DEATH (Check only one) OTHER: 1 Natural 5 Pending 2 Accident Investigation 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Dey, Year) 28. PLACE OF DEATH (Check only one)
2 Accident investigation M 1 YES 2 NO
2 Accident investigation M 1 YES 2 NO
2 Accident investigation M 1 YES 2 NO
2 Accident investigation M 1 YES 2 NO
2 Accident investigation
LIII 4 Homicide determined City or Town, State)
29e. CERTIFIER (Check only (Check only Indicate and place) (Check only Indicate and In
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as sta
2 MEDICAL EXAMINER: On the basis of assimption and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as sta
2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (b) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as stated as a significant of the cause (a) and manner as a stated as a significant of the cause (a) and the cause (

187 Thomas Johnson Dr. Frederick, Maryland

21701



	s th		
	detacted for use as the		- 1
5	D 10		
,	=		
L	햠	1	Ce.
ſ,	8	١	0
ď	D.	J	l at
þ	ą		fle
	2		not
3	age		pe
3	0, 0		ısı
2	recti		Ē
5	ig G		ner
	Jue		E
3	he fi	<u>a</u>	ex
1	₩ 50	NO.	ca
-	=	of re	ned
į	Filled	'n, c	le n
	ely	natic	#
	plet	Cre	/en
3	000	<u>ia</u>	9
	and	2	Jati
2	ian	or to	anu
2	nysic	Du	4
2	0	iene	the
3	ngi	ž	04
200	atte	mta	5
2	the	Me	큳
10	3	and	J.
3	Done	ath	8 3
1	n Si	f He	WO!
2	990	nt. o	S
2	has	8	1 23
	ate	tate	ten
	Ě	he S	0
Ś	5 08	ith t	pg,
	Ē	h w	ark
2	Afte	deat	E
7	OR:	fler	œ
2	ECT	Sa	11 2
IN THE RUSTIAL OF ALL PRINCE CONTINUE TO SERVICE CONTINUES OF A CO	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Š	RAL	2	=
3	UNE	ithin	N.
75	HE FI	₩ pa	JRT.
-	1	9 6	MPC
_	F	ž	=

Market Street St. St. St. St. St. St. St. St. St. St	ast) ETHELYN	ADELE DECK	AIE OF	DEATH	REG. NO. 2. DATE OF OEATH MONTH DA	Y YEAT	3. TIME OF DEATH		
ETHELYN	A.		DECK			10 - 30 - 91			
4. SOCIAL SECURITY NUMBER 577-03-808			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 25 -		OTHPLACE (State or Foreign		
9e. FACILITY NAME (If not institution, g	give street and number)	9	b. CITY, TOWN (R LOCATION OF DE	ATH	9c. COUNTY O	F DEATH		
MEDLANTIC NO	URSING HOME		SILVE	R SPRIN	7	MONTG	OMERY		
	106. COUNTY 106. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
MARYLAND PR	INCE GEORGE	'S M	C. RAIN	IER		1 YES 2 NO			
10e. STREET AND NUMBER			101	. ZIP CODE		F WHAT COUNTRY?			
4213 EASTERN A				20712			SA		
11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 NO	If yes, sp	ecity Cuben, Mexical	IC ORIGIN? (Specity Yes n, Puerto Rican, etc.)	В	ACE — Americen Indien, lack, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAS	R OR DATES	1 YES	2 NO Specify	:	l s	white		
15. DECEDENT'S (Specify only highest)		16a. OECEDENT'S US	SUAL OCCUPATION MO	ON st of working	186. KIND OF BUS	SINESS/INDUSTR	Y		
Elementery/Secondary (0-12)	ille Do NOT use retired)								
42 FATHERIS MANE (Flora Allelia Lo-	SECRETARY					ME DIVI	SION		
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NA								
WILLIAM H. DECK ETHEI 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rure)					M. DA		07120		
LEANORE REILLY	Υ				DAD. N.W.				
20e. METHOD OF DISPOSITION	Ser .	20b. PLACE OF DISPOSIT	ION (Name of cer	metery, crematory or		CATION — City o			
4 Donation 8 Other (Specify)	2 Commetton 3 □ Removal from State 1 8 □ Other (Specify)				ALEXANDRIA, VIRGINIA				
21, SIGNATURE OF FUNERAL SERVICE LICENSEE					TILINS FUN	ERAL HO	ME, INC.		
1 Ollus)(Mx X		500	UNIVERSI'	TY BLVD.,	W., SIL	. SP., MD 20		
ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							Interval Betweer Onset and Death 3		
Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated eventa resulting in daath) LAST									
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND									
Cerebral Vascular accident 1 = YES 2						MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
		EXAMINER? 1 YES 2 NO							
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA		ne 5 🗆 Residence	8 Other (Specify)				
EXAMINER? 1	HOSPITAL: 1 Inpetient 2 II 28e. OATE OF II (Month, Day)	ER/Outpatient 3 DOA 4	Nursing Hon OF 28c. IN.	IURY AT DRK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 1 28a. QATE OF II (Month, Day tition of ba	ER/Outpatient 3 DOA 4	Nursing Hon OF 28c. IN. W M 1	JURY AT ORK? YES 2 NO		and Number or Ru			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigs 3 Suicide 8 Could no 4 Homicide determine 29e. CERTIFIER (Check only 1 CERTIFYING E	HOSPITAL: 1 Inpatient 2 I 1 Inpatient 2 I 28s. OATE OF II (Month, Day 28e. PLACE OF building, et PHYSICIAN: To the best of m	NJURY 28b. TIME INJUITY	Nursing Hon OF 28c. IN. RY M 1 eet, factory, office at the time, date	IURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) and men	and Number or Ru	rel Route Number,		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigs 3 Suicide 8 Could no 4 Homicide determine 29e. CERTIFIER (Check only 1 CERTIFYING E	HOSPITAL: 1 Inpatient 2 I 1 Inpatient 2 I 28s. OATE OF II (Month, Dey 28s. PLACE OF building, et 28s. PLACE OF building, et	INJURY — At home, farm, atr. (Specify) Ty knowledge, death occurred	Nursing Hon OF 28c. IN. RY M 1 eet, factory, office at the time, date	IURY AT DRK? YES 2 NO	28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) and mer time, date end place, er	and Number or Ru	rel Route Number,		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural 5 Pending 2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA	HOSPITAL: Impatient 2 Imp	INJURY At home, farm, str. (Specify) Ty knowledge, death occurred mination end/or investigation,	Nursing Hon OF 28c. IN. W 1 □ set, factory, offic st the time, date in my opinion, o	PART OF THE PART O	28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(e) and mer time, date end place, er	nner as stated. 29d. DATE SIGN	rel Route Number, see(e) end manner as stated. NED (Month); Day, Year)		

detached for use as the burial-transit permit. Pages 1, 2, 3 should

remine by the hospital or attending physician.

MARYLAND 21215-0020

BALTIMOR

funeral director

the

filled in by the tion, or removal.

and completely fille burial, cremation,

31. DATE FILED (Month, Day, Year)

VON 01 '91

		7	=
	Ē	Tage Tage	-
0	픙	9	=
9	2	E	2
<u></u>	9	S 4	da
8	3	0 3	=
Φ	8	6 0	100
\times	60	c 2	=
0	۾	cia o	2
×	2	IS O	=
ш	S	£ 0	ä
~	\$	0.0	S
Q	6	5 5	0
n.	-	8 1	5
_	a	ta ta	-
'n	9	E E	5
×	9	E 2	=
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	40	> 2	=
Œ	at at	9 6	>
0	10	B E	9
Ō	SS	6 6	50
ŭ	É	S I	3
~	9	e o	ĕ
_	>	8	69
_	8	S	2
⋖	63	20	-
-	E	9 2	5
_	4	Sta	=
>	A	100	=
ш	2	9 E	-
$\overline{}$	85	SE	D
U	X	₹ 3	2
7	CD	× £	ĕ
$\overline{}$	Z	ea ea	E
$\underline{\mathcal{L}}$	9	40	10
S	iii	E S	00
	E	E &	2
2	~	治 点	E
_	Ö	50	9
	-	70	_
	E	SK	_
	S	목	=
	0	ラモ	¥
	-	14 5	E
	王	H	ō
	1	1	=
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be fled within 72 hours after death with the State Dect. of Health and Mental Hydene after to burial. Crematic	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, it

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Arthur 2. DATE OF DEATH MONTH Drayson 3. TIME OF DEATH ARTHUR DKAYSON 10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yes flast birthday) June 23, 1904 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 X M 2 - F HOURS England 577-70-9091 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? 1 YES 2 NO Montgomery Chevy Chase FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4307 Thornapple Street 20815 **England** 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puerto Rican, etc.) BY 1 TES 2 TO NO Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 15. OECEDENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elemantary/Secondary (0-12) College (1-4 or 5+) Administrative official Canadian Embassy 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Rendell Drayson notified at Alice Seclombe BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
4307 Thornapple St., Chevy Chase, MD 2 Amy I. Drayson 20815 e e 20a. METHOD OF DISPOSITION
1 General 2 A Cremation 3 General from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must DATE Mt. Comfort Crematory 4 ☐ Donation 5 ☐ Other (Specify) 10/31 Alexandria, VA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Joseph Gawler's Sons, Inc. mic 5130 Wisconsin Ave, NW, Washington, DC 20016 medicai 23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart fellure. List pnly one ceuse on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onaat and Deeth the disease or condition resulting in death) event, hvenic Congestive Heart Failure traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS been signed by pt. of Health and 3 shows any I AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 TNO has be Dept. PHYSICIAN: or Item 2: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA TX YES 2 NO OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF INJURY marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 8 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 10/30/91 D07147 9 TED CAUSE OF DEATH (ITEM 27) (Type, Print) ALLEN NIMETZ, MD Nim Allen A Western 22. REGISTRAR'S SIGNATURE

OHMH-16 Rav 1/89

10/30/91

3HY5

015052988

DRAYSON, ARTRUS

	pe	
	must	
	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	
N IEIIONG	nedicai	
100	the n	
i, clesila	event,	
ומ מחוומ	rmatic	
5	r trau	I
shipping:	othe	I
	0	ı
MICHIE	injury	
1111	any	I
201	shows	ŀ
dan	23	l
Course	Item	l
2	0	Ì
the man with the second with the case capit of the man well and the light of the second of the	marked	
5	12	l
5	1 28	l
5	Item	Į
4	=	l
THE PARTY OF	ORTANT	
2	¥Ε	l

								9	1 3	1518
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMENT OF	HEALTH AND	MENTAL HYG		. 0	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA			. TIME OF DEATH
	Loye	L.			Downe	У	October		YEAR	9:45 A.M.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	Н	6. BIRTHPL Country)	ACE (State or Foreign
	452-05-9258-A 9e. FACILITY NAME (If not institution, give s	1 M 2 X F	78	YRS.		1 1	Oct. 1,			xas
œ	Fernwood House	(reet end number)				OR LOCATION OF I	DEATH		NTY OF DEA	
[유	RESIDENCE OF DECEDENT				Bethe	saa		Mor	tgome	ery
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LOCA	TION			1	Od. INSIDE CITY
		tgomery		-	Kensington				LIMITS?	
14 I	10e. STREET AND NUMBER				10	H. ZIP CODE		10g. CIT	IZEN OF WH	AT COUNTRY?
FUNERAL	10218 Oldfield				20895			United States		
	1 Never Married 2 X Married		YES 2 XX	RMED NO	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Speci	V Yas or No-	14. RACE -	- American Indian, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE W	MR OR OATES		1 TYES	S 2 X NO Spec	ity:	11	Specify	1
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18e, D	ECEDENT'S	USUAL OCCUPATI	ON	16b, KIND O	F BUSINESS/INI	DUSTRY	White
9	Elementary/Secondary (0-12)	College (1-4 or 5 +		e. Do NOT us	vork done during m se retired.)	ost of working	Nati			
COMPLETED		¥ 2	s	ecret	ary			itutes	of He	ealth
	17. FATHER'S NAME (First, Middle, Last)				1000	18. MOTHER'S N	AME (First, Middle, M			
8	Walter T. Massey					Carri	e Boykin			
10							Route Number, City of			id 20895
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cramatory or other piece) 1 / 1 / 91									
	Montgomery Crematorium Ind Bethesda Maryland									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00381 Parbara Jo McMullen Jaurence M00381 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsir Avenue, Bethesda, Maryland 20814-3501								Wisconsin	
	23. PART I. Entar the diseases, or cahock, or heart failure.	omplications that	caused the d	eath. Do n						Approximate
	IMMEDIATE CAUSE (Final									Interval Batween Onset and Death
	resulting in death)	<u>L</u>	JN G	- (-AN	CER				
_	_	DUE 10	OR AS A CONSE	OUENCE OF	7):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	7:					
8	cause. Entar UNDERLYING CAUSE (Disease or trijury									
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
8	resulting in death) LAST									
_ H	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	Empyema, Confusion, Intestinal Obstruction						PEI	RFORMED?	AV	AILABLE PRIOR TO DMPLETION OF CAUSE
Ä							1 12	S 2 [XNO	OF	DEATH?
ž	1 YES 2 NO								☐ YES 2 ☐ NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: COMED:									
XSI	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
H	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED									
à	2 Accident Investigation M 1 YES 2 NO									
COMPLETED	3 Suicide 4 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, tectory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, ferm, street, tectory, office City or Town, State)								e Number,	
2 1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(e) and menner ee stated.									
OM	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 3 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as state.							d manner es stated		
	296. SIGNATURE AND TITLE OF PERTIFIER	,)	1.			29c. LICENSE NUI				
386	Daniel 1	4 con	M					1 .		onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO					D0476				1, 1771
	Daniel Rosenblum, 31. DATE FILED (Month, Day, Year)		0400 Cor	nect	icut Ave	enue, Kei	nsington,	Md. 2	0895	
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Suna Davidson Rendelle										

the fearness of 1861 Ja VIII

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mours after death. Page 6 may be retained by the hospital or attending physician.

'TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proper be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 - STATE

	HEGISTHAH		C	ERIIL	ICALE	= Or	DEA	ιп		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ERMA EVELYN FER	CHCON		,					2. DATE OF	DA		YEAR	3. TIME OF DEATN
									OCTOBER 30, 1991				10:40P™
	4. SOCIAL SECURITY NUMBER 578-32-1593	5. SEX	6. AGE (In yrs. I	32 YRS.	IF UNDER MONTHS	DAYS	HOURS	MIN.	(Month.	Day, Year)	909	6. BIRTH	HPLACE (State or Foreign ry)
ì	Sa. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATN						I 9c. COUNTY OF DEATH		
œ l	NIH, THE CLINICA	I CENTER			RE	ים עדי	ACS	MADI	YLAND		MONTGOMERY		
	RESIDENCE OF DECEDENT	L CENTER			l DE	LIII	JDA,	TIMIK	LUMND		MONIGOMERI		
ŭ	10a. STATE 10b. COUNTY	1		10c. CIT	TY, TOWN OR LOCATION								10d. INSIDE CITY
. DIRECTOR				WA	ASHIN	_			CT OF COLUMBIA				LIMITS?
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE						10g. CIT	IZEN OF	WHAT COUNTRY?
<u> </u>	2022 COLUMBIA ROAD, APT.#502, N.W						2000)9			US	SA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2▼ NO					13. WAS DECENDENT OF HISPANIC				(Specify Yae	or No-		E — American Indian, k, White, atc.
87	1 Never Married 2 Married 3 Widowed 4 Divorced Never Married 2 Married FORCES? 1 YES 2 NO					If yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2 NO Specify:						Spec	
COMPLETED	15. DECEDENT'S EDUCATION 16a. DECEDENT (Specify only highest grade completed) (Give kind				work done	during me	ON ost of worki	ng	16b. F	IND OF BUS	INESS/INI	DUSTRY	
۳	Elementary/Secondary (0-12) College (1-4 or 5+)				of work done during most of working use retired.)								
Σ				<u>dmini</u>	strator					S.Gov		ent	
3	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S NAME (First, Middle, Melden Surname)							
H H	Edward V. Ferg	uson					Fr	ance	s Ho	ffman			
2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street	and Numbe	r or Rural	Route Numbe	City or Town	, State, Zi	Code)	
-	HAROLD THOMAS F	ERGUSON		HCR	4 B	OX 2	0, P	HILI	P, SO	UTH D	AKOT.	A 5	7567
	20a. METHOD OF DISPOSITION 1	oval from State	other	place)	4 BOX 20, PHILIP, SOUTH DAKOTA 575 SITION (Name of cometer, cremetory or The Crematory Alex. VA.						own, Slate		
			- IMt.	Comio	rt C	rema	tory	PP OF FA	CHITY	Ale	x. V	Α	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, 5130 Wisconsin Ave., W													
CERTIFICATION	shock, or heart failure. List Dnly one cause Dn aach lina. Interval Batween Onset and Daath Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List Dnly one cause Dn aach lina. Interval Batween Onset and Daath MULTOS (CLUUITY WIG DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Ottai agrinicant Condition	in the undariying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2X NO				246	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO						
בוניום פוסומיי.	25. WAS CASE REFERRED TO MEDICAL	1				00.0	1 105 05 1	NE ATN 604					
	EXAMINER? V	HOSPITAL:			OTHE		LACE OF D	JEAIN (Ch	neck only one)				
2	1 YES 2 NO	1 Inpatient 2						esidence	8 🗆 Other				
	27. MANNER OF DEATN 1 Natural 5 Pending	26e. DATE OF (Month, D	INJURY lay, Year)	28b. Til	JURY M	W	JURY AT ORK? YES 2 (□ NO	28d. DEŞC	RIBE HOW II	NJURY OC	CURED	
COMPLETED DI	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — Al home, farm, building, etc. (Specify)					tory, offi	ce		281. LOCAT	TION (Street a Town, State)	nd Numbe	r or Rural	Route Number,
1	290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge.	death occur	red at the	time, dat	and place	e, and due	to the caus	e(e) end men	ner aa sta	ited.	
	anal												a) and manner as stated.
	296. MATURE AND TITLE OF CERTIFIE		1				-						
20	1911 A	I	TA				D	3831	2			0-30	9 (Morsin, Day, Hear) 1–91
2	30 NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU					a Sov	enti	ino, N				2222
	31. DATE FILED (Month, Day, Year)		SIGNATURA	9000 I	ROCKV	/ILL	E PII	KE,	BETHES	SDA, N	1ARYI	LAND	20892
	NOV 04 '91	guha L	SIGNATUR	Carde									



				•	
		•			
		5			
	 a territoria		,		

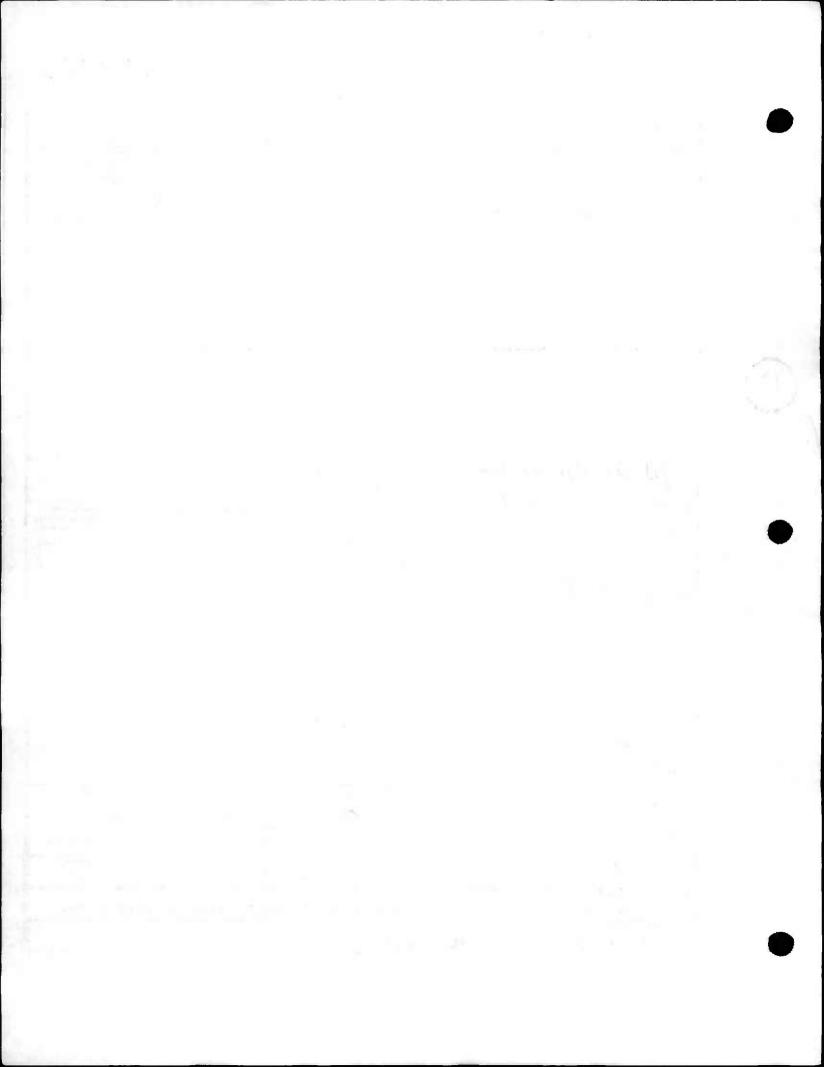
D 21215-0020

BALTIMORE, M

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

	REGISTRAR		CE	RIIF	ICATE	OF	DEATH	REG	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Alice Gen	Fir	Fink					DAY	YEAR	year 1991 10:20 P M			
	4. SOCIAL SECURITY NUMBER 171-07-8469		6. AGE (In yrs. last I	_	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	Novembe 7. DATE OF BIR (Month, Day, 4-19-	7714	8. BIRTHE	PLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give st				9b. CITY,	TOWN C	OR LOCATION OF DE			COUNTY OF DEATH			
E G	Physicians Memoria	al Hospit	al		La	P1a	ta		Charles				
ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION				10d. INSIDE CITY LIMITS?		
<u></u>	Maryland Charl	es		L	a Pla	ata					1 💢 XES 2 🗌 NO		
FUNERAL DIRECTOR	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN OF W			HAT COUNTRY?		
	Route 225, 1 Mai	ON 12. WAS DECEDENT		20646 S, ARMED 13. WAS DECENDENT OF HISPA			IIC ORIGIN? (See	ocity Yea or No	USA 14 BACE	- American Indian			
ВҰ	1 Never Married 2 Married	YES 2 NO	NO If yes, specify Cuban, Mexic				n, Puarto Rican,	atc.)	Black, Specif	- American Indian, White, atc. y: nite			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (G			CEDENT'S USUAL OCCUPATION The kind of work done during most of working				18b. KIND	OF BUSINESS/				
COMPLETED	II Elementary/Secondary (U-12) College (1-4 or 5 ±)				kind of work done during most of working o NOT use retired.) SEWITE				ome				
N N	17. FATHER'S NAME (First, Middle, Last)					_	18. MOTHER'S NA)			
BE C	Andrew Michael Socey							nor B					
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural								
-	Richard Socey	_				ln, Par							
	1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	pisposition (Name pare 20c. Location — City or Town, State tory 11-7 Waldorf, Maryland											
	21. SIGNATURE OF HUNEBAL SERVICE VICENSE					22, NAME AND ADDRESS OF FACILITY HUNTT FUNCTAL HOME							
	Michael Blankenship M00857					P. O. Box 156, Waldorf, Md. 20604							
TION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d.												
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. W									WERE AUTOPSY FINDINGS			
EDICAL		Cine	er Co	Colm				PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
ME										1 TES 2 NO			
ä													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ED/0-1		OTHE	₹:	LACE OF DEATH (Ch						
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, De	INJURY	26b. TIN	-	28c. IN.	NO 5 Raeldenca JURY AT DRK? YES 2 NO		elly) E HOW INJURY (OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, fan					lory, offic	a		81. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI	CIAN: To the best of R: On the bests of ax) and menner as stated.		
TO BE C	29b. SIONATURE AND TITLE OF CERTIFIES	DRI	0)				D-0297		29d, E	ATE SIGNED	(Month, Day, Year)		
	Daniel M. Howell	MD Per	mbrooke			# 1.0	4 Highway	y 301 S	outh Wa	aldorf	,MD 20603		
	31. DATE FILED (Month, Dey, Year)		Devidson-	Brite	DQ.								



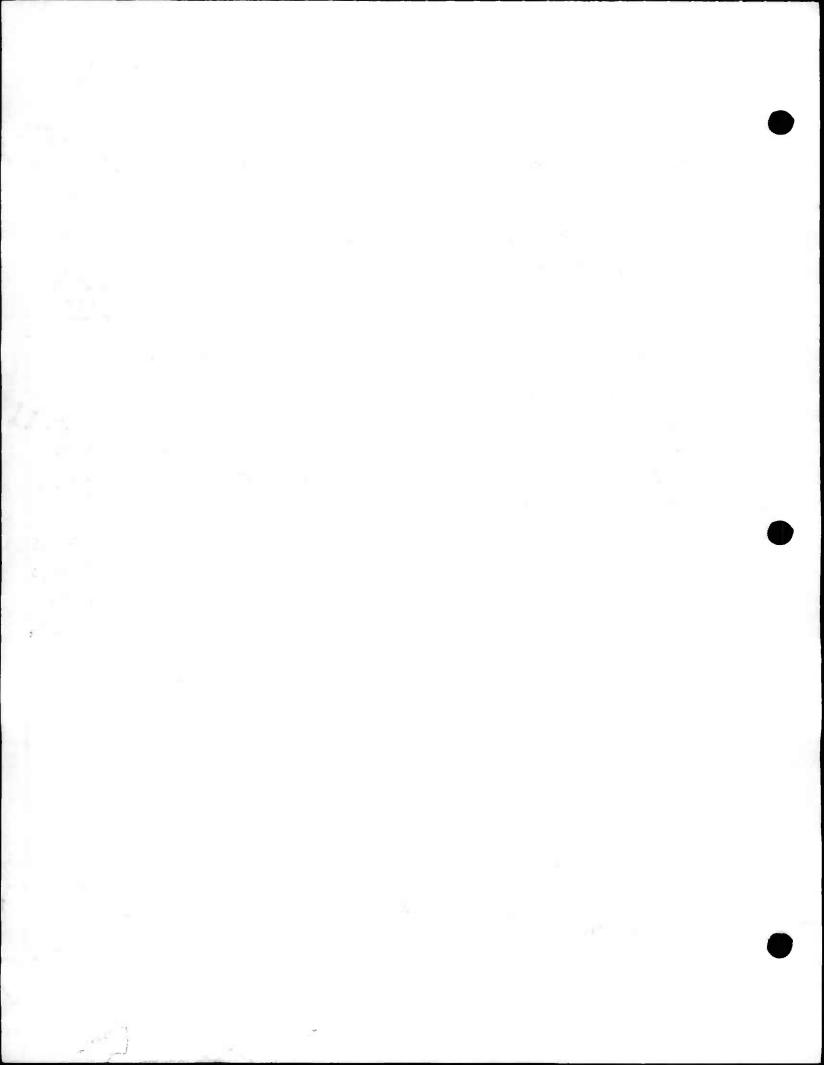
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYL IND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the noting of the physician of the control of the	hours after death. Page 6 may be retained by the hours after death.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 strough he commend for the human for	lled in by the funeral director, page 5 should be a ment for use the budglan
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n, or removal.
TANDAMENT IN THE PARTY OF THE P	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI	RTMENT OF H	HEALTH AND			91	31321			
	1. DECEDENT'S NAME (First, Middle, Lest)			TOATE OF	DEATH	2. DATE OF D	G. NO.		3. TIME OF DEATH			
	Harley B. F	erguson, I	II			10	28	91	3:23 p. M			
1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH 8.			RTHPLACE (State or Foreign			
	220 05 0000		8 YRS.	MONTHS DAYS	HOURS MIN.	June 2		Co	_{untry)} eorgia			
	9a. FACILITY NAME (If not institution, give stre	et and number)			OR LOCATION OF			c. COUNTY O	F DEATH			
DIRECTOR	Montgomery Ge	neral Hosp	oital	Olne	ЭУ			Mon	tgomery			
) 입	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION		10d. INSIDE CITY					
뜸	Maryland Mon	tgomery		ockville								
	10e. STREET AND NUMBER	ogomery										
EB.	13201 Foxden Driv	/e			109. CITIZEN OF WHAT CO							
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			13. WAS DEC	d States							
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yas or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 □ YES 2 X No Specify: Specify: Specify:							
	3 Widowed 4 Divorced		// on					, ,	White			
TEO T	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	(Give kind of	work done during ma	JSUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
1 1 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)								
COMPLET	17. FATHER'S NAME (First, Middle, Last)	5+	Manad	ger					lopment			
	77. 1		18. MOTHER'S N	IAME (First, Middle,	Maiden Surn	iame)						
B	Harley B. 19a. INFORMANT'S NAME (Type/Print)		Bett		illso							
2				ADDRESS (Street a								
	GdII B. Ferguson 13201 Foxden Drive, Rockville, Maryland 20850											
	1 General 2 X Cremetion 3 Removal from State 2 X Cremetion 3 Removal from State 200. Floating of the place 10/30/91											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MOO 201 23 NAME AND ADDRESS OF FOUR TV											
	*Barbara Jo Mc7	nullendan	nence	Rober Rocky Avenu	rt A. Pu Ville, I De, Rock	mphrey 1 nc 300 ville.	Funera Wes Marvla	al Hont t Mont	ne/ gomery 20850-2805			
	23. PART i. Enter the diseases, or co- shock, or heart failure. Li.	mpilcations that caused	tha death. Do	not antar the mo	de of dying, au	ch as cardiac o	r respirato	ry arreat,	Approximata			
	IMMEDIATE CAUSE (Final	<i>p</i> 2							Interval Batween Onset and Dasth			
	disease or condition a. Colorocarrence of leng DUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, DUF TO (OR AS A CONSEQUENCE OF).											
AT	if any, leading to immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):								
FI	resulting in death) LAST			,								
	DAME II OAL - Joseph W. S. Commission of the Com											
AL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR TO											
ă	Decurrence top	+ lung 2-3	grow pro	lumes	hon 2-3	ALCOHOLOGICAL CONTRACTOR	YES AL	State 1	COMPLETION OF CAUSE DF DEATH?			
Z	Drain metert	in later	me !	you			, ,		1 VES 2 NO			
ž	Intershitul p	neworth	+ reps	hickory	faiture			- 1				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		∠29-PL OTHER:	ACE OF DEATH (C	heck only one)						
ΙΥS	1 TYES 2X NO	Inpetient 2 - ER/Outp	etlent 3 🖸 DOA	4 Nursing Home	5 🗆 Residence	6 C Other (Spec	60					
H	27. MANNER OF DEATH 1 Natural 5 Pending	(Movifi, Day, Year)	28b. TIM 84J	E OF 28c. INJU		29d. DESCRIBE	HOW INJUR	Y OCCURED				
B	2 Accident Investigation	28s. PLACE OF BUJURY		1,110,00	ES 2 NO							
COMPLETED	3 Suicida a Could not be 4 Homicide datarmined		City or Town	Street and N State)	lymber or Flun	il Houte Number						
	29a, CERTIFIER					<u></u>						
MP	(Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	edge, death occurre	d at the time, data	and place, and du	a to the cause(s) a	nd manner a	es stated.				
8	2 MEDICAL EXAMINER	On the basis of examination	and/or investigatio	n, in my opinion, de	eath occured at the	time, data and pl	ece, and due	n to the cause	e(s) and manner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mell 8	- bul	h	29c. LICENSE NU				ED (Month, Day, Year)			
6		Hon, M.D.			D138	52		290	491			
	30. NAME AND ADDRESS OF PERSON WHO C		TH (ITEM 27) (Type,	bring Re	1. 01.	rey hed	208	72				
	31. DATE FILED (Month, Day, Year) OCT 3 0 '91	Julia Day don	- Handell			\(\lambda \)		-				

to the complete of THE WORLD

6, BALTIMORE, MARYTAND 21203-3146	70 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- viours when chemin. Plays 6 may be statistically propried physics	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the morning director, and the property of the property	be filed within 72 hours after death with the State Dept. Of Health and Mental Hygiene prior to beniation; of minors. IMPORTANT: If flem 28 is merked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not the more.
X 1314	e executed	an and con	umatic et
0. BOX	certificate by	ding physicia	rother tra
S, P.	the death	the attent	Injury, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that	peen signed by	shows any
VITAL	AN: The law	tificate has t	e State Dept ir Item 23
N OF	G PHYSICI	ter this cer	ath with the
IVISIO	R ATTENDIA	RECTOR: Af	urs after de im 28 Is r
ā	TO THE HOSPITAL DI	TO THE FUNERAL DI	be filed within 72 hor IMPORTANT: If Ite

•	FOR STATE OF MARYLAND STATE OF MARYLAND COMMENTS		TMENT OF		MENTAL HYGIEN REG. NO.		31522			
	1. DECEDENT'S NAME (First, Middle, List) H. F. C. C. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. in the security securit	Jr.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		8. BII	O 230 A M INTHIPLACE (State or Foreign buntry) Jaryland			
TOR	9a. FACILITY NAME (If not institution, give atreet and number) Greater Laurel Beltsville Hosp: RESIDENCE OF DECEDENT	ital		Laurel Prince Geo						
DIRECTOR	10a. STATE 10b. COUNTY Maryland Prince George		y, town or loc eltsvill				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	10e. STREET AND NUMBER 4905 Wicomico Avenue			20705		10g. CITIZEN OF WHAT COUNTRY? United States				
B	11. MARITAL STATUS 1 Never Merried 2XXMerried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 XX ES 2 FORCES? 1 XX ES 2 FORCES? 1 WAR OR DATES		13. WAS DE If yes, s 1 YE		RACE — Americen Indien, Black, White, etc. Specify: White					
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPAT work done during in se retired.)	ION lost of working	16b, KIND OF BU		W			
MPL		Mechar	nic	1	W.S.S.C.					
	17. FATHER'S NAME (First, Middle, Leat) John H. Flora, Sr.			Acne	ME (First, Middle, Meiden S Gladman					
BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street		Route Number, City or Tow		э)			
2	Helen Pauline Flora		as #10							
	20e. METHOD OF DISPOSITION 1 X Suriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) Fort Lincoln Cemetery Brentwood, Mai									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Worald V. Bargwardt.		Dona		gwardt Fun		ome, P.A. Le, Md. 20705			
	23. PART I. Enter the diseases, or compactions that caused the ahock, or heart failure. List only one cause on each if IMMEDIATE CAUSE (Final disease or condition Resulting to desthi)	Try	failu		ch as cardiec or resp	Iretory arreat,	Approximete Interval Batwean Onset and Death 30 days			
CERTIFICATION	Sequentially list conditions, if any, seeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PREMIMBINIA DUE TO (OR AS A CONSEQUENCE OF): Congestive heart failure OUE TO (OR AS A CONSEQUENCE OF): 10-12 mg.									
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Lung causer - 2 cm diameter recently diagnosed 6-7 wks aga 1 yes 2 No									
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26.	PLACE OF DEATH (C	heck only one)					
BY PHYSICIAN:	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF INJURY (Month, Day, Year)	28b. TII	4 Nursing H	NJURY AT YORK? YES 2 XXO	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURE	ED			
	a	t home, farm,	home, farm, street, factory, office 26f. LOCATION (Street end Number or Rural Route In City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basic of examination and						suse(e) end manner as stated.			
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER Limoth M. Chin	M	>	29c. LICENSE NU.	JMBER 372	≥ 10/2	GNED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Timothy McClaik MD	(ITEM 27) (Typ)		e George	St. Lau	vol, v	D 20707			
	31. DATE FILED (MONTH), Day, Wen) 320 REGISTRAR'S SIGNATURE SUMMARY	Condelle	~							



BALTIMORE, MARYLAND 27215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	permit. Pa		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the control of annothing physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dratched for several for the burfal-transit permit. Pages		
attending	afte as the	1	
Author	schot for		2
ned by the	p aq pino		led at on
ay be retail	page 5 shi		be notif
Page 6 m	al director,		ner must
ifter death.	the funer	loval.	al exami
24 hours a	filled in by	ion, or ren	the medi
uted within	completely	nal, cremat	c event,
te be exect	rsician and	prior to bu	traumati
ith certifica	thd gnibnat	al Hygiene	or other
hat the dea	1 by the at	and Ment	ny injury.
requires th	peen signed	of Health	shows a
N: The law	ficate has !	State Dept	item 23
3 PHYSICIA	er this certi	th with the	arked, or
ATTENDIN	ECTOR: After	s after dea	n 28 is m
SPITAL OR	JERAL DIRI	in 72 hour	IT: If Item
TO THE HO!	THE FUM	-be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	,	1	_

	1 - FOR STATE OF MARYLAND / CE	DEPARTMENT ERTIFICATI			AL HYGIEN REG. NO.	E '	01020				
	6 GERTRUDE S. FRIEDMA		riedman	2. DA MO	TE OF DEATH DA	8 91	AR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 XF 9a. FACILITY NAME (If not institution, give street and number)	YRS. MONTHS	DAYS HOURS	MIN. 8-	re of Birth onth, Day, Year)	Wa	shington, DC				
FUNERAL DIRECTOR											
DIRE	Maryland Montgomery	Rockvi				10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
ERAL	10e. STREET AND NUMBER 299 Hurley Avenue		10f. ZIP CODE	20850)	10g. CITIZEN OF WHAT COUNTRY? United States					
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	10	WAS OECENOENT O	n, Mexican, Puer							
COMPLETED	(Specify only highest grade completed) (Gillementery/Secondary (0-12) College (1-4 or 5 +)	CEDENT'S USUAL Of the kind of work done Do NOT use retired.)	during most of working	og .	OWN H						
COM	17. FATHER'S NAME (First, Middle, Last) Joseph Sanders		18. MOTH								
TO BE	19e. INFORMANT'S NAME (Type/Print) 19t	n, State, Zip Coo									
-	EDith F. Grant 5903 Carlton Lane, Bethesda, MD 20816 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Competency of other place) 20b. PLACE AND DATE of DISPOSITION (Name of Competency of other place) 20b. PLACE AND DATE of DISPOSITION (Name of Competency of other place) 20b. DATE 20c. LOCATION - City or Town, State 20b. PLACE AND DATE of Competency of other place) 20b. PLACE AND DATE of DISPOSITION (Name of Competency of other place) 20b. PLACE AND DATE of DISPOSITION (Name of Competency of other place) 20b. PLACE AND DATE of DATE 20c. LOCATION - City or Town, State of DISPOSITION (Name of Competency of other place) 20b. PLACE AND DATE of DISPOSITION (Name of Competency of Other place) 20b. PLACE AND DATE of D										
	1 Burlet 2 R Cremetion 3 Removal from State Competary,	ing, Maryland									
	Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910 23. PART Lenter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate										
CERTIFICATION	shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other significent conditions contributing to death but not r	24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: COTHER OF DEATH (Check only one)										
HYSI	1 ☐ YES 2 ☐ MO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME OF	rsing Home 5 - Re 28c. INJURY AT		ther (Specify)	NJURY OCCUR	ED				
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY M	WORK?								
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, ferm, street, fac	tory, office		OCATION (Street Sity or Town, State)		Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFVINO PHYSICIAN: To the best of my knowledge, de one) 2 PAEDICAL EXAMUNER: On the best of examination end/or						suse(a) and manner ee stated.				
TO BE C	29b. SHOPLATURE AND THE OF PERIOD OF	44	01	LUGS	>	· Ch	GNED (Month, Day, Year)				
	31. DATE FILED (Month, Day, Year) 38. PEGIS THANS BIGNATOR	(1) (Type, Print)	904.Ga	1009	A AV	3	Olney, MD 20832				
	OCT 30 '91 June variation of										

Real Property presentation to

BALTIMORE MERYLAND 21215-0020	grained if the hospital or attending physician, in 5 annual the permit. Pages 1, 2, 3 should the detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may maintain the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 month to execute dor use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior returned. Or removal. IMPORTANT: If them 28 is marked or tilen 23 should are interested in tilen 28 shows any interested on the transmitted executed within the medical accounts.
	20

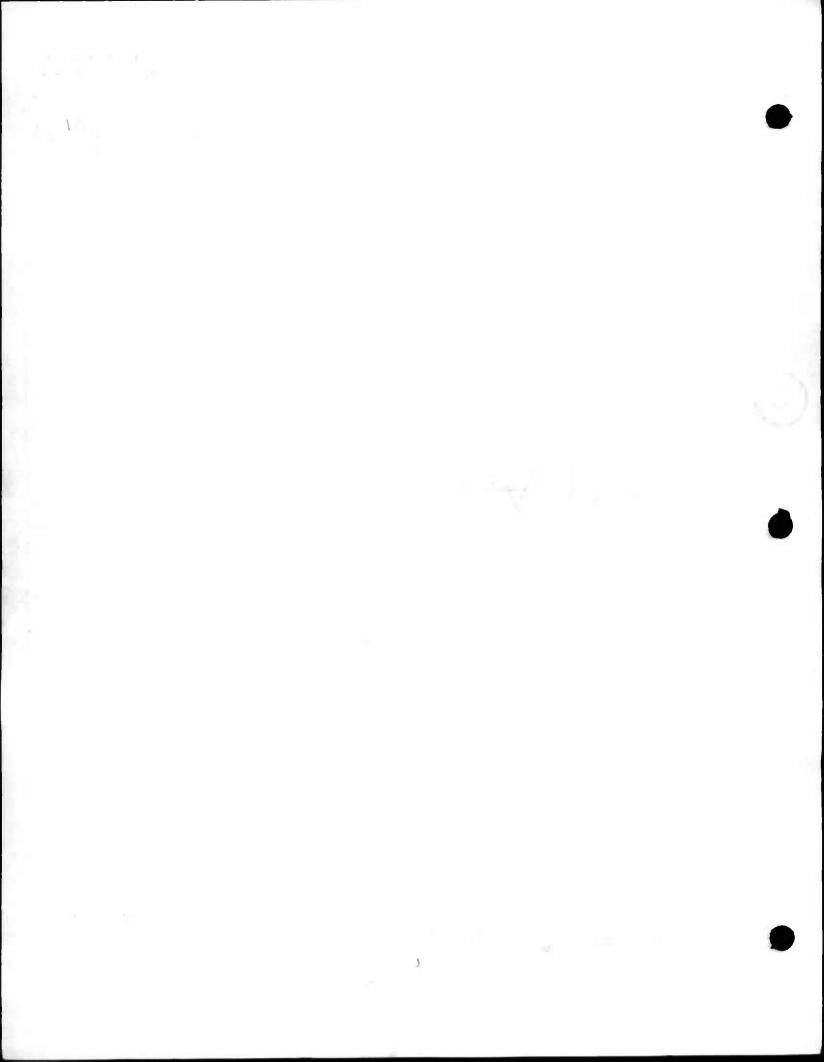
Atran (HA
31. DATE FILED (MORTH, Day, Year)
NÜV 01 '91

P2. REGISTRAR'S SIGI

											31	31524
	1 - STATE REGISTRAR	STATE OF N	MARYLAND A	DEPAR	RTMENT	OF HEALTH	AND					
	1. DECEDENT'S NAME (First, Middle, Lest)		(- C		IOAIL	OI DEA		2. DATE OF DE	G. NO.			3. TIME OF DEATH
	Howara	Howara L. Frye, Sr.							28	3 9	YEAR	104 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIF (Month, Day,	Year)		8. BIRTH	IPLACE (State or Foreign
	228-16-5073 9a. FACILITY NAME (If not institution, give		68	YRS.	OL OUTY 7	OWN OR LOCAT		DEC. 1	, IS		VIRGINIA	
E C		OSPITAL				ETHESDA		ATH	i	9c. COUNTY OF DEATH MONTGOMERY		
یظ	RESIDENCE OF DECEDENT									IM	ONIG	JMERY
DIRECTOR	MARYLAND M	10c. CIT	Y, TOWN OR	VILL	E	LIMIT			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5802 NICHOLSON		101. ZIP CODE 109. CITIZEN OF WHAT COUNT USA									
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO NO	II II I	If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ YES 2 ☑ NO Specify: Specify:						E — American Indian, k, While, atc.
ED	15. DECEDENT'S EDI (Specify only highest grad	CEDENT'S	USUAL OCC	UPATION	·	16b. KIND	OF BUSI	NESS/INI	DUSTRY			
Ē	Elementary/Secondary (0-12)	. Do NOT US	se retired.)	ing most of work								
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		SA	LES	REPRE	SENTATI					ORMS	
		RYE				18. MOT		ME (First, Middle,	Maiden S	iurname).	D. 2017	-
) BE	19a. INFORMANT'S NAME (Type/Print)	KIE	19	b. MAILING	ADDRESS (S	Street and Number		ADIE	or Town	State 7ir	PEN	CE 20852
10	MARY JEAN FRYE (WIFE) 5802 NICHOLSON LANE, #L-04, ROCKVILLE, MARYLAND											
	20a. METHOD OF DISPOSITION 1 Granular 2 Cremellon 3 Ren	noval from State	20b. PLACE	AND DATE	OF DISPOSITI			-		_	City or To	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI		GATE	OF	HEAVE	I CEMET	ERY	10/31	SIL	VER	SPRI	NG, MARYLAND
	21. SIGNATURE OF POWERAL SERVICE LI	CENSEE			1 22. NA	ME AND ADDRE	SS OF FAC	LLINS F				
1,000	an .	190			500	UNIVE	RSIT	Y BLVD.	. W.	. S	TL.	SP., MD 2090
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdisc or respiratory erreet, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition											
Į.	disease or condition ————————————————————————————————————											
_	- CIGUAL SWILL											
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate Due to los as a consequence of:											
CA	csuse. Enter UNDERLYING CAUSE (Disease or injury											
F	that initieted evente resulting in death) LAST	DUE TO (OR AS A CONSEC	WENCE OF	1							
CEF	resulting in death) LAST											
AL	PART II. Other significant condition	s contributing to	death but not r	eeuiting i	n the unde	riying ceuse	given in I		AS AN A		24b.	WERE AUTOPSY FINDINGS
MEDICAL									YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								_				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:	ED/Outration 2		OTHER:	26. PLACE OF D						
Ĭ	27. MANNER OF DEATH	28a, DATE OF I	NJURY	28b. TIME		c. INJURY AT	sidence (28d. DESCRIBE		IIIBY OCC	Meen	
ВУР	1 Natural 5 Pending	(Month, Da	y, Year)	IUNI	JRY	WORK?	□ NO	ava. ozyonioz	11011 1110	oni occ	ONED	
	2 Accident Investigation 3 Suicida 8 Could not be 28e. PLACE OF INJURY — Al home, farm, streat, factory, office 28f. LOCATION (Street end Number or Burel Boute Number											
	3 Suicida 8 Could not be	28e. PLACE OF building, a	INJURY — Al hor tc. (Specify)	ne, larm, a	man, raciory.	office		City or Town,	State)	d Number	or Rurel Ro	oute Number,
	3 Suicida 4 Homicide 8 Could not be detarmined 29a. CERTIFIER (Check only	CIAN: To the best of r	ny knowledge, de	nth occurre	d at the time	date and place	, and dua t	to the cause(a) ar	Stete)	er an etate	ed.	
COMPLETED E	3 Suicida 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of axe	ny knowledge, de	nth occurre	d at the time	date and place	, and dua t	to the cause(a) ar	Stete)	er an etate	ed.	oute Number, and manner ae stated.
	3 Suicida 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE ON CURTIFIER	CIAN: To the best of axe	ny knowledge, deamination end/or le	nth occurre	d at the time	, date and placa ion, death occur	, and dua t	to the cause(a) ar	nd menne	or an atalo	ed, cause(a)	

20850

ROCKUME



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page 6 found that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	--

												9		31525		
	1 - FOR STATE REGISTRAR		STATE OF A	MARYLAND	DEPAF	TMEN	T OF H	HEALTH	AND I	MENTAL	HYGIEN	E		0.010		
	1. DECEDENT'S NAME (First, Mic	idle, Last)		C	ERTIF	ICAI	E OF	DEA	IH	2. DATE OF	REG. NO.					
	BETTY W.	GIF	ASON							11/3	DA	W	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. Ia	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7 DATE OF	BIRTH			9.30PM M		
	468-20-8131		1 🗆 M 2 📈 F	71	YRS,	MONTHS	DAYS	HOURS	MIN.	(Month, E	ley. Year)	920	Country	NESOTA		
N.	9a. FACILITY NAME (If not institu	tion, give str	reet and number)		_	9b. CIT	Y, TOWN (OR LOCATI	ON OF DE		J, 1		COUNTY OF DEATH			
DIRECTOR	GLADYS N. SP	PELLM	AN NURS.	CARE CT	R.	CHE	VERL'	Y				PRIN	ICE G	EORGE		
Sign of		b. COUNTY			10c. CITY, TOWN OR LOCATION											
PHO	MARYLAND	PRIN	NCE GEOR	RGES		DELP							10d, INSIDE CITY LIMITS? 1 YES 2 NO			
AL	10e. STREET AND NUMBER						101	f. ZIP CODI	E			IZEN OF W	HAT COUNTRY?			
FUNERAL	2011 WOODED	WAY	<u> </u>		20783							USA				
J.	11. MARITAL STATUS 1 Never Married 2 Married		12. WAS DECEOEN FORCES? 1	T EVER IN U.S. AF	IN U.S. ARMEO 24 NO 13. WAS DECENDENT OF HISPANI It yes, specify Cuben, Maxican						Specify Yes	14. RACE	- American Indian, White, stc.			
BY	3 Widowed 4 Divorced		IF YES, GIVE W								in, atc.)	WHITE				
	15. OECEOE	NT'S EDUC	ATION	18a, Di	ECEDENT'S	ENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY										
COMPLETED	(Specify only high Elementary/Secondary (0-12)	hest grade o	College (1-4 or 5 +	(0	live kind of a	11'S USUAL OCCUPATION 16b. KIND OF BUS 1 of work done during most of working 17 use retired.)						MNE33/INL	OSINI			
MP			2	HC	MEMA	KER										
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)															
TO BE	LOUIS DeGR		WOLFF						YFRE		Κ.			NBERG		
	198. INFORMANT'S NAME (Type/Print) FREDERICK J. GLEASON (HUSBAND) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2011 WOODED WAY, ADELPHI, MARYLAND 20783															
	20s. METHOD OF DISPOSITION	GLEA	SUN (HUS						ADEL.	_						
	1 X Burlai 2 Cremation 3 4 Donation 5 Other (Spe	Ramo	val from State	20b. PLACE cemetery, cre	motory or o	that place	1		CD37	OATE			City or Tow			
	21. SIGNATURE OF FUNERAL SE		INSEE	GALE	101	1EA V	NAME AN	EME I	S OF FAC	TT//	SIL	VER S	SPRIN	NG, MARYLANI		
	► W. /		F	RANC	IS J	. COI	LLINS	FUNE:	RAL I	HOME,	INC.					
117	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximately approximatel															
	interval Between															
	IMMEDIATE CAUSE (Final disease or condition		Jeps	io										Onset and Death		
1	resulting in death)		DUE TO	OR AS A CONSE	OUENCE OF	7:					1			- drage		
Z	C	b.	Low	~ Res	orra	rot	T	Leri	1	nter	Yvon			1 day		
CERTIFICATION	Sequentially list conditions if any, leading to immediate		DUE TO	OR AS A CONSE	S A CONSEQUENCE OF):											
10/	CAUSE (Disease or Injury	c	DUE TO	OR AS A CONSE												
Ē	that initiated events resulting in death) LAST		DOE TO	OH AS A CONSE	DUENCE OF	·):										
CE		d.														
Ä	PART II. Other algnificant c	onditiona	contributing to	death but not r	esulting i				iven in F	Part i. 24	, WAS AN /			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă	Trockeouto		J/P 50	rection	- 01	- 7	ofer		mejr	1	YES 2			COMPLETION OF CAUSE OF DEATH?		
M	4 000									_				1 YES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO ME	OICAL T														
200	EXAMINER?		HOSPITAL:	FROM A MARK		ОТНЕ	R:			ck only one)						
H.	27. MANNER OF OEATH		28s. DATE OF	INJURY	28b. TIMI	E OF	28c. INJU	_		28d. DESCRI		IIIBY OCC	LIBEO			
ВУР	1 Natural 5 Pend 2 Accident Inves	ling tigation	(Month, Da	ry, Year)	INJ	URY M	WOI		- 1	EGG. DEGCH	DE HOW IN	JOHY OCC	ONED			
	3 Suicide a Coule		28a. PLACE OF	INJURY — At ho	ma, farm, a	treet, tac	tory, office			281. LOCATIO	N (Street ar	nd Number	or Rural Ro	oute Number,		
		mined	building, ((Openiny)						City or To	own, State)					
F	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.															
COMPLETED	one) 2 MEOICAL	EXAMINER	On the basis of ax	amination and/or i	investigation	n, In my o	opinion, de	enth occure	d at the t	lme, data and	placa, and	dua to the	e cause(a)	and manner as atsted.		
BE	296. SIGNATURE AND TITLE OF	CERTIFIER	/	. 1 . 4	. 0	1		29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	Month, Day, Year)		
2	30. NAME AND ADDRESS OF PER	SON WITO		Hendi	2	744	ua	D	200	7) 6		> /	14/	21		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Print) Creenbell

AND DAM CONTRACTOR

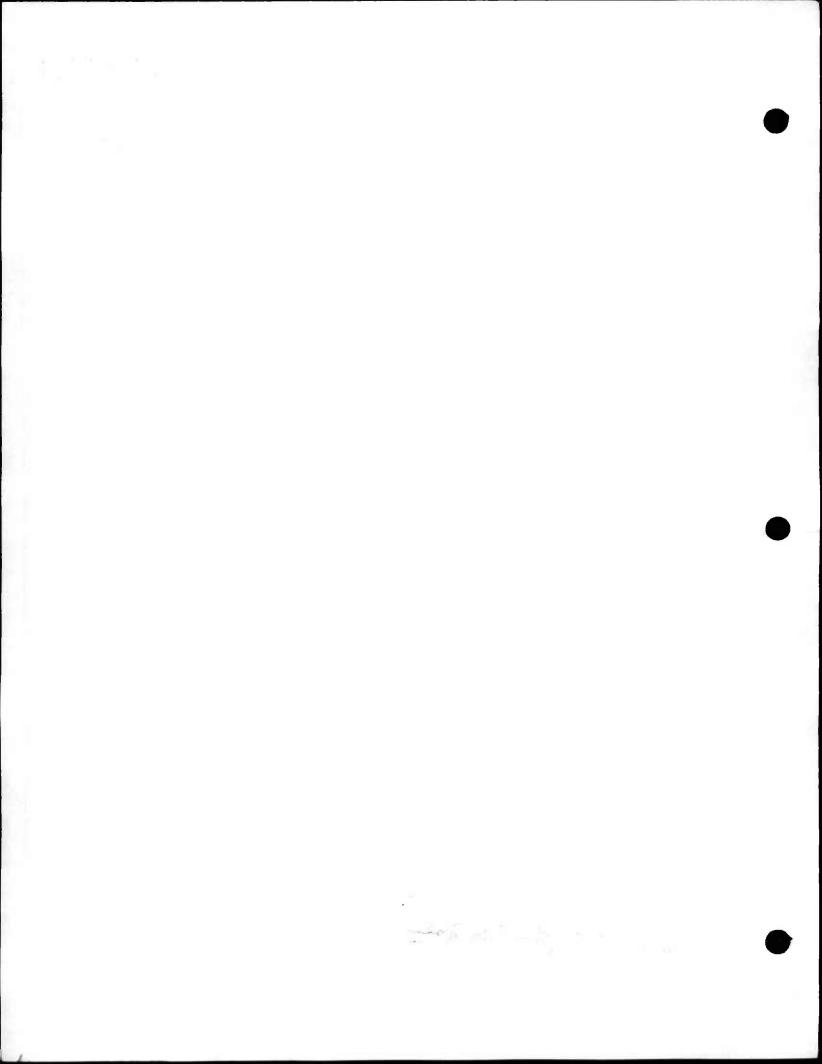
30. Nam...

30. Nam...

31. DATE FILED (Month, Day, Year)

NOV - 5 1991

Seatrook



3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

BOX 68760,

RECORDS, P.O.

DIVISION OF VITAL

5-0020

BALTIMORE, MARYLA

FOR STATE REGISTRAR

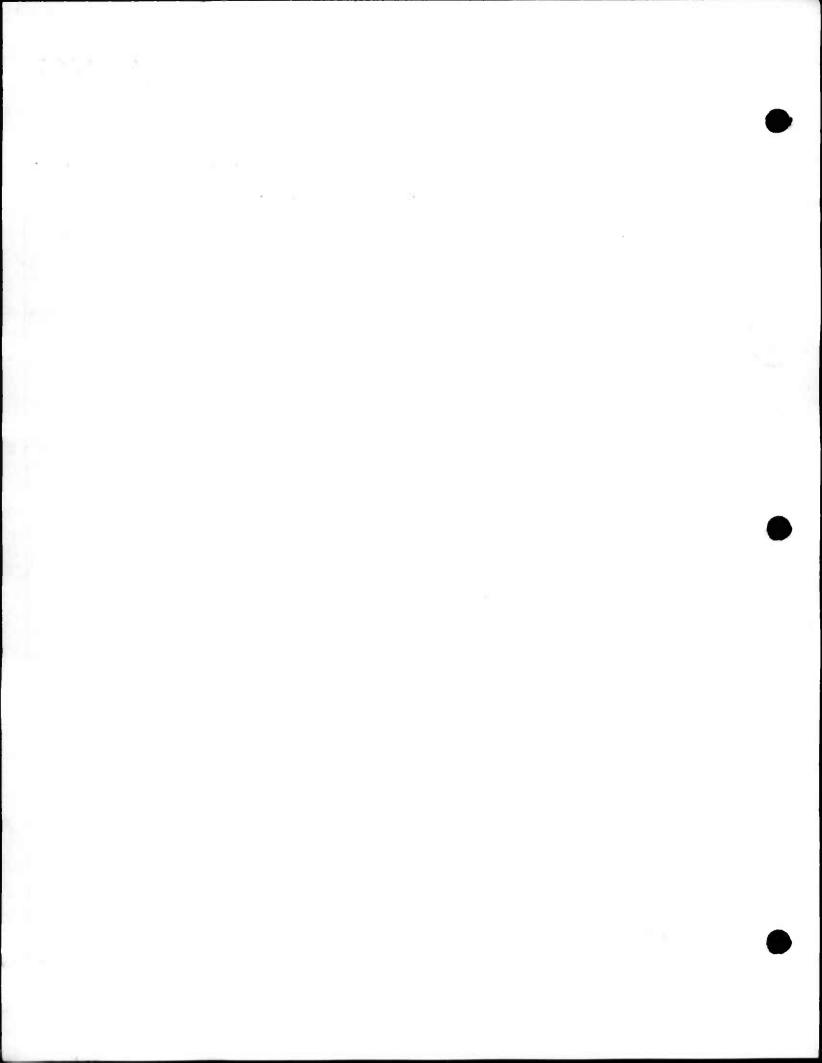
1. DECEDENT'S NAME (First, Middle, Last)

1 -

YEAR **ARTHUR** MAC **GREEN** October 28 9 1304 4. SOCIAL SECURITY NUMBER 212-66-2336 7. DATE OF BIRTH (Month) Day, Year) 955 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS SALTSBURY, MD. 1 | M 2 | F 36 YRS burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA GENERAL HOSPITAL CT. SALISBURY, MD. WICOMICO RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS? X
1 YES 2 NO MD. WORCESTER POCOMOKE CITY FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3211 SHEEPHOUSE ROAD 21851 USA ng physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuban, Maxican, Puarto Rican, atc.)
1 ☐ YES 2 ☑ NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced BY Specify: <u> African American</u> COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 11th grade laborer - unemployed unknown 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Melvin Anderson BE Dorothy Green 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Dorothy Green Rt#2, Box 690, Bailey Lane, Salisbury, MD 21801 be 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) must 20c. LOCATION — City or Town, State DATE Buriet 2 Cremation 3 Ren metery, cremetory or other place) amily Cemetery Donation 5 Other (Specify) 11/3 Pocomoke, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rt. #2, Box 920, Jersey Road Jolley Memorial Chapel - Salisbury, MD 21801 the medical 23. PART I. Entar the diseases, or not entar tha mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart tallure. List only interval Between IMMEDIATE CAUSE (Final **Onset and Daath** disesse or condition resulting in death) entricular event, DUE TO (OR AS A CONSEQUENCE OF): Rona traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediata 5 cause, Entar UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated avents resulting in death) LAST 0 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE I TES 2 NO s certificate has been si th the State Dept, of Hi id, or item 23 show 1 TES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: I YES NO Impatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? Natural 5 Pending М BY 1 YES 2 🗌 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suictde 28 is 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A COMPLETED 6 Could not be 4 Homicide determined IMPORTANT: If Item 29e. CERTIFIER THE FUNERAL D HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 뿓 29d DATE SIGNED (Month, Day, Mar) 86 2 2 8 2 300 N. Hu Caure TO REGISTRAR'S SIGNATURELAND

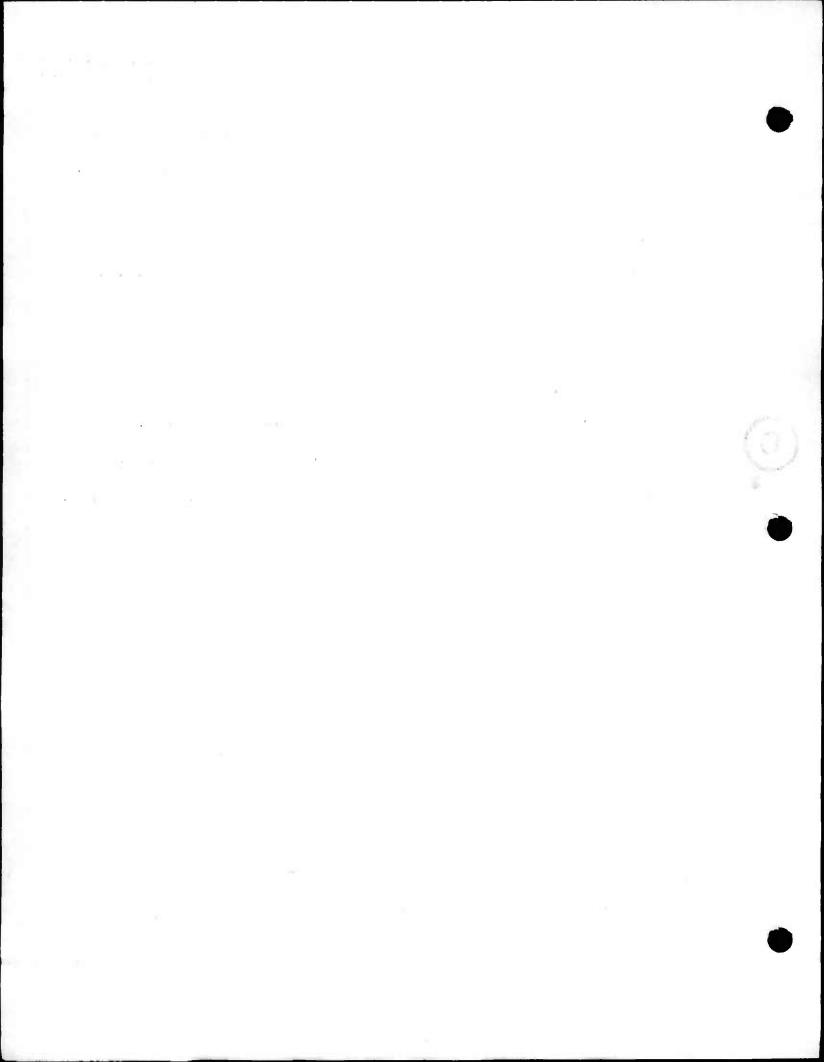
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



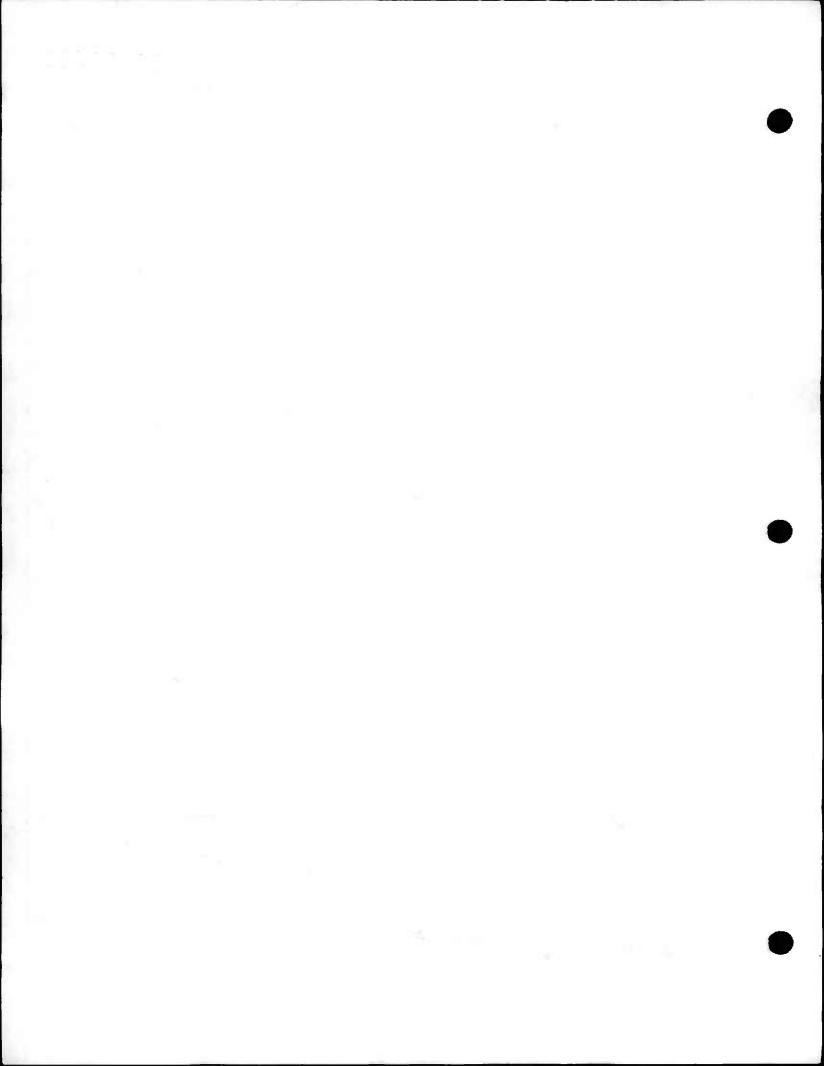
(BALTMORE MARYLAND 21215-0020	nours after death, page country to the mospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral actor, parts should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, one manifest by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	LAND / DEPARTN CERTIFIC	NENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	5, 0,02,							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH							
	Margaret S.	Grim		October 30, 1	491 0128 M							
			UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)							
	~ 0 .00 /	60 YRS. MO	THE DATE HOURS WIN.	Aug. 12, 1931	44.5							
or I	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF D	EATH 9c. CO	OUNTY OF DEATH							
Ē	PENINSULA GENERAL HOSPITA	.L	SALISBURY		WICOMICO							
DIRECTOR	10e, STATE 10b, COUNTY	t0c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY							
	MD. WICOMICO	SAT	ISBURY		LIMITS? 1 ☐ YES 2X☐ NO							
IA!	10e. STREET AND NUMBER		10f. ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?							
FUNERAL	1515 ARBUTUS DRIVE		21801		U.S.A.							
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		NIC ORIGIN? (Specify Yaa or No-	Yas or No.— 14. RACE — American Indian, Black, White, atc.							
ВҰ	3 Widowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 YES 2 XNO Speci	Specify:								
ED	15. DECEDENT'S EDUCATION	16a, DECEDENT'S USL	IAL OCCUPATION	WHITE								
H	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working lired.)	16b. KIND OF BUSINESS/I	INDUSTRY							
필	7	HOUSEWI	FE	HOME								
COMPLET	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	AME (First, Middle, Melden Surname									
BE (CHESTER E. ROPER NAOMI GIBSON											
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
	ROBERT B. GRIM 1515 ARBUTUS DR., SALISBURY, MD. 21801											
	20b. METHOD OF DISPOSITION 1 X Burfal 2 Commetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of permetter), crematory or other place) 20c. LOCATION — City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	SPRINGHI	IL MEM. GAR	DENS HEBRON	V.MD.							
	VALUE TO		#2. NAME AND ADDRESS OF FA	CILITY								
	Strall C pra	nos	BOUNDS FUNE	RAL HOME, SAI	ISBURY, MD.							
	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause on	d the death. Do not each line.	entar the mode of dying, euc	h as cardiec or reepiratory a	arrest, Approximate							
	IMMEDIATE CAUSE (Fine)		(.()	/	/ Intervel Between Onset and Death							
	disease or condition as Chushi obstanting in deeth) a. Chushi obstanting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	- Cours tri Goint fact											
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate (OR AS A CONSEQUENCE OF):											
SAT	cause. Enter UNDERLYING											
F	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):											
ER	resulting in death) LAST											
	PART II. Other significant conditions contributing to deeth but pot resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
PHYSICIAN: MEDICAL	perplead ves	Ver	L. ser	PERFORMED?	Y 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE							
	1			1 YES 2 NO	OF DEATH?							
2				—	1 YES 2 NO							
XX.	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	eck only one)								
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Input lant 2 ER/Out		HER: Nursing Homa 5 - Realdence									
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY O	CCURED							
BY	1 Natural 5 Pending 2 Accident Investigation	INJUHY	M 1 YES 2 NO									
	3 Suicide 8 Could not be 28a. PLACE OF INJURY building, etc. (Soe	/ — At home, farm, street	, factory, offica	28f. LOCATION (Street and Numb City or Town, State)	per or Rural Route Number,							
				on town, state,								
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of my know	riedge, death occurred at	the time, data and place, and due	to the cause(a) and manner as st	tated.							
Ś I	one) 2 MEDICAL EXAMINER: On the beals of examination	n end/or investigation, in	my opinion, death occured at the	time, date end placa, and dua to	the cause(a) and manner ea stated.							
BE	296. SIGNATURE AND TITLE OF CONTYFIER		29c. LICENSE NUI	ABER 29d. DA	ATE SIGNED (Month, Day, Year)							
5	I Wetely, un		12 \$ 2	674	11-4-91							
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prim	o Now	~ 14 ×								
	IN TOURGE, U	1 Ja	bulsey.	nd 21	tv							
4	31. DATE FILED (MONTH, Day, Year) NOV 0 4 1991 Fulia Davidse	n-Aandall	,									



	FOR	
1	STATE	
۰	REGISTRAR	

1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	RE	G. NO.					
1. DECEOENT'S NAME (First, Middle, Last WILLIAM		DOMETN			2. DATE OF DEATH OCT. 26, 1991 3. TIME OF DEATH 12:12 P						
		DSTEIN		г		26, 1991		12:12 P			
4. SOCIAL SECURITY NUMBER 138-01-4871	1 💢 M 2 🗆 F	85 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day 1/20/	1906	RUS	SSIA			
9e. FACILITY NAME (If not institution, give WASHINGTON ADVEN		L	TAKOMA	PARK	EATH	9c. COUNTY OF DEATH MONTGOMERY					
WASHINGTON ADVENT	TY ICE GEORGES		Y, TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS?					
	CE GEORGES	AD		. ZIP COOE		100 CIT	17EN OF 1	WHAT COUNTRY?			
100. STREET AND NUMBER 1836 METZEROTT R 11. MARITAL STATUS 1. Never Marriad 2 IV Marriad				20783		υ.	S.A.	-			
3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 X NO	II yes, sp 1 — YES	NIC ORIGIN? (Spe an, Puerto Ricen, fy:	E — American Indian, k, Whita, atc. #y: WHITE						
15. DECEDENT'S ED		18e. DECEDENT'S	USUAL OCCUPATI	L OCCUPATION 18b. KINO OF BUSINESS/INDUSTRY							
15. DECEDENT'S ED (Specify only highest graves and specify only highest graves) Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	MANAGE	vork done during mo e retired.)	ist of working	FR	UIT & PE	RODUC	CE .			
17. FATHER'S NAME (First, Middle, Last)			-	16. MOTHER'S NA	AME (First, Middle,	Maiden Surname)					
SAMUEL GOLDSTE	IN			KATHE		WASSERMA					
IN INFORMANTS NAME (TyperPrint)											
JODI GARGER (DAG	JUDY GARNER (DAUGHTER) 611 CHICHESTER LANE, SILVER SPRING, MD										
4 Donation 5 Other (Specify)	20b. PLACE ANO OATE OF DISPOSITION (Name of Competing Programs of										
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE 4		DANZA	NSKY-GOI	DBERG M			PELS, INC. MD 20852			
23. PART I. Enter the diseases, o	r complications that cau	sed the death. Do n						Approximata			
shock, or haart fallum iMMEDIATE CAUSE (Final disease or condition reaulting in death)	e. List only one cause or PAC	n aach lina. EMAKEK	FA	LURE				Interval Batwo			
DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):										
	one contributing to dest	h but not reculting	In the underbule	a cause about to	Dark I Ava	WAS AN AUTOPSY	1	. WERE AUTOPSY FINDIN			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	yie collaboting to detail	To but not resulting	iii tia ditailyiii	g cause given ii		PERFORMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
							10				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (C	heck only one)			<u> </u>			
1 TYES 2 NO	1 Inpatient 2 PER/C	Outpatient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Spe	cffy)					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea		JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIB	E HOW INJURY O	CURED				
	28e. PLACE OF INJU building, atc. (S	URY — At home, farm, : Specify)	street, factory, offi	CA .	281. LOCATION City or Tox	(Street and Numbern, State)	or or Rural	Route Number,			
one)	/SICIAN: To the best of my kr							a) and manner as state			
	A /			29c. LICENSE NU) (Month, Day, Year)			
malnum &	MAINUM PWIM VW D39589 Doctober 20										
Jonathan Plotsky, MD, 9711 Medical Center Drive, Rockville, Maryland 20850											
31. DATE FILED (Month, Day, Year)	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										



BALTIMORE, MARYLAND 71215-0020

2

James F. McMurray,

1991

31, BATE FILED (Month, Day, Year) NOV - 1

31529 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH October 29, YEAR Barbara Quinn Galvin 1991 10:30P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 [M 2 X F 193-24-6226 YRS. 59 Dec. 4, 1931 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 11016 Powder Horn Drive Potomac Montgomery RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Potomac 1 YES 2 XXNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11016 Powder Horn Drive 20854 United States 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 24 1 Never Married 2XX Merried If yes, specify Cuben, Mexicen, Pu 1 YES 2 XXIO Specify: ВҰ Specify. 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only high 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12 3 Housewife Own Home notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Lee Quinn BE Estelle Dunn 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 William M. Galvin, Jr. 11016 Powder Horn Drive, Potomac, MD 20a. METNOD OF DISPOSITION

XXX Burlal 2 □ Cremetion 3 □ Removat from State 20b. PLACE AND DATE of DISPOSITION (Name of 11/4/91 DATE 20c. LOCATION - City or Town, State cometery crematory or other place) Arlington Nat'l Cemetery 4 Donation 5 Other (Specify) Arlington, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral M00803 Home/Bethesda-Chevy Chase, Inc. Wisconsin Avenue, Bethesda, MD 7557 20814-3501 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximsta shock, or haart fallure. List only one cause on each lina. ntarvai Batween IMMEDIATE CAUSE (Final Onsat and Daath disease or condition CEREBRAL 34 ears ALCOHOL resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ADDICTION LCOHOL CERTIFICATION Oyears Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, laading to immediata cause. Entar UNDERLYING CAUSE (Disessa or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS mellitus, insulm dependen AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 XNO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 XNO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 XRasidence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending М 1 YES BY 2 NO Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide detarmined 29a. CERTIFIER 1XX CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(s) and menner as atteted. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date end placs, and due to the ceuse(s) end menner ee stated. 296. SIGNATURE AND TITLE DE CERTIFIED 8 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

D30844

6318 Democracy Boulevard, Bethesda,

PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

Jr., M.D.

October 30, 1991

20817

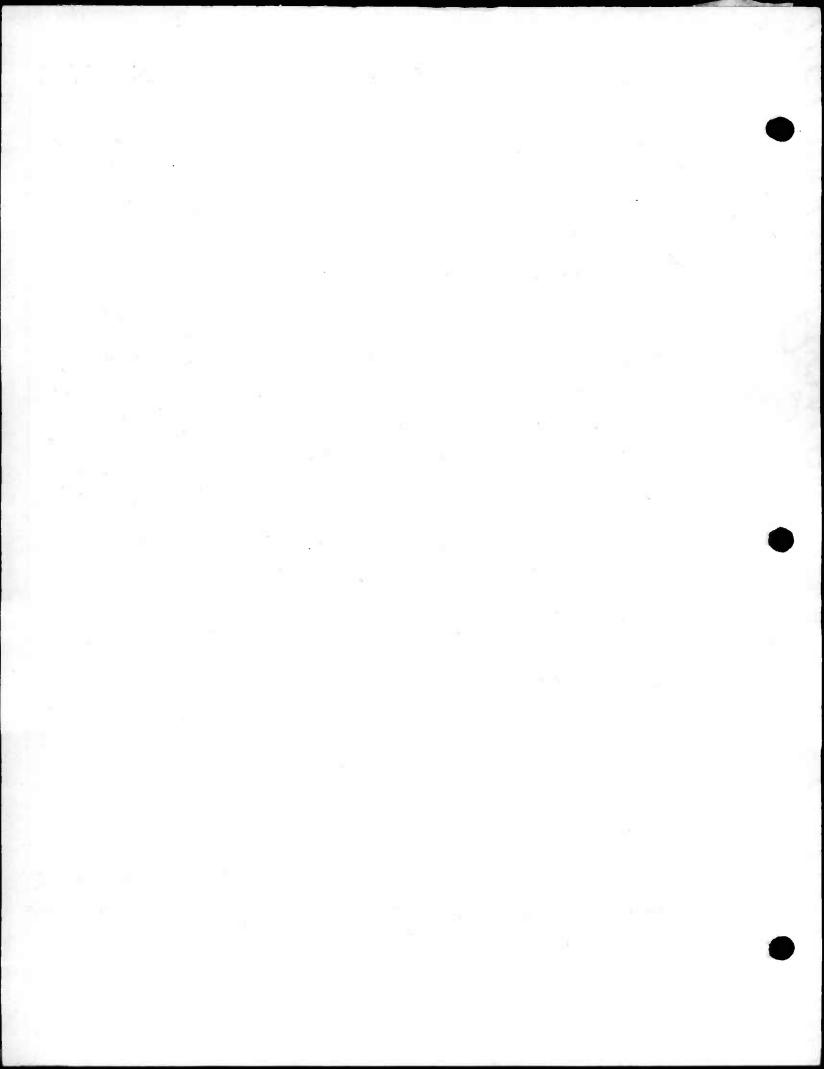
MARYLAND 21203-3146

BALTIMORE,

ann.	>	Spirit COS	-
-	9	E	april 1
푹	용	60	5
>	E	Ç	5
8	ō	78	0
돗	5	7	5
8	Ĕ	ŏ	7
8	-	2	E
8	· CO	-	2
43	Si.	-8	트
at a	>	0	Day.
£	a	Je .	9
E	9	je.	품
8	9	7	-
Æ	8	-	0
150	=	g	-5
P	63	9	=
9	£	Σ	=
\$3	>	0	Total Service
æ	0	2	2
#3	8	5	69
SS	5	100	40
-	55	뽚	3
5	5	-	2
2	2	~	60
*		ö	63
	99	8	6
19	43	0	E
_	at	E	9
2	2	Ó	office .
2	=	96	9
3	8	#2	- 05
≥	50	复	8
4	£	3	픈
CD	dia	든	9
2	=	9	
9	-	P	0.0
iii	8	te.	00
E	E	2	N
-	H	55	500
8	뜻	3	-
_	_	ž	_
M	A	2	=
9	8	-	
8	2	Ē	Z
¥	3	3	X
ш	ш	p	di.
王	Ξ	ile	8
0	0	d)	=
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremati	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, it

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR		STATE OF N	MARYLAND	/ DEPAR	RTMENT	OF H	FAITH	AND	MENTA	HYGIEN	F	91	31530	1
	1 - STATE REGISTRAR				ERTIF					III LIVIN	REG. NO.				_
	1. DECEDENT'S NAME (First,	rt	G. 6,	rahe	am					2. DATE MONT		3	YEAR 91	3. TIME OF DEATH 04-08 M	м
	4. SOCIAL SECURITY NUME	BER 7	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTN h, Day, Year)		6. BIRTNP Country)	LACE (State or Foreign	
	056-70-5531		1X M 2 F	76							st 16,		-		
~	90. FACILITY NAME (If not in	^	treet and number)	+ 11 -	96. CITY, TOWN OR LOCATION OF DE					EATN			NTY OF DE		Ъ
5	Shady Oro	VE HO	aventis	1 705	PI	Ro	c kv i	.11e				Mon	tgome	gomery	
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT	ry, town o	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	Maryland	Mont	gomery		Germantown									1X YES 2 NO	
3AL	10e. STREET AND NUMBER				10f. ZIP CODE							10g. CIT	IZEN OF WI	HAT COUNTRY?	
FUNERAL	19578 Cryst	al Roc	k Drive 12. WAS DECEDEN	T 51/50 14/110	20874					Jamaic					_
	1 Naver Married 2 X	Married	FORCES? 1	YES 2 A	NO If yes, specify_Cuban, Mexican									— American Indian, White, etc.	
ВУ	3 Widowed 4 Divo	rced	11 123, GIVE V	MAN ON DATES	1 TYES 2 A NO Specify					y:			BI	ack	
ED	15. DEC (Specify onl)	EDENT'S EDUC y highest grade	CATION completed)	16a. C	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUS					
9	Elementary/Secondary (6)-12)	College (1-4 or 5 +)							- 0-		Alexander and a second			
COMPLET	17. FATHER'S NAME (First, M	Clerk	•		40.440		_	amaica		vernm	ient	4			
	Samuel Gra						Thom	Middle, Maiden	Surname)			ı			
BE	19a. INFORMANT'S NAME (1				96. MAILING	G ADDRES	S (Street a					n. State. Zie	n Code)		\dashv
2	10.770											0874	1		
	20a, METNOD OF DISPOSITION 20a, METNOD OF DISPOSITION 1 (\(\text{LB}\) Burlel 2 (\(\text{Cremation}\) To State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, 8 other place)										rn, Stata				
	4 Donetion 6 Other (Specify) Harmony Memorial Park Landover, Mar 21. SIGNATURE OF FUNERAL SERVICE CENTER 22. NAME AND ADDRESS OF FACILITY										ryland				
	21. SIGNATURE OF FUNERA	L SERVICE UC	ENBEE () ()								ervice	. In	C -		٦
	Tok	215	048											n, D.C.	1
	23. PART Enter the disassee, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):														
MEDICAL	KOPAHC Whah-M	t reculting in the underlying cause given in					Part i.	24a. WAS AN PERFOR 1 TYES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO				
Ä	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					26. PI	ACE OF C	DEATN (Ch	heck only o	ne)				-
Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		a 5 🗆 R	asidence	e 🗆 Othe	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATN	UT W	26a. OATE Of (Month, L		26b. TII	ME OF JURY	28c. INJ WC	URY AT		28d. DE	SCRIBE NOW I	NJURY OC	CURED		7
BY	1 Natural e 2 Accident	Pending Investigation				М		YES 2 [NO						
ETED	3 Suicide 6 4 Nomicide	Could not be determined	28e, PLACE (building,	OF INJURY — At I , atc. (Specify)	home, ferm,	street, fac	tory, offic	•		2ef. LOG	CATION (Street a or Town, State)	and Numbe	r or Rural Ro	oute Number,	
COMPL			CIAN: To the best of s											and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE	LG.	PLOIM	CM				29c. LIC	38	358	9	29d. DAT	TOBE	(Month, Day, Year) 199	7
F	30. JAME AND ADDRESS OF	J PL	O COMPLETED CAU	MD		9711	N	1ED	ICAL	C	ENTER	2	eive	ROCKVILL	A
	31. DATE FILED Month Pex 197) 32 Resistrates Anatus and a series of the														



FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 5	1. DECEDENT'S NAME (First		2. DATE OF DEATH SOUTH DAY YEAR 3. TIME OF DEATH											
			loyd Gri	iffin						Octob	6:30 A M			
1	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF B	IRTH		8. BIRTI	IPLACE (State or Foreign
	577-07-9868		1 XM 2 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Sept.		1902	Ohi	
	9a. FACILITY NAME (If not in	nstitution, give si	treet and number)			9b. CITY	TOWN	OR LOCATI	ON OF DE				NTY OF D	
6	8009 Glenb		oad				Bet	hesd	a			Mon	tgom	erv
[[[RESIDENCE OF DEC	10b. COUNTY			40. 017	Y, TOWN C		1.0						
DIRECTOR	Maryland	110000000	ntgomery		10c. CI									10d. INSIDE CITY LIMITS?
-	10e. STREET AND NUMBER		regomery		<u></u>	Bet	hes							1 YES 2 X NO
A.	8009 Glen		Road			00014							WHAT COUNTRY?	
3	11. MARITAL STATUS			T EVER IN U.S. AR	RMED 13. WAS DECEMBENT OF HISPANIC ORIGINS (Sec.							United States		
BY FUNERAL	1 Never Merried 2		FORCES? 1	YES 2 X	10	If yes, specify Cuben, Mexican, Puerto Ricen, atc.) Black, W							— Americen Indien, k, White, etc.	
	3 X Widowed 4 Dive	proed	11 123, 0112 1	MIN ON DATES		Specify: Wh.						White		
COMPLETED	15. DEC	EDENT'S EDUC y highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON ast of worldr		16b. KIND	16b. KIND OF BUSINESS/INDUSTRY			
9	Elementary/Secondary (0		College (1-4 or 5	+) ///0.	Do NOT us	e retired.)			rg					
MP	12				Chief	of	Payı	coll		Но	spit	al		
8	17. FATHER'S NAME (First, M					18. MOTHER'S NAME (First, Middle, Maiden Surname)								
BE	Frank Llo		ffin							chel De				
2	190. INFORMANT'S NAME (1									Route Number, Ch				
	Lillian M. Liskey 7322 Sara Street, New Carrollton, MD 20784													
	20e. METHOD OF DISPOSITION 1 Commercial Co													
	Cemetary Comment Company Compa													
	TI SIGNATURE OF FUNERA	IL SERVICE LIC	ENSEE	4		RC RC	ber ber	t A.	Pump	ohrev F	une	ral H	Tome	/
	Nah	my.	Fan	an Mo	00198	755	Seth	esda-	-Che	phrey F vy Chas	Be,	Inc.	MD.	20814-3501
	23. PART I. Enter the d	iseasee, or c	omplications tha	t caused the de	ath, Do r	ot enter	the mo	de of dyi	ng, such	h as cardiac o	or reapir	atory arr	est,	Approximate
	IMMEDIATE CAUSE (Fir	ams tanure. L	iat only one cau	iae on each line.										interval Between Onset and Death
	disease or condition													
Ì	DUE TO OR AS A CONSEQUENCE OF):													
2														
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
일	CAUSE (Disease or inju		DUE TO	(00.40.4.00)										
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST													
Ü		- 0												
	PART II. Other significa			death but not re	sulting i	n the un	deriying	cause g	lven in i		WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	Kenel In	1504fi	ciency								PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
¥ I	Hypo thu	poldis	m							_ '	123 2	() NO		OF DEATH?
	11	1								_				T TES 2 NO
<u> </u>	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL					28. PL	ACE OF DE	ATH (Che	ck only one)				
)S	1 TES 2XXNO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 X Be	eldence 8	8 Other (Spec	rih 1			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIMI	OF	28c. INJI	JRY AT	T	28d. DESCRIBE		JURY OCC	URED	
BY		Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uj, rour)	11131	M	1 Y	ES 2	NO					
100	3 Suicide	Could not be	28e. PLACE O	F INJURY — At hor etc. (Specify)	ne, ferm, s	treet, fecto	ry, office			281. LOCATION	(Street an	nd Number	or Rural R	oute Number,
E L	4 Homicide	determined								City or Town	n, State)			
<u> </u>	29e. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge, dea	th occurre	d at the tir	ne, data	end pleca.	end due t	to the couse(s)	and mann	or an etab	ed.	
COMPLETED	one) 2 MEDI	CAL EXAMINER	On the basis of e	xemination end/or in	rvestigation	n, In my op	olnion, de	ath occur	d at the t	time, date end p	lece, end	due to the	e cause(s)	end menner es ateted.
O I	2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(s) end menner es ateted. 29b. Signatural And TITLE OF CERTURER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
0	(100a) Nau, 10. D32376 Doctober 31, 1													
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print)		0	ريمر	7+6		- 00	edos	1 31, 1991
	Allison Norris, M.D., 14915 Broschart Road, #102, Rockville, Maryland 20850													
			JA. IDEUISIMA	H S SIGNALUHE			uu,	# T UZ	, KO	CKVIII	e, M	aryl	and	20850
II.	NOV -	1991	guliar	lavidson-As	moule,									



good of the state
TAPID THE DISTRIBUTION THE DAY PROPERTY OF STATES OF THE PARTY OF THE
THE MOST AND THE CONTROL OF THE MOST OF THE MOST OF THE CONTROL OF
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurral-transit narmit narm
be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR ERTIF	TMEN	T OF E OF	HEALTH	AND	MEN		HYGIEI REG. NO					
1	1. DECEDENT'S NAME (Firs	t, Middle, Last)											DEATH			3. TIM	E OF DEA	TH
1			Han Chu	Hua	ang							ONTH OVE		2, 1	991	12	2:25	AN
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE	(In yrs. las	st birthday) IF UNDER 1 YEAR			IF UNDER	1	7. D	ATE OF	TE OF BIRTH onth, Day, Year)		8. BIRT	HPLACE	(State or Fi	
	213-50-866	-	1 M 2 F	77	7	YRS.	MONTHS	DAYS	HOURE	MIN.			28.	1913	Ch	ina		
_	9a. FACILITY NAME (If not in						9b. CIT	Y, TOWN	TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
6	21310 Ridge	ecroft	Drive				Br	ooke	vill	е		Montgom					,	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	v					OR LOCA						1				
E	Maryland		gomery													Lil	ISIDE CITY	
	10e. STREET AND NUMBER		gomer y			D.	LOOK	evil									res 2XX	NO
RA	21310 Ridge		Drivo			101. ZIP CODE									OUNTRY?			
FUNERAL	11. MARITAL STATUS	CCIOIC	12. WAS OECEDEN	UT FRIED IA	1110 10						0833 United NIC ORIGIN? (Specify Yea or No.— 14. RACE							
	1 Never Merried 2 X	KMarried	FORCES?	YES	2/LAN	MED.	13.	If yea, a	pecify Cube	ın, Maxica	NIC OR an, Pus	ifGIN? (Specify Ya an, etc.)	a or No-	14. RAC Blac	E — Ame k, White,	ericen Indi	en,
B	3 Widowed 4 Dive	orced	IF YES, GIVE V	MAR OR O	ATES			1 TYE	S 2XXNO	Specif	ecity: Specity:							
	15. DEC	EDENT'S EDU	CATION		16a. DE	CEDENT'S	USUAL C	OCCUPATI	ION	_	Chinese							
<u> </u>	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+1	(Gi	Do NOT u	work done se retired.)	during m	ost of workli	ng					5031M1			
릴			4	"	Li	ibraı	rian					Li	hrar	v of	Con	anoo		
COMPLET	17. FATHER'S NAME (First, M	fiddle, Last)				Librarian Library of Congre								gres	5			
BEC	Yun P. Hua	ang					Sie H. Hsu											
	19e. INFORMANT'S NAME (7	198	. MAILING	MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)														
유	Shuh Wei Huang 21310 Ridgecroft Drive, Brookeville, MD										20	ชรร						
	20a. METHOD OF DISPOSIT	TON	STEE 202	20b.	PLACEA	ND DATE	OF DISPO	SITION		72.2.		DATE		CATION -				
H	1 Donation 5 Other	(Specify)	oval from State	cem	eteny, crei	rban	Crei	nato	rv		1	11-2		ver S				land
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				22.	NAME A	NO ADDRE	SS OF FA	CILITY					9, .	rai y .	Larra
	1	-11:	RPI	/	MO	0827		dapp	Fune	ral	Se:	rvi	ces,	P. A	١:	440	000	10
	23 PART Fotor the d	leases or	annillations the	1				133 (Gist	Aver	iue	, 5	11ve	r Spr	ing,	שט	209.	IU
	23. PART LEnter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line.												pproximaterval B					
	iMMEDIATE CAUSE (Fir disease or condition	nei	my +	-		- 1	0.	/	2								nset and	
	resulting in death) - a. Melastatic Coch Cancer										1.	yr/	10m					
<u></u>	QUE TO (OR AS A CONSEQUENCE OF):																	
CERTIFICATION	Sequentially list conditi		bOUE TO	(OR AS A	CONSEQ	UENCE OI	n:				_							
Ä	If any, leeding to imme- cause. Enter UNDERLY	ING				1931	,									i		
Ĕ	CAUSE (Disease or Inju that initiated events	IIY Y	DUE TO	(OR AS A	CONSEO	UENCE OF	7:											
E	resulting in death) LAS	т :	d.															
Ö	DADT II Other elevition	and an analysis																
CAL	PART ii. Other algnifica	int condition	a contributing to	death be	ut not re	aulting i	n the u	nderlyln	g cause g	given in	Part i	. 24	a. WAS AN	AUTOPSY	24b		UTOPSY FI	
												1	YES 2	on X ₃		OF DEAT	TH?	AUSE
X																1 🗌 YE	ES 2 N	NO
PHYSICIAN: MED																		
S	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				OTHE		LACE OF D	EATH (Ch	eck onl	y one)						
ΥS	1 TES 2 NO		1 Inputient 2		stient 3	□ DOA	4 Nu	aing Hon	10 5 XRe	sidence	6 🗆 C	ther (S	pecify)					
	27. MANNER OF DEATH 1X X Natural 5	Pending	28a. DATE OF (Month, D			28b. TIM	E OF URY	28c. IN.	URY AT		28d.	DESCR	BE HOW	NJURY OC	CURED			
B	2 Accident Investigation M t YES 2 NO																	
											nber,							
COMPLETED																		
릴	29a. CERTIFIER (Check only one) One) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.																	
ō	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.																	
BEC	296. BIGNATURE AND TITLE	OF CENTIFIES	1		1		_		29c. LICE					29d. DAT	E SIGNED	(Month, L	Day, Year)	
	Julas	N.	do	list		m	· , &	-	M	D.	3/	61	2				2, 19	391
P 30 NAME AND ADDRESS OF BETTERN THE COMPLETE OF BUILDING																J _ L	-,	

(CAUSE OF DEATH (ITEM 27) (Type, Print) 2901 Olney M.D. Olney, MD

THE CHITTAR'S SIGNATURE

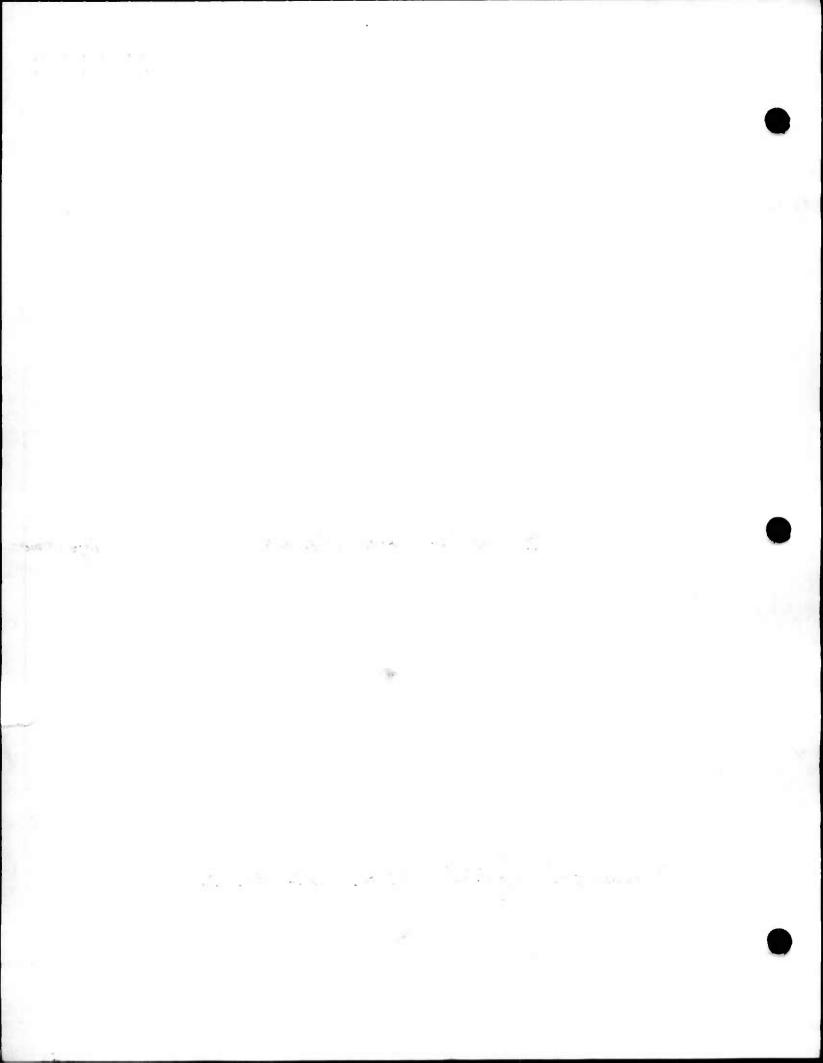
Lodish,

Jules R.

NOV 04 *91

0

Sandy Spring Road 20832



1215-0020

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

NOV 0 4 1991

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTA	L HYGIEN	E	1 0	1000			
	1. DECEDENT'S NAME (First, Middle, Last) ARVI		1/	ALNE		2. DATE	E OF DEATH	9)	/EAR	IME OF DEATH	-		
	4. SOCIAL SECURITY NUMBER 220-32-0701 9e. FACILITY NAME (If not institution, give:	1 🔯 M 2 🗆 F	(In yrs. lest birthday) 78 YRS.	IF UNDER (YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF E	1-4	OF BIRTH th, Day, Year)		Country)				
CTOR	PGHMC			Salis		PEAIH			OMIC				
DIRECTOR		mico		t town on Locat	TION				-	INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER Bethel Road Bo	x 219		100	21874				U.S.				
B	tt. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	It yee, sp	ecity Cuben, Mexic 2 NO Speci	en, Puerto	N? (Specify Yee Rican, etc.)	or No — 14	I. RACE — A Black, Whi Specify:	mericen Indien, ite, etc.			
COMPLETÉD	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	life. Do NOT us	rork done during mo e retired.)	ON st of working	t6i	Self	White					
N N	17. FATHER'S NAME (First, Middle, Last)		Carpe	nter		_							
	Weams Carlton	Hearne			16. MOTHER'S NAME (First, Middle, Maiden Surname) Ida Mae Wilkins								
BE	19e. INFORMANT'S NAME (Type/Print)	neurne	19b, MAILING	ADDRESS (Street a					note)		-		
임	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Steta, Zip Code) Lucy Hearne Same as 10												
	20s. METHOD OF DISPOSITION 1 (A Burlei 2 Completion 3 Removal from State Complete C												
	4 Donetion 5 Other (Specify)	-// I	intery, crematory or other interest in	her place) Lle Cem	eterv	11/	3 Pit	tsvi1	lle.	MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE	1		D AOORESS OF F	ACILITY							
	> Guala C	Johns	28	Bound	ds F.H.	52	lichus	err M	D 21	001			
	23. PART I. Enter the diseases, or	complications that cause	tha death. Do n	ot anter tha mo	de of dying, suc	ch as can	dlac or respir	atory arrea	. 1	Approximata	-		
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate interval Between Onest and Dasth												
	resulting in death)												
z	- Aunte cholecyptites à like parelmités												
읦	if any, leading to immediate												
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury												
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST												
Ü		d											
CAL	PART II. Other significant condition	a contributing to death b	ut not resulting li	n tha undarlying	cause givan in	Part i.	24a. WAS AN A PERFORM t YES 2	NEO?	AVAIL	E AUTOPSY FINDING ABLE PRIOR TO PLETION OF CAUSE			
PHYSICIAN: MEDI							, , , ,			YES 2 NO			
ż													
등	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (C	heck only or	ne)						
XSI	1 TES 2 NO	1 Inpatiant 2 ER/Outp		OTHER: 4 — Nursing Home	5 🗀 Raeldence	6 🗆 Othe	r (Specify)						
퓝	27. MANNER OF OEATH 1 Natural 5 Pending	(Month, Day, Year)	26b. TIME INJU	OF 28c. INJU	URY AT RK?	28d. DE	SCRIBE HOW IN	JURY OCCUR	ΕO		Т		
à	2 Accident Investigation	20 Bi 405 05 William			ES 2 NO								
COMPLETED	3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY building, etc. (Spec	— At nome, farm, at	reat, tactory, office	•	26t, LOC	ATION (Street an or Town, State)	d Number or i	Rural Route I	Vumber,			
9	29a. CERTIFIER 1 COERTIEVING PHYSI	ICIANA To the best of the least			_						_		
\$ 1	(Check only one) 2 MEOICAL EXAMINE	CIAN: To the best of my knowl R: On the basis of axamination	eage, seam occurred rend/or investigation	of at the time, data of in my opinion, de	and piece, end due eath occured at the	time, date	use(e) and menn	er ee stated.	nad (elegan	manner on stated			
- 18	256. BIGNATURE AND TITLE OF CERTIFIER 296. LICENSE HUMBER 296. DATE SIGNED (Month, Dry, Year)										_		
8	D25207 1/2/2												
၉	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	000			. (.	[]	('/	_		
1		Lean- 56	OBIVE	r side	. Dr. BI	101,	Sal. Ma	1.21	15				
31. DATE FILED (Month, Day, Say) 32. REGISTRAN'S SIGNATURE NOV 0 4 1991 Fine Day doon - Randelle													

· 1 8

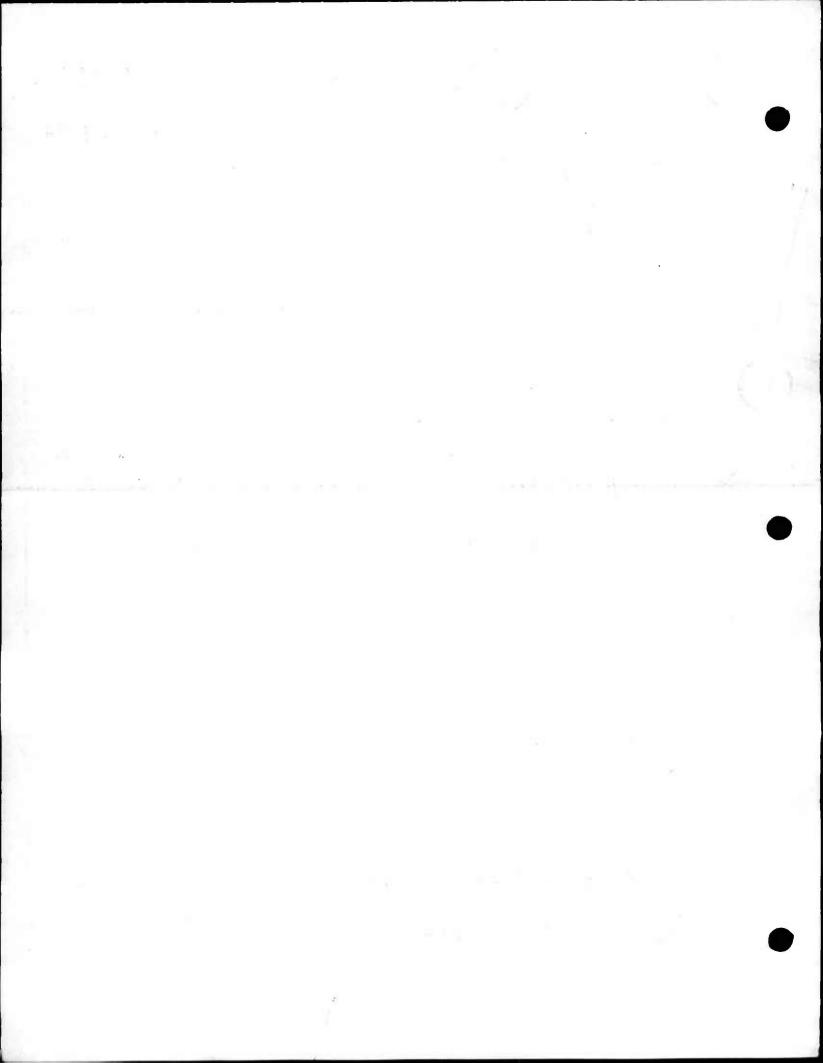
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	TH	MEIN INC	REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH												
1 3	MARY P. HIRES											YEAR	-9001
OR	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. lest	hirthday)	IF UNDER	1 VEAD	IF UNDER	24 Une	T DATE	of miners	7		d / M
		1 □ M 2 💢 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb.	26,192	23 1	Country)	ngton, DE
	9e. FACLITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL				9b. CITY,	96. CITY, TOWN OR LOCATION OF DEATH SALISBURY WICOMICO					тн		
5	RESIDENCE OF DECEDENT												
DIRECTOR	Delaware Sussex		TY, TOWN OR LOCATION TAKEORE								Od. INSIDE CITY LIMITS? YES 2 A NO		
FUNERAL	Rt. 1 Box HA 47			101. ZIP CODE 10g. CITIZEN OF WHAT O									
	t1. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES			AED O	If yes, specify Cuban, Mexican, Puerto Ricen, etc.) Black, Whi						- American Indian, White, etc.		
D BY	3 Widowed 4 Divorced		4 CT 1400 4 CV 140						White				
ETE	(Give kind of					USUAL OCCUPATION work done during most of working se retired.}				16b. KIND OF BUSINESS/INDUSTRY			
COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+) Nursing Assistant Podiatry												
8	17. FATHER'S NAME (First, Middle, Lest) Clarence Burris, Sr. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Crather												
8	19e. INFORMANT'S NAME (Type/Print)		106	MAILING	ADDOCCC	(0)				- \			
2	Richard P. Hires		Rt	. 1,	Box 1	HA 4	7, F	rank	ford	res)w Dela	ware.	1994	5
	20s. METHOD OF DISPOSITION 1\(\hat{}\) Burlel 2 Command Bernoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State												
1	St. George's Cemetery 11/1/91 Clarksville, Delaware 22. NAME AND ADDRESS OF FACILITY. Melson Funeral Services, Ltd.									етамаге			
	· Attents	Mela	1		F	rank	ford	,Del	aware	1994	5		
	23. PART L. Enter the disease or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. METASTATIC CARCINOMA FRom LUNG												
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate Cause First INNERS VINC.												
FIC	CAUSE (Disease or Injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF):												
ERT	resulting in death) LAST												
- 11	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS												
PHYSICIAN: MEDICAL	The state of the s									PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME										DEATH?			
ž I													
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)				
¥ ∥	1 YES 2 W NO 1	1 Vinpatiant 2 🗆			4 - Nursi	ing Home		idence 6	□ Other	(Specify)			
	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF I (Month, Day		28b. TIME INJI	URY M	28c. INJU WOR	IRY AT RK? ES 2	- 1	28d. DEŞC	RIBE HOW IN	JURY OCCU	RED	
₽ P	3 Suicide 8 Could not be determined	8 Could not be 28e. PLACE OF INJURY — At home, ferm, at building, etc. (Specify)					set, fectory, office 28f. L			Bt. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
٦٣	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of a	my knowledge deet	h occurre	d at the ti-	no dete d	and alana	-11-1				_	
COMPLETE	CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and menner ee atsted. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner as stated.												
# F	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER			BER	29d. DATE SIGNED (Month, Ga			onth, Day, Year)		
۵ ۱	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	Dr. Nichola agburn - 25 medical Conter Sal. Md. 21800												
1	" OCT 31 1991 4	32. REGISTRAR	S SIGNATURE DE	•									

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



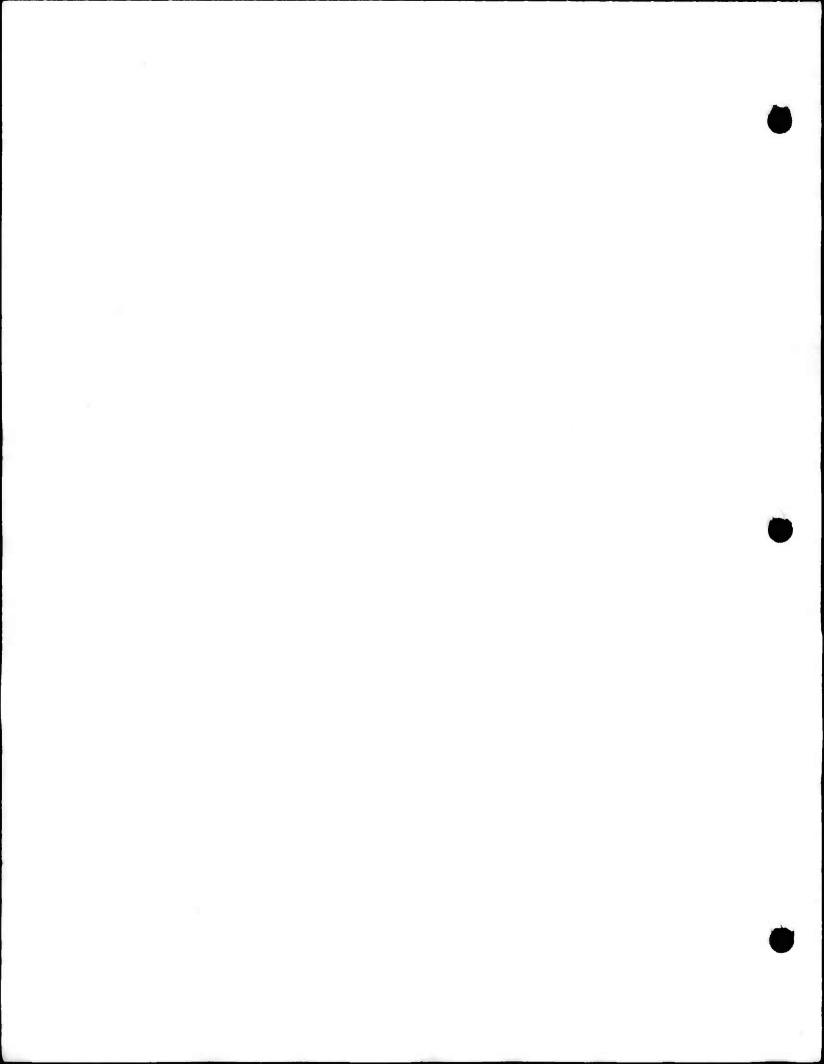
BALTIMORE, MARYLAND 21203-3146

FOR 1 STATE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page in many partial by the thosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction case 5 around be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CE	HILL	ICALE	: Ur	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) William James Henry							2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH				
~								91				
	4. SOCIAL SECURITY NUMBER		GE (In yrs. las		IF UNDER	1 YEAR DAYS	HOURS MIN.	7. DATE OF B (Month, Day	(, Year)		Country)	ACE (State or Foreign
	219-05 - 07 <i>5</i> 4	1 🗙 M 2 🗆 F	89	YRS.				3-28-	12			land
	9a. FACILITY NAME (if not Institution, give street and number)					9b. CITY, TOWN OR LOCATION OF OEATH				9c. COUNTY OF OEATH		
ō l	BERLIN NURSING HOME				BE	RLI	N			WORCESTER		
E C	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TON			**	1	Od. INSIDE CITY
DIRECTOR	MARYLAND WORC	BE	RLIN	I					١,	LIMITS? YES 2 XNO		
	10e. STREET AND NUMBER	1 22		_	. ZIP CODE	_	18g. CITIZEN OF WHA			-71		
ER/	207 FLOWER STRE				21811				USA			
FUNERAL	11. MARITAL STATUS	MED			ENDENT OF HISPAN	IIC ORIGIN? (S	IC ORIGIN? (Specify Yea or No- 14, Ra			- American Indian, Whita, atc.		
BY F	1 ☐ Never Married 2 ☒ Married FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES					If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES 2 NO Specify:					Specify:	
	3 Wildowed 4 Divorced											an Americar
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CEDENT'S live kind of a Do NOT us	work done o	during mo	ON ist of working	16b. KIND OF BUSINESS/INDUSTRY						
اڌ	Elamentery/Secondary (0-12)	Collega (1-4 or 5+)										
×	9th grade reti				chef	40 MOTHERIO NA	Restaurant					
						18. MOTHER'S NAME (First, Middle, Malden Surname)						
8	William L. Henry 198, INFORMANT'S NAME (Type/Print)		19	6 MAILING	Julia Smack					un State 7in Corlei		
2	Caledonia Hughes					RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
	20a. METHOD OF DISPOSITION				Flower Street, Berlin, Maryl sposition (Name of competers, cremetory or 200					LOCATION — City or Town, State		
	1X Burial 2 ☐ Cremation 3 ☐ Removat from State other pla			ace)	en Cemetery				Berlin, MD			
	21, SIGNATUBE OF FUNERAL SERVICE LIC	22.	22. NAME AND ADDRESS OF FACILITY Rt. #2, Box 922, Jersey Rd, Salis., MD 21801									
	+ Attricional	11eu Las	hlen	/			•	•		,	,	MD 21801
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate										
									Interval Between Onset and Death			
	disease or condition What A Prostato											
	DUE TO (OR AS A CONSEQUENCE OF):											
z	Semle Domentia											
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): A S C V I) A S A CONSEQUENCE OF): A S C V I)											
2	CAUSE (Disease or Injury											
E	thet initieted evente resulting in deeth) LAST											
5月		d										
اد	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in P							Part I. 24s. WAS AN AUTOPSY PERFORMED?				WERE AUTOPSY FINDINGS
MEDICAL	27							1	1 TYES 2 TNO			COMPLETION OF CAUSE OF DEATH?
ΨĮ											I TES 2 NO	
							_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					_	LACE OF DEATH (Ch	eck only one)				
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
E	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye		26b. TIN	IE OF		JURY AT ORK?	26d. DESCRIBE HOW INJURY OCCURED				
BY	1 Natural 5 Pending 2 Accident Investigation				М							
	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, st building, atc. (Specify)					ireet, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	4 Homicide detarmined											
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the ilme, data and place, and due to the cause(a) and manner as stated.											
8	One) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.											
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE						29d, DATE SIGNED (Month, Day, Year)					
	(Daven						D29987 ▶ Oct.			27, 1991		
임	30. NAME AND ADDRESS OF PERSON											
	Albert Decama	y, M.D. 3	09 T	immo	ns S	St.	Snow H	ill,	MD.	218	63	
3	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		-00								
	OCT 3 0 1991	gulia Lavidson	-yana	الم								

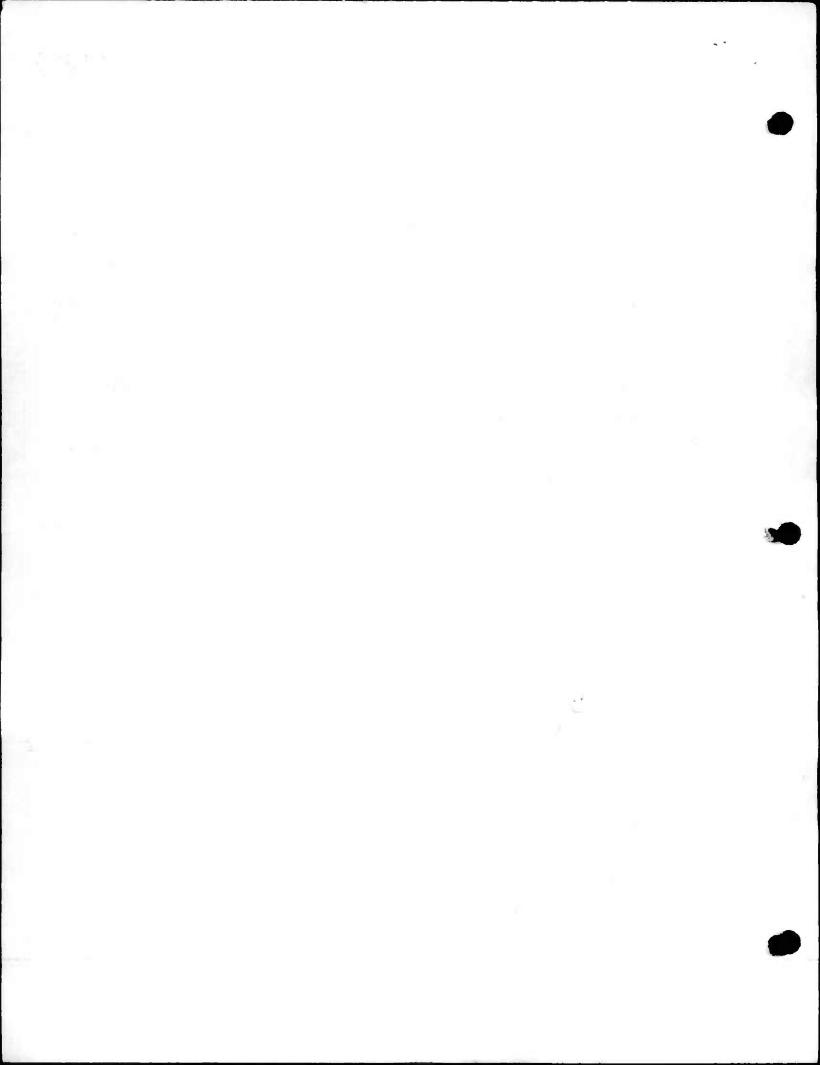


. 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a journal and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECOF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the TO THE FUNERAL DIRECTOR, After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health IMPORTANT. If Item 28 is marked, or item 23 shows an	

8 '91

	1 - FOR STATE OF MARYLAND / DEPARTM CERTIFICAL CERTIFIC	IENT OF HEALTH AND I ATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest) MARY C HAMIL TO	N.	2. DATE OF DEATH	SAR 3. TIME OF DEATH						
COMPLETED BY FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give street and number)	UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Dey, Year) 9 - 19 - 1918 A BIRTHPLACE (State or Foreign Country) Wary and							
	Springfield State Haspital	ile Carroll								
		Sykesville	10d. INSIGE CITY LIMITS? 1 YES 2							
	Springfield Hospital Center	101. ZIP CODE 2178	4 log. CITIZE	USA						
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES ARMED IF YES, GIVE WAR OR DATES	13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: Specify: White, etc.								
		JAL OCCUPATION done during most of working tired.)		Real Estate						
BE CON	17. FATHER'S NAME (First, Middle, Last) Thomas Costin 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Mary Dobbin									
5	19a. INFORMANT'S NAME (Type/Print) Springfield Hospital Center 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sykesville, Maryland 21784									
	20e. METHOD OF DISPOSITION 1 10-Burlet 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Specify) 20c. LOCATION — City or Town, State Sykesville, Maryl									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Brian & Plaught 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400									
MEDICAL CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):	LINORY AF		Interval Between Onset and Death						
	PART II. Other significent conditions contributing to death but not resulting in the	he underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 JAN	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 1	26. PLACE OF OEATH (Ch		12.0						
	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DE\$CRIBE HOW INJURY OCCUP	CILIARY CARE						
TED BY	3 Sulcide 8 Could not be building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINER: On the basic of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEOICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.									
H	296. SIGNATURE AND TITLE OF CERTIFIER **NORTH MD	D. 30	29c. LICENSE NUMBER D. 36291 11/6/91							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, Print) SHAKERA - KHAN. SPRING - FIELD HOSP. CENTER									
	31. DATE FILED (Month, Day, Your) 32 REGISTRAN'S SIGNATURE AND SUN DAY CLOSE STORAGE S			•						



MARY AND 21203-3146 related by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may

STATE	0F	MARYLAND /	DEPARTMENT	OF H	HEALTH	AND	MENTAL	HYGIE	NE
		CI	ERTIFICATE	OF	DEAT	TH		REG. N	O.

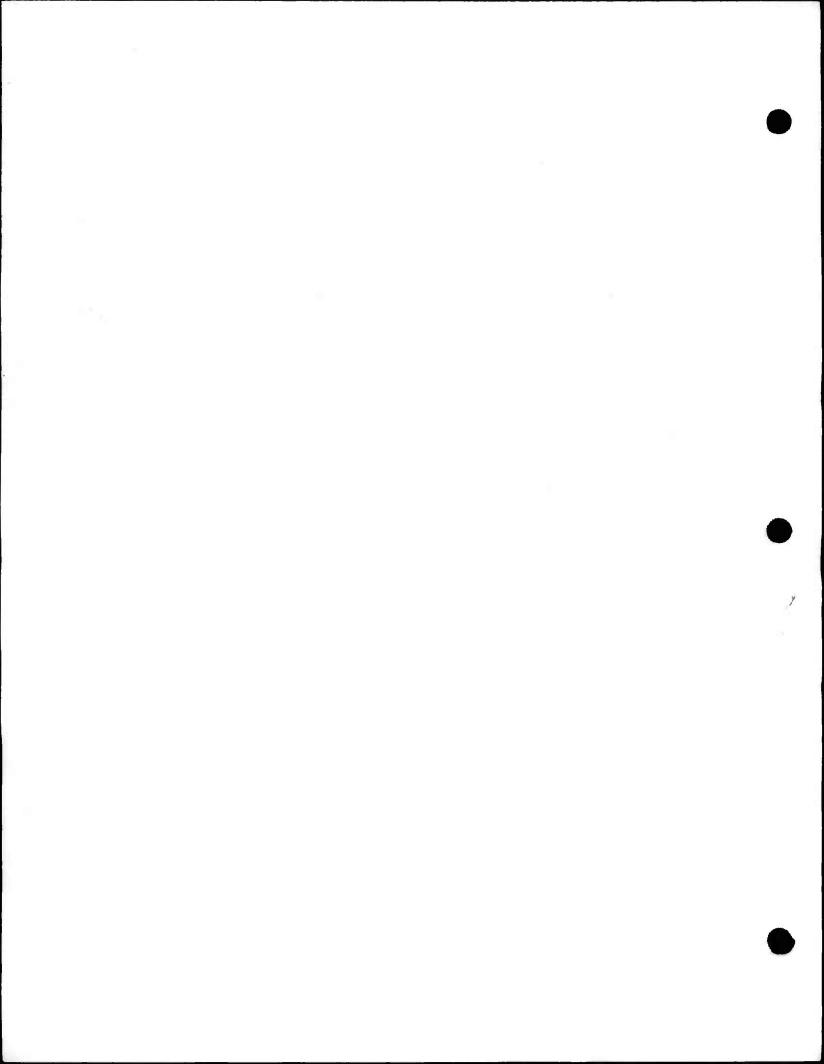
	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTMI			MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	E.	Hick	S		2. DATE O MONTH	F DEATH	~ <i>§</i>	AB	IN 45 AM
	21106	5. SEX 6. AGE (In	yrs. last birthday) F U		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	F BIRTH Day, Year)		SIRTHPLA Country)	CE (State or Foreign
0 B	98. FACILITY NAME (If not institution, give street MANCKIN W	ot and number) 1 Anor	96.	CITY, TOWN OR	SS AV	ATH 111E	=	Som	OF DEATH	et
DIRECTOR	10a. STATE 10b. COUNTY	MERSET	1	WN OR LOCATIO	1.1					I. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	P. O. Box 2	84			21853	3		10g. CITIZEN	OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO		IDENT OF HISPAN Ity Cuban, Maxican NO Specify	n, Puerto Ric		or No — 14.	RACE — Black, WI Specify:	American Indian, nila, alc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION Impleted) College (1-4 or 5 +)	6a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	ione during most	of working		SEA	INESS/INDUST	RY	J/NC/V
OMPL	17. FATHER'S NAME (First, Middle, Last)		LIA boi	rer	18. MOTHER'S NAI			Y-COCI	1 . /	1
BE	SIMM (0	WE/S	19b. MAILING ADD	BESS (Street and	LUCIN	IdA Numbe	COLUE	15 [U]	///	ams
임	Ronnie Mos	skly	P.D. B.	ox 28	4 Prin	C1255	5 Ani	NE M	<i>d.</i>	21853
	20a. METHOD OF DISPOSITION 1		PLACE OF DISPOSITION (ther place)	1	tery agematory or	r Ro	2007 000	ATION - City	or Town,	State
	21. SIGNATURE OF TIMERAL SERVICE LICES	Mari		103 H	ADDRESS OF MAN	on Au	z Pri	n CRS	s An	ME Md
	23. PART I. Enter the diseases, or co shock, or hear failure. Li	mplications that caused t st only one cause on eed	he deeth. Do not e h iine.	nter the mode	of dying, suci	h as cardi	ec or respir	atory errest		Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Can-	dia are	+						Onset end Deeth
z	C 10	CVA	CONSECUENCE OF):							
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	7	na .					
	PART II. Other significant conditions	contributing to death but	not resulting in th	a Undertular	seuse alven la	Dord I	04- MMC AN	HITORCY	A45 WE	DE ALEMANY ENGINEE
DICAL	- Street Symmount Conditions	contributing to death but	not resulting in th	e underlying	ceuse given in		24a. WAS AN PERFOR	MED?	AM/ CO	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDI						-			1 (YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PLA	CE OF DEATH (Ch	eck only one)		-	
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpet 28a. DATE OF INJURY	lent 3 DOA 4 S	Nursing Home 28c. INJUI	5 Rasidence	_		JURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR						
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specifi	At home, farm, street	, factory, office		28f. LOCA City of	TION (Street a r Town, State)	nd Number or i	Rural Route	Number,
COMPLETED	and a	AN: To the best of my knowler On the basis of sxamination							nuse(a) sn	d menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			T	29c. LICENSE NUI	WBER		29d. DATE S	GNED (Mo	onth, Day, Year)
10 B	E CIM	hr			D15	180)	-29	- 11
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Prin	o l	runces	anne	MD			
	31. DATE FILED (Month, Day, Your 91	32. REGISTRAR'S SIGNAT	Ando Co							

and the second second

DHMH-16 Rev 1/89

2 IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)						T	2. DATE OF DEATH			3. TIME OF OEATH
	Donan	ce H. Ho:	ffmier						31	91	6:45 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24		7. OATE OF BIRTH (Month, Day, Year)		8. BIRTHP	PLACE (State or Foreign
	174-07-8025	1 M 2 🗆 F	84	YRS.	ONTHS DAYS	HOURS	MIN.	09-17-0	7		hidan
	9e. FACILITY NAME (If not institution, give :	street and number)		9	b. CITY, TOWN (OR LOCATION	OF OE			TY OF DE	
OR	Wicom	ico Nurs	ing HOme		Sa	lisbu	ry		l Wi	comi	.co
اظ	RESIDENCE OF DECEDENT 106. STATE 106. COUNT	v		40+ CITY	TOWN OR LOCAT	CION					10d, INSIDE CITY
32											LIMIT87
	Maryland Wic	omico		<u>S</u>	alisbu	LT Y			I son CITI		1 VES 2 NO
FUNERAL DIRECTOR		D .	0:						lug. Citi.		HAI COUNTAIN
N.	1514 Riverside		PINE B				801	C ORIGIN? (Specify Y	na or No	S BACE	- American Indian,
	1 Never Merried 2 Merried		YES 2 1		If yes, sp	ecify Cultan,	Mexican	, Puerto Rican, etc.)		Black, Specifi	White, etc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE	MAN ON DATES		1 123	Z EJ NO	оросну.			LA	Uhite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION a completed)			SUAL OCCUPATION			16b. KIND OF B	JSINESS/IND	USTRY	
Ш	Elementery/Secondery (0-12)	College (1-4 or 5	life	Do NOT use	retired.)						
MPI	8		Oi	l Fi	eld Wo	rker					
00	17. FATHER'S NAME (First, Middle, Last)					16. MOTHE	R'S NAM	AE (First, Middle, Maide	n Surname)		
BE	Unknown						kno				
5	19s. INFORMANT'S NAME (Type/Print)	_						loute Number, City or To			
	Neil W. Hoffm	ier						Anne,			
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremetion 3 ☑ Ren	noval from State	other pla	ce)	FION (Name of ce			1	OCATION -	-	
	4 Donation 5 Other (Specify)	CENSEE /	- I Mcke	an M	emoria	ND ADDRESS		В	radio	ord,	Pa.
	1 1 1	54/)					eral Ho	me		
	James of	Hunn	un		Pri	nces	s A	nne, Md	, 218	353	
	23. PART I. Enter the dieaesee, or ahock, or heart fallure.				t enter the mo	ode of dyin	g, auch	ae cardlec or ree	piratory em	est,	Approximate Interval Between
1	IMMEDIATE CAUSE (Final										Onset and Deeth
	disease or condition resulting in deeth)		gestive i			'e					
			OR AS A CONSEC	,							
N	Sequentially list conditions,		erioscle:			Vasc	ulaı	r Disease			
-	if any, leading to immediate	OHE TO		OLNOE OF J.							
AT	cause, Enter UNDERLYING			- 1							
FICAT	cause. Enter UNDERLYING CAUSE (Disease or injury		(advance	ed)							
RTIFICAL			(advance	ed) DUENCE OF):	:		-				
CERTIFICATION	CAUSE (Disease or injury that initiated evants resulting in death) LAST	d.									
AL CERTIFICAT	CAUSE (Diseese or Injury that initiated evants	d.				ng cause gl	Iven In		AN AUTOPSY DRMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL CERTIFICAT	CAUSE (Disease or injury that initiated evants resulting in death) LAST	d.				ng cause gl	iven in		ORMED?	24b.	
MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST	d.				ng cause gl	Iven In	PERF	ORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant conditions in the condition of the conditions in the con	d.			the underlylr			PERF 1 TYES	ORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	o deeth but not n	eculting in	the underlylr	g cause gl		PERF 1 TYES	ORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO	d	o deeth but not n	eeulting in	the underlyln 26. P OTHER: Nursing Hot	LACE OF OE	ATH (Che	PERF 1 YES ack only one) 8 Other (Specify)	ORMED? 2 ∏ NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. HOSPITAL: 1 Inpellent 2	o deeth but not n	eculting in	26. POTHER:	LACE OF OE	EATH (Che	PERF 1 VES	ORMED? 2 ∏ NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART ii. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	d. HOSPITAL: 1 Inpatient 2 286. OATE O (Month,	□ ER/Outpatient 3 F INJURY Doy, Year)	DOA 28b. TIME	28. POTHER: A Warraing Hor V W W 1	TLACE OF OE THE 5 - Res JURY AT ORK? YES 2 -	EATH (Che	PERF 1 YES sck only one) 8 Other (Specify) 28d. DESCRIBE HOV	ORMED? 2 1 NO VINJURY OC	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	Deeth but not received by the second	DOA 28b. TIME	28. POTHER: A Warraing Hor V W W 1	TLACE OF OE THE 5 - Res JURY AT ORK? YES 2 -	EATH (Che	PERF 1 YES ack only one) 8 Other (Specify)	DRMED? 2 1 NO VINJURY OCH R and Number	CURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be datermined	d	□ ER/Outpatient 3 FINJURY Dey, Year) OF INJURY — At ho,, etc. (Specify)	DOA 28b. TIME INJUI	26. POTHER: Nursing Hor W 1 1 1 1 1 1 1 1 1	LACE OF OE THE 5 Rea TORK? YES 2 C	ATH (Che	PERF 1 YES 3ck only one) 8 Other (Specify) 28d. DESCRIBE HOW City or Town, Sta	ORMED? 2 1 NO 7 INJURY OCH 1 and Number 1 b)	CURED or Bural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART ii. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	d	ER/Outpatient 3 FINJURY Day, 'bar') OF INJURY — At ho, etc. (Specify)	DOA 28b. TIME INJUI	26. POTHER: Nursing Hore Sec. In Nursing Hore 28c. In Nursing Hore W 1	LACE OF OE THE 5 Res JURY AT ORK? YES 2 C	ATH (Che	PERF 1 YES 8 Other (Specify) 28d. DESCRIBE HOV City or fown, Sta	DRMED? 2 1 NO 7 INJURY OC	CURED or Rural R	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. OATE O (Month, or building) SICIAN: To the best of	ER/Outpatient 3 FINJURY Day, 'bar') OF INJURY — At ho, etc. (Specify)	DOA 28b. TIME INJUI	26. POTHER: Nursing Hore Sec. In Nursing Hore 28c. In Nursing Hore W 1	LACE OF OE me 5 Res JURY AT ORK? YES 2 Ce	NO NO end due	PERF 1 YES 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street, Street, Street	DRMED? 2 1 NO 7 INJURY Oci- tie and Number tend due to the	CURED or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART ii. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 28e. OATE O (Month, or building) SICIAN: To the best of	ER/Outpatient 3 FINJURY Day, 'bar') OF INJURY — At ho, etc. (Specify)	DOA 28b. TIME INJUI	26. POTHER: Nursing Hore Sec. In Nursing Hore 28c. In Nursing Hore W 1	LACE OF OE THE 5 Res JURY AT ORK? YES 2 C	NO NO end due	PERF 1 YES 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street, Street, Street	DRMED? 2 1 NO 7 INJURY Oci- tie and Number tend due to the	CURED or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	d	ER/Outpatient 3 FINJURY Day, Year) OF INJURY — At ho, etc. (Specify) of my knowledge, de exemination end/or i	DOA 22b. TIME INJUI	28. POTHER: 4 Nursing Hor W 1 Core, factory, official at the time, dat in my opinion,	LACE OF OE THE S Res JURY AT ORK? YES 2 C THE STATE OF THE STATE	NO NO end due	PERF 1 YES Sck only one) 8 Other (Specify) 28d. DESCRIBE HOV City or fown, Sta to the cause(e) end in time, date and place,	DRMED? 2 1 NO 7 INJURY Oci- tie and Number tend due to the	CURED or Rural F	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS 256. SIGNATURE AND OF PERSON W.	HOSPITAL: 1 Inputing to 28e. OATE O (Month, 3SICIAN: To the best of ER: On the best of	December of the control of the contr	DOA 28b. TIME INJU	26. POTHER: 4 Nursing Hor AF 28c. IN W 1 CHARLES (Section) at the time, dat In my opinion,	PLACE OF OE THE S Res SURY AT ORK? YES 2 The sum of the s	NO end due to d at the NSE NUM	PERF 1 YES ack only one) 8 Other (Specify) 28d. DESCRIBE HOV 28f. LOCATION (Stre. City or Town, Sta to the cause(e) end in time, date and place, ABER	PRMED? 2 1 NO 7 INJURY OCI it and Number end due to the series of th	CURED or Rural Filed. ne ceuse(e	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, Noute Number, Noute Number, Noute Number, Noute Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datermined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS 256. SIGNATURE AND OF PERSON W.	HOSPITAL: 1 Inpetient 2 28e. OATE O (Month, 28e. PLACE building SICIAN: To the best of ER: On the best of	December of the control of the contr	DOA 220b. TIME INJUI	28. POTHER: 4 Nursing Hor W 1 Core, factory, official at the time, dat in my opinion,	PLACE OF OE THE S Res SURY AT ORK? YES 2 The sum of the s	NO end due to d at the NSE NUM	PERF 1 YES Sck only one) 8 Other (Specify) 28d. DESCRIBE HOV City or fown, Sta to the cause(e) end in time, date and place,	PRMED? 2 1 NO 7 INJURY OCI it and Number end due to the series of th	CURED or Rural F	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, Noute Number, Noute Number, Noute Number, Noute Number,

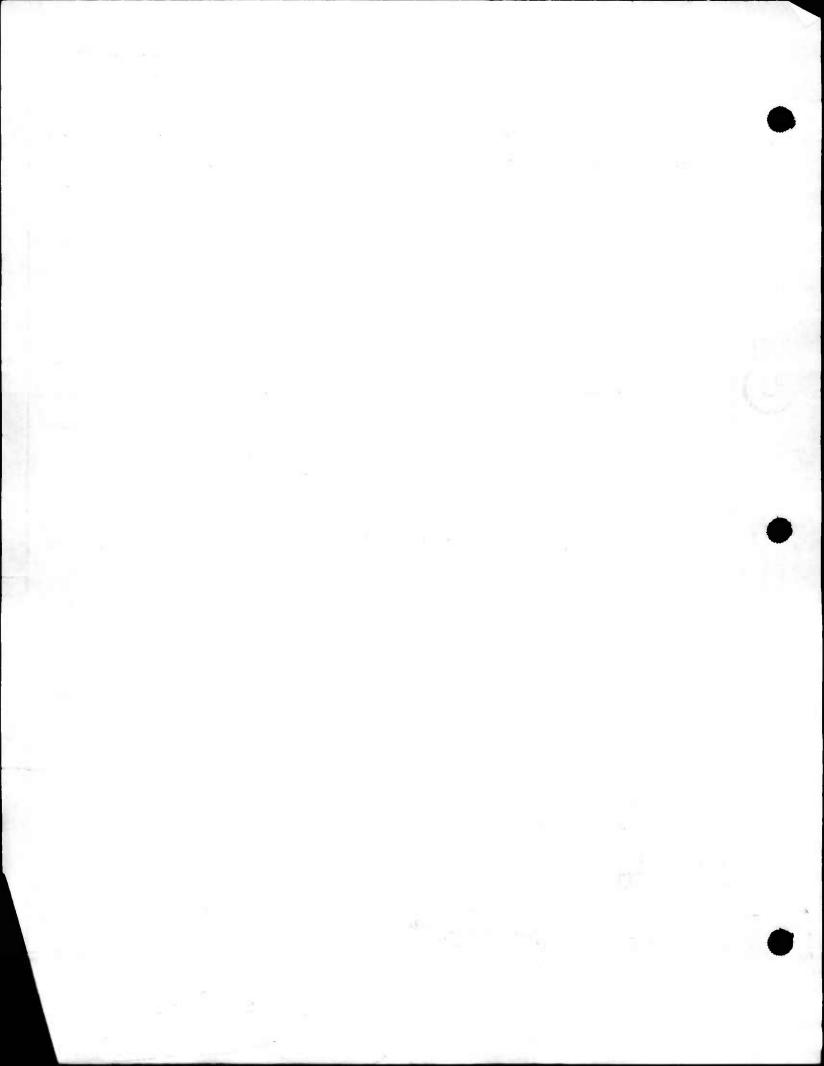


ut he described for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be introduced by the attending physician and completely filled in by the funeral director, page 5 and the distribute of filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once. 1 -

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGH	ENE
	CERTIFICATI	OF DEATH	REG. I	NO.

	TEGIOTIVIT				Lait III	IOAI		D E A		17	EG. 140.			
	1. DECEDENT'S NAME (First,									2. DATE OF I	D/		YEAR	3. TIME OF DEATH
			oyce L.					10000		Novem		1, 1		10:30 P. M
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I		MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, De	y, Ybar)		8. BIRTHPI Country)	LACE (State or Foreign
- 1	579-88-940		1 □ M 2 💢 F	70	YRS.		1			May 2	4,19		Aust	
_	9a. FACILITY NAME (If not in:					9b. CIT	Y, TOWN	OR LOCAT	ION OF DE	EATH		9c. COU	NTY OF DEA	ATH
DIRECTOR	Anne Arunde		ical Cen	ter		A	nnap	olis				Ann	e Arui	ndel
ទួ	RESIDENCE OF DEC	10b. COUNT	Y		10c. Ci	TY, TOWN	OR LOCA	TION					- 1	IOd. INSIDE CITY
	Maryland		Arundel			sade								LIMITS?
5	10e. STREET AND NUMBER	7111110	712 diracz		1	Dado	_	f. ZIP COD	F			I son CIT		☐ YES 2XXNO
FUNERAL		*					"					"		
N N	439 Shady	Lane	12. WAS OECEDE	UT EVED IN II C	PMED	12	WAS DE	2112		NIC ORIGIN? (S	nooth, You		ustra.	L1a - American Indian,
교	1 Never Married 2	Married	FORCES?	1 YES 2	NO	13.	If yes, s	pecify Cub	nn, Mexica	in, Puarto Rica	n, etc.)	or No-	Black,	White, atc.
B	3 Widowed 4 Divo	rced	IF YES, GIVE	WAR OR DATES			1 U YE	S 2 □XNO	Specif	y:			Specify:	White
G	15. DEC	EDENT'S EDU	ICATION		ECEDENT"					16b. KIN	ID OF BU	SINESS/IN	DUSTRY	
E	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 6		(Give kind of the. Do NOT i	work done use retired.)	during m	ost of work	ing					
립	12				omema	ker				0	wn H	ome		
COMPLETED	17. FATHER'S NAME (First, Mi	iddle, Last)						16. MOT	HER'S NA	ME (First, Midd				
	Leslie T. A	llen					4	Ru	by M	. Ogil	vv			
BE	19a. INFORMANT'S NAME (7)				19b. MAILIN	G ADDRES	S (Street		_	Route Number, (m, State, Zi	p Code)	
2	Virginia	Kelly			439 s	hady	Lan	e, P	asad	ena, M	arvl	and	2112	2
- 1	20a. METHOD OF DISPOSITI	ON _		20b. PLAC	E AND DA	TE OF DIS	POSITIO			/9PATE			City or Tow	
1	1 Donation 5 Other		noval from State		ry, cremator			oriu	тт/4 m. Т	n¢.	Bet	hesd	a. Ma	ryland
	21 SIGNATURE OF FUNERA	L SERVICE-H	CENSEE /		J. IIII-1	22	NAME /	ND ADDRI	ESS OF FA	CILITY	Fune	ral	Home /	Betheeda-
	> Miha	(E.	Shedin		40084	6 C B	hevy ethe	Cha sda,	se, Mar	Inc. 7 yland	557 208	Wisc 14-3	onsin 501	Bethesda- Avenue
	23. PART i. Enter the di	seasee, or	complications th	at caused the	deeth. Do	not ante	r the m	ode of dy	/ing, suc	ch ae cerdiec	or reep	iretory a	rreet,	Approximate interval Between
	IMMEDIATE CAUSE (Fin				Λ									Onset and Death
	disease or condition resulting in death)	→	. CAR	DIAC	ASC	res J								minutes
1	Toodking in double,		0.0	O (OR AS A CONS		OF):	'n							Minutes
z	**************************************			ltisys		to	ule	re						days
E	Sequentially list conditi if eny, leading to imma-	diete	DUE TO	O (OR AS A CONS										0
2	cause. Enter UNDERLYI CAUSE (Disease or inju		c H	ver 1		ase								years
분	that initiated events resulting in death) LAS		DUE TO	O (OR AS A CONS	EOUENCE	OF):								0
Ä	Toodking in doubly EAS		d											
MEDICAL CERTIFICATION	PART ii. Other significa	nt conditio	ne contributing t	o deeth but no	t resulting	in the u	ındariyi	ng cause	given in	Part I. 24		AUTOPSY		WERE AUTOPSY FINDINGS
2									- 70		PERFO	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	1									_ '	YES :	2 (TIMO		OF DEATH?
										-				1 - YES 2 - 10
AN	25. WAS CASE REFERRED T	O MEDICAL					26.1	H ACE OF	DEATH (C)	heck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	□ ED/Outpetient	3 🗆 DO4	ОТНЕ	R:							
4	27. MANNER OF DEATH		28a. DATE C		28b. TI	_	T	JURY AT	sasidence	6 Other (S)		INJURY O	CCURED	
		Pending	(Month,	NA Year)	1	JURY M	W	ORK? YES 2	□ NO	MA				
BY	2 Culate	Investigation	26e, PLACE	OF INJURY — At	home, farm	. street, fa				28f. LOCATIO	ON (Street	and Numbe	er or Bural Bo	sum Number
0		Could not be detarmined	building	, etc. (Specify)			,			City of T	own, Statu)		
COMPLETED	29a. CERTIFIER	ne-to to a privat		1011		Market -							10-1	
MP	(Check only		SICIAN: To the best											ercsenies/lete-ili
8				axamination and/	or investiga	non, in my	opinion,	daath occ	ured at the	e time, data and	d place, a	nd dua to	the cause(a)	and manner as stated.
BE	296. SIGNATURE AND TITL	OF GERTIFIE	ER						CENSE NU	MBER		29d. DA	TE SIGNED	Month, Day, Year)
0	/UP-	- NAMA!	W /					D30	695				11319	11
	30. NAME AND ADDINESS OF		HO COMPLETED CA		TEM 27) (Ty)		201.		11.	λ		1. 1	1	10111
			L. NEWY	VATV, WI	1	11/2	KNV.	use	my	MAN	3700	no V	W) 2	1014
	31. DATE FILED (Month, Day,	10ar)	Wile Da	O SIGNATION	prese		1		0		0			
- 2	140 V U 4 2	1.1	0											



If by the hospital or attending physician.

Me be detached for use as the burial-transit permit, Pages 1, 2, 3 should

bulkeley, M.D.,

32. REGISTRAR'S SIGNATURE
Gride Davidson Ton Lile

John T.

31. DATE FILED (Month, Day, Year) NOV - 891

						91	3 540
	1 - FOR STATE OF MA	ARYLAND / DEPAR	RTMENT OF H	EALTH AND N			
	1. DECEDENT'S NAME (First, Middle, Lust)	- OZIIII	IOAI E OI	DEATH	REG. NO		0
	Mabel Ha	rell					3. TIME OF DEATH 18:00
		i. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	218-24-7265 1 M 2 X F	GIL YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	28	Country)
	9a. FACILITY NAME (If not institution, give atreet and number)		9b. CITY, TOWN C	OR LOCATION OF DE			Y OF DEATH
1 8	522 Rose Street		Salisb	111237		Wico	
5	522 Rose Street RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY (W.CCO	ui CO
DIRECTOR	AA Lin		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	100, STREET AND NUMBER	.0	SALISD				1 X YES 2 NO
FUNERAL	521 Rosk St.		101	ZIP CODE		10g. CITIZE	N OF WNAT COUNTRY?
I K	11. MARITAL STATUS 12. WAS DECEDENT	EVED IN HE ADMED	40 11110 000	7180			U.S.
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp	ecity Cuban, Maxican		or No-	R. RACE — American Indian, Black, Whita, atc.
B	3 Widowed 4 Divorced	ORDATES	1 L YES	2 NO Specify:			Specify: Black
ETED	15. DECEOENT'S EOUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KINO OF BU	SINESS/INDUS	STRY
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT us	se retired.)	st or working	1	11	C. Carn
COMPL	12	LA	borer		CAMPS	E// -	Soup Corp.
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	NE (First, Middle, Maiden	Surname)	
	JAMUEL WILSON			C-Rorg.	IA Cotton	HH	
2	19a. INFORMANTIS NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural R	oute Number, City or Tow	n, State, Zip Co	ode) 11/27284
5	20g METHOD OF DISPOSITION	210 D	Windsor	MANOT	WAY- KEI	THEK	SUITE //L.
	Buriel 2 Cremation 3 Removal from State Donation 5 Other (Specify)	20b. PLACE AND DATE (cemetery, crematery or of	ther blace)	ma of	OATE 20c. LO	CATION — CH	y or Town, Start
	21. SIGNATURE OF PUMERAL SERVICE LICENSEE	John We	22 NAME AN	D ADORESS OF FAC	1-9-91 (6/1	AGE 1	rook Illa
	11-01-C11) -	1131	1 1	- 1 M	Di	Day IN
	22 BAST LANGE COURSE		1001	IAMPGI	en MURY	TITLE	ESS IMME THE
	23. PART I Enter the diseases, or complications that c ehock, or heart failure. Liet only one cause	on each line.	ot enter the mo	de of dying, auch	es cardiec or reepi	retory arres	t, Approximete interval Between
	IMMEDIATE CAUSE (Final disease or condition						Onset and Death
	resulting in death) — Metastat	ic Carcino					2 years
_	1	na Breast	-):				
CERTIFICATION		AS A CONSEQUENCE OF	P):				
S	cause. Enter UNDERLYING						j
Ē	that initiated events OUE TO (O	R AS A CONSEQUENCE OF	7):				
	resulting in death) LAST						
	PART II. Other significent conditions contributing to de	oth but not reculting i	n the underlying				
5		an but not resulting i	it the underlying	ceuse given in P	ert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					t 🗆 YES 2	No No	DF DEATH?
≥					_		1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		20.01	ACE OF DEATH (Chec			
Sic	EXAMINER? 1 VES 2 NO 1 Inpetient 2 E	R/Outpatient 3 DOA	OTHER:				
ξ	27. MANNER OF DEATH 28s. OATE OF IN.	IURY 28b, TIME		5 X Rasidenca 8	Other (Specily) 28d. OESCRIBE HOW IF	FILIDA UCCITE	DED
BY	1 X Natural 5 Pending (Month, Day, 2 Accident Investigation	Year) INJE		RK? ES 2 NO			The state of the s
	3 Suicide 8 Could not be 28a. PLACE OF II	JURY — At home, farm, a	traet, factory, offica		28f. LOCATION (Street a	nd Number or	Rural Route Number,
COMPLETED	4 Homicide determined	- (City or Town, State)		
PL	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurre	d at the time, date a	and place, and due to	the cause(s) and man	ner se stated	
OM	one) 2 MEDICAL EXAMINER: On the beele of exem	Inetion and/or investigation	n, in my opinion, de	ath occured at the ti	ma, date end placa, and	due to the c	ause(s) and manner as steted.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB			GNED (Month, Day, Year)
	John 5 Sulls D.	Deputy	M.E.	DO3599		13	1-06-91
2	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	F OEATH (ITEM 27) (Type,	Print)				

108 Pine Bluff Road, Salisbury, MD 21801

고		3/9-37-2
spor		9a. FACILITY NAME (If not is
65	<u>۾</u> ا	8107CA
1, 2	5	RESIDENCE OF DE
Sage	Ĭ I	10a. STATE
2	5	MD
e mil	7	10e. STREET AND NUMBER
the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, 2, 3 should once.	TO BE COMPLETED BY FUNERAL DIRECTOR	8107 CA
slan.	Ž	11. MARITAL STATUS
hysic	립	1 Never Merried 2
ng b	B	3 Widowed 4 Div
as 1	۵	15, DEC
or at		(Specify on
ied by the hospital or attending physician wild be detached for use as the burial-tra ied at once.	2	Elementary/Secondary (
hos ache	N N	17. FATHER'S NAME (First, A
t on	8	
uld be	삞	MA
10 11	0	19a. INFORMANT'S NAME (
20 2	F	MILTON
		29a, METHOD OF DISPOSIT
S I S		1 Burial 2 Cremati 4 Donation 5 Othe
2 0 m		21. SIGNATURE OF FUNER
n. P		21. SIGNATURE OF POWER
rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par it energy because by see affecting physician and completely filled in by the funeral of this time 5 around be detach in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. d, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		Much
ICIAN: The law requires that the death certificate be executed within 24 hours after settificate has been signed by the attending physician and completely filled in by the the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, or item 23 shows any injury, or other traumatic event, the medical is	-	23. PART I. Enter the o
In b		shock, or i
filled in, o		IMMEDIATE CAUSE (FI
ely 1 natio		disease or condition
with aplet crem		in dealing
con rial,	-	
and and parti	ō I	Sequentially list condi
be cian or to	뒫	If any, leading to imme cause. Enter UNDERLY
hysi pri	2	CAUSE (Disease or In)
oth pig	빌	thet initiated events
Hy Hy	E	resulting in death) LA
deat deat emta	ö	
es that the death certificate be gned by the attending physician sath and Mental Hygiene prior s any injury, or other trau	PHYSICIAN: MEDICAL CERTIFICATION	PART II. Other algnific
that ed b th ar	5	Dinbete
sign Sign Healt		
of b	2	
law lept.	3	
te h	3	25. WAS CASE REFERRED EXAMINER?
Ifical Sta	S	1 YES 2 NO
Sicu cert the	₹	27. MANNER OF DEATH
this with	۵	1 🔀 Natural 5 🗌
ma ther	à l	2 Accident
R: A	0	3 Suicide 8
ATT aft	1	4 Homicide
DIRE DIRE Tours	ا ۳	29a. CERTIFIER
# 28 = =	8	(Check only one) 2 2 MEI
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag 6 may 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral differences filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	COMPLETED BY	Z GZ MEI
H H W	m	296. SIGNATURE AND TITL
THE HER	BE	Punlar
2 2 2 ₹	0 1	A BUNGER

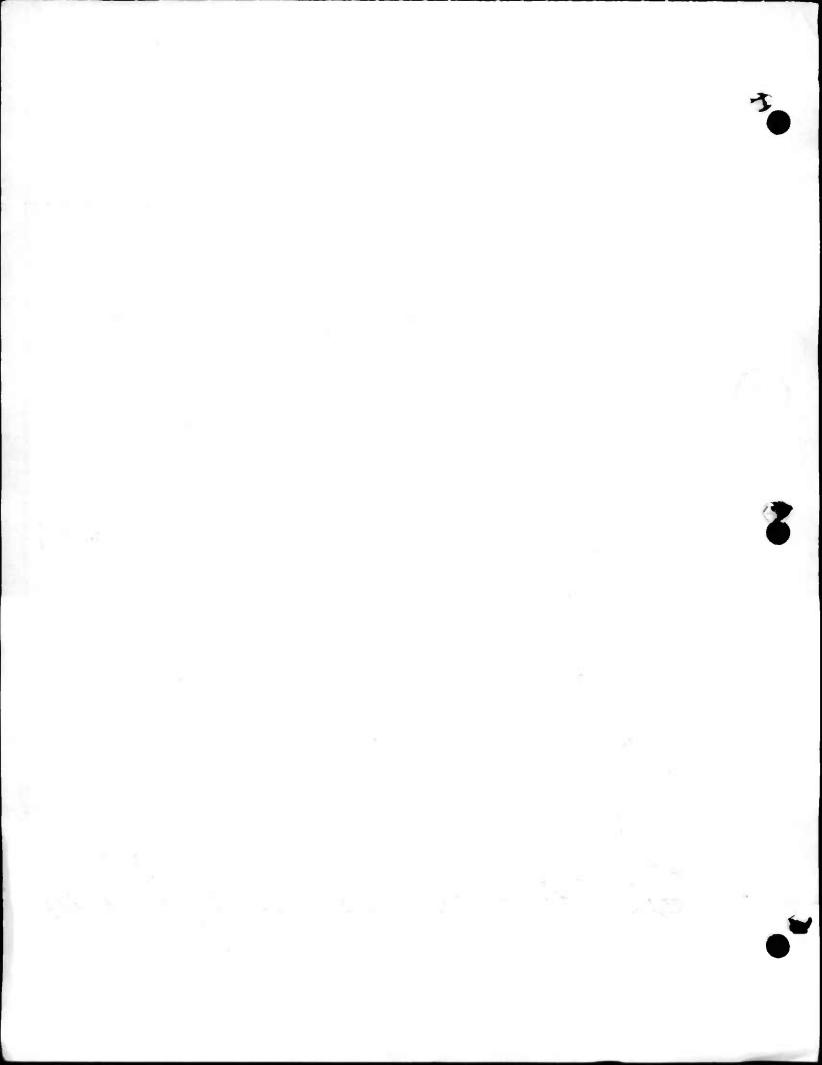
DECEDENT'S NAME (First	HRTH	ur J	TOHNS	02				2. DATE MONT		-	EAR 3.	TIME OF DEATH
SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. le		IF UNDER		IF UNDER 24 HRS		OF BIRTH	8.		ACE (State or Foreign
579-34-2		1,⊠M 2 □ F	65	YRS.				1.8	129	136		HINGTON,
FACILITY NAME (If not in					9b. CITY,		OMA	-	DL	9c. COUNTY		
ESIDENCE OF DE		L AVE	NUE		1/	ケス	OMA	1-17	RK	mon	1900	nery
. STATE	10b. COUNTY			10c. CITY,	-	R LOCATIO					10	d. INSIDE CITY LIMITS?
MD		nTgo	mery	/	1	KOM		PAR	1c			YES 2 NO
SIOT CA		AVE	NUE			101. 2	ZIP CODE	0912		10g. CITIZE		S.A.
. MARITAL STATUS Never Merried 2 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED SNO	н	f yea, spec	NDENT OF HIS lify Cuban, Mar NO Sp	icen, Puarto		n or No— 14	Black, W Spacify:	American Indian, rhita, atc.
15. DEC	CEDENT'S EDU	CATION completed)	18a. D	ECEDENT'S L	USUAL OC	CCUPATION	of working	166	b. KIND OF BU	SINESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5	+\	CUSTO	e retired.)		•		D.C.	GOVER	RNME	NT
FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHER'S	NAME (First,	Middle, Malden	Surname)	_	
	RTIN	JOHNS		Description and the second				EATR		DIX		
a. INFORMANT'S NAME (7011	'							n, State, Zip Co		
MILTON METHOD OF DISPOSIT Burlet 2 Cremeti	TION		20h BLAC	8107 E AND DATE		_	L AVE	PA		PARK PORTION - CIT		
Burial 2 Cremati		oval from Stata		y, crematory				DA.				
				RGE W			ON CE	METE	RY 11	14/91	_AD	ELPHT MI
SIGNATURE OF FUNERA	PIVICE U	23	ish.	RGE W	A SH 22. 1	TNGT	ADDRESS OF	ERAL HING	TON	,INC	254	CARROLL
3. PART I. Enter the d	liseases, pre-	complications the	at conseed the d	eath. Do no	ASH 22. I TA	NGT NAME AND AKOM NW the mod	ADDRESS OF ADDRESS OF WAS	ERAL HTNG uch as cer	HOME TON diec or reep	, INC	254 nt,	
3. PART I. Enter the dishock, or himmediate CAUSE (Fillsease or condition	liseases, pre-	complications the	at conseed the d	eath. Do no	ASH 22. I TA	NGT NAME AND AKOM N W the mod	ADDRESS OF ADDRESS OF WAS	ERAL HTNG uch as cer	HOME TON diec or reep	, INC	254 nt,	CARROLL Approximate interval Between
3. PART I. Enter the of shock, or homeomore of the shock, or homeomore of the shock	diseases, properties of the second se	complications the Liet only one can buy of the total a. http://www.b. Arfel	at conseed the d	death. Do note.	A SHT Z22. F	NGT NAME AND AKOM N W the mod	ADDRESS OF ADDRESS OF WAS	ERAL HTNG uch as cer	HOME TON diec or reep	, INC	254 nt,	CARROLL Approximate interval Between
3. PART I. Enter the cshock, or he MMEDIATE CAUSE (Fillsesse or condition esulting in death)	diseases, properties of the second se	DUE TO	at chieed the dip on each line (OR AS A CONSI	death. Do not not not not not not not not not no	A SHT	NGT NAME AND AKOM N W the mod	ADDRESS OF ADDRESS OF WAS	ERAL HTNG uch as cer	HOME TON diec or reep	, INC	254 nt,	CARROLL Approximate interval Between
3. PART I. Enter the chock, or he management of the second tion of the	diseases, or cleart failure. tions, ediate ing ury St	DUE TO d. complications the Liet only one can DUE TO DUE TO d.	t caused the day on each life (OR AS A CONSI	death. Do not be a second of the second of t	A SH- 22. I TA ot anter	NGT NAME AND A KOM N W the mod	A FUN WAS o of dying, s	ERAL HING uch as con	HOME TON diec or reep	JEL JO	254 et,	CARROLL Approximate interval Between
3. PART I. Enter the canonic shock, or hammediate CAUSE (Filsease or condition esuiting in death) dequentially list condition esuiting in death) dequentially list condition esuiting in death) description of the condition of	diseases, or cleart failure. tions, ediate ing ury St	DUE TO d. complications the Liet only one can DUE TO DUE TO d.	t caused the day on each life (OR AS A CONSI	death. Do not be a second of the second of t	A SH- 22. I TA ot anter	NGT NAME AND A KOM N W the mod	A FUN WAS o of dying, s	ERAL HING uch as con	HOME TON rdlec or reep	JEL JO	254 et,	Approximate Interval Between Onset and Death Interval Person To US US ALLABLE PRIOR TO MEMBERS FIDENTY FINDINGS ALLABLE PRIOR TO MEMBERS FIDENTY FIDEN
3. PART I. Enter the chock, or home beauting in death) dequentially list condition esuiting in death) dequentially list condition esuiting in death) dequentially list condition esuiting in death) death list condition esuiting in death last condition in the list condition in the lis	diseases, properties of the conditions, and conditions, and conditions of the condit	DUE TO DUE TO DUE TO HOSPITAL:	t called the department of the called the department of the called the department of the called the	Teath. Do not not not not not not not not not no	A SH- 22. P TA ot anter): : : : OTHEF	NGT NAME AND A KOM With a modern of the mode	Cause given	FACILITY ERAL HING uch as cer July in Pert I.	HOME TON diec or reep 24a. WAS AP PERFO 1 UYES	JEL JO	254 et,	Approximate Interval Between Onset and Death Interval Person To US US ALLABLE PRIOR TO MEMBERS FIDENTY FINDINGS ALLABLE PRIOR TO MEMBERS FIDENTY FIDEN
3. PART I. Enter the chock, or home back, or	diseases, properties of the conditions, and conditions, and conditions of the condit	DUE TO DUE TO DUE TO DUE TO HOSPITAL: 1 Input lant 2	t chiesed the department of the chiesed the department of the chiesed the department of the chiesed th	Teath. Do not not not not not not not not not no	ot anter	NGT NAME AND A KOM With a modern of the mode	Cause given	ERAL HING uch as cer Julia In Part I. (Check only of	HOME TON dilec or reep 24a. WAS AP PERFO 1 UYES:	INC D.C. Iretory erree	254 et,	Approximate Interval Between Onset and Death Interval Person To US CALLED FROM TO GRANE F DEATH?
3. PART I. Enter the chock, or hambeld to shock, or	iliseases, propert fellure. nel	DUE TO t chied the day on each life (OR AS A CONSIDER OF A CONSID	Teath. Do not not not not not not not not not no	A SHT 22. I TA ot anter iii iii other	NGT NAME AND A KOM N W the moder with the modern with the mo	Cause given Cause given Cause given Cause given Cause given	ERAL HING uch as cer Julia In Part I. (Check only of	HOME TON dilec or reep 24a. WAS AP PERFO 1 UYES:	JEL JO	254 et,	Approximate Interval Between Onset and Death Interval Person To US CALLED FROM TO GRANE F DEATH?	
3. PART I. Enter the dishock, or his management of the shock, or his management of the shock of the shoc	iliseases, properties de la conditions, ediate lury la condition de la conditi	DUE TO t chied the day on each life (OR AS A CONSIDER OF A CONSID	death. Do not not not not not not not not not no	A SH- 22. P TA ot anter iii iii other	NGT NAME AND A KOM N W the moderlying anderlying 26. PLA R: sing Home 28c. INJU WOR 1 YE	CE OF DEATH	FACILITY ERAL HING uch as cer JULIA In Part I. (Check only of ce a Oth 28d. DE	HOME TON diec or reep 24a. WAS AI PERFO 1 YES ::	NAUTOPSY RMEO? 2 A NO	254 et,	Approximate interval Between Onset and Death Mr. 70 Jest Series Autopsy Findings All Able PRIOR TO Depth To F Death? Yes 2 No	
3. PART I. Enter the dishock, or himmely and in the selection of the selec	iliseases, properties de la condition de la co	DUE TO t chiesed the dipon each line of the chiesed the dipon each line of the chiese of the	death. Do not be a local to the	OTHER 4 Number of State of Sta	NGT NAME AND A KOM the moder of	Cause given CE OF DEATN THE PROPERTY AT THE PROPERTY AT THE PROPERTY AT THE PROPERTY AND THE PROPERTY AT THE	In Part I. (Check only of ce a Oth 226d, DE 226f, LO Ch)	HOME TON dilec or reep 24a. WAS AI PERFO 1 YES : SCRIBE NOW CATION (Street or Rown, State	NAUTOPSY RMED? 2 A NO INJURY OCCU and Number or	254 et, 24b. With All All Co. Co. Di. 1	Approximate interval Between Onset and Death Mr. 70 Jest Series Autopsy Findings All Able PRIOR TO Depth To F Death? Yes 2 No	

1 1 1 1 1 1 1 1 your thank the second that the Manthagan A PARTY OF THE PAR

n	after	
	OULS	
	5	1
	护	
ó	W	
1314	executed	
X	2	
. BC	certificate	
J.	death	
S	the	
H	that	
CO	equires	
<u> </u>	W.	
₹	The	
F VI	YSICIAN:	
0	PH	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	17AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 mours after	
$\overline{\Box}$	0 7	
	M	

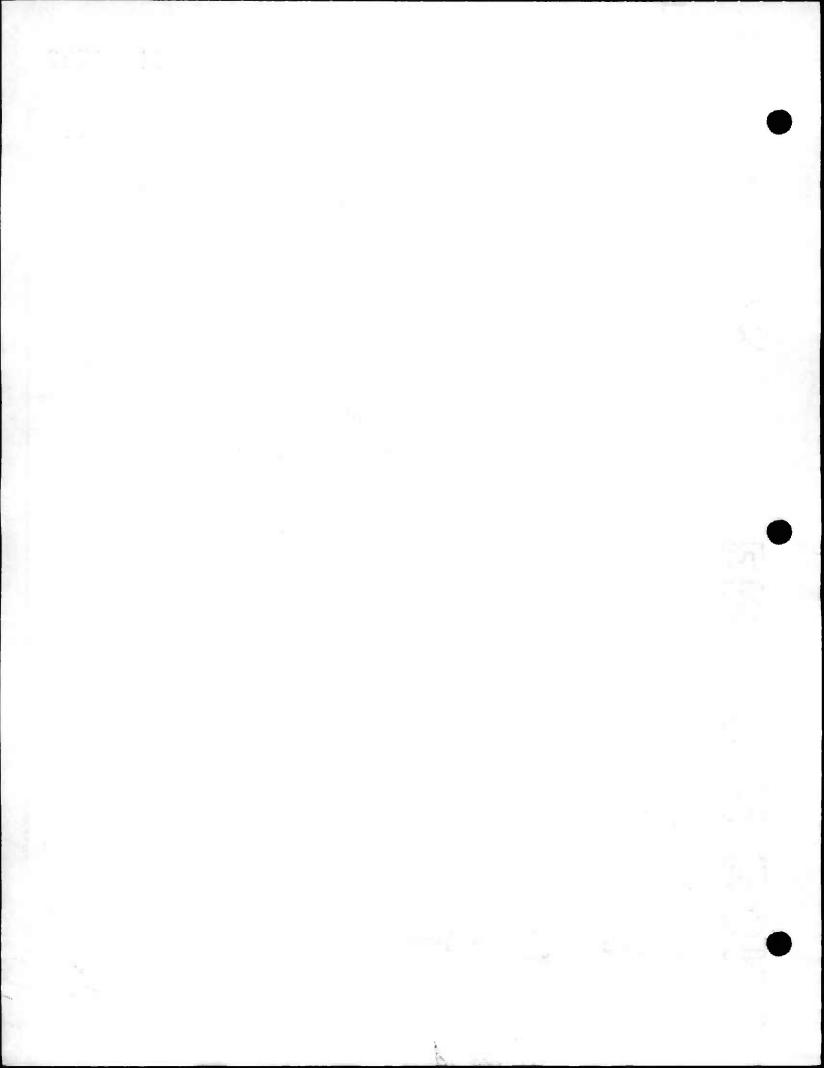
×		FOR 1 - STATE REGISTRAR	STATE OF MARYL		EPARTMENT				YGIENE EG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH	YEAR	3. TIME OF DEATH
,		Frances Grant	Johnson					NOV 5	1991		10:50P M
		4. SOCIAL SECURITY NUMBER		In yrs. last b	irthday) IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day		8. BIRTH Country	PLACE (State or Foreign
9		043-38-0090 9e. FACILITY NAME (If not institution, give st	1□M2XX 88		YRS.		OR LOCATION OF DE	6/9/1	903		sylvania
3 should	S S	Wm. Hill Healt		ter	4350,10		ridge	EAIH	1000		ester
s 1, 2	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1	10c. CITY, TOWN						10d. INSIDE CITY
permit. Pages 1, 2,	DIRECTOR		chester		Cambr						1 HES 2 NO
bermil	FUNERAL	100. STREET AND NUMBER 525 Glenburn A				101	21613	2	10g. CI	TIZEN OF V	WHAT COUNTRY?
an. Iransi	N.			JIIC ADAR	ED 42	WMC DEC			and the Year or No		E — American Indian,
log physician. The burist-transit	BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2		If yes, sp	ecity Cuban, Mexica 2 X No Specify	n, Puerto Rican	, etc.)	Black	#y: White
25 25 25 25	ED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECI	EDENT'S USUAL C	CCUPATIO	ON ost of working	16b. KIN	D OF BUSINESS/II	IDUSTRY	-
d to u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		kind of work done to NOT use retired.)						
BEG.	OMI	17. FATHER'S NAME (First, Middle, Last)				0001	7	ME (First, Middle	e, Maiden Sumame;		
()	ш	Frank L. Gra	nt				Mati	ilda K	yle	1-0	
Notified and	TO B	19. INFORMANT'S NAME (Type/Print) Dr. Judith J.	Thompson				and Number or Rural				nsas 66049
		20e, METHOD OF DISPOSITION	206	, PLACE O	F DISPOSITION (N		metery, crematory or		20c. LOCATION -		
e 6 ma rector, p		1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5,☐ Other (Specify)	oval from State	Old		-	Churchy		Churc	h Cr	reek, Md.
death. Pag e funeral di i. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				nd address of fa		Iome		
r death. The funera ai.		my com my	vs.							lge, N	1d 21613
inours after death. Page 6 may be filled in by the funeral director, pagn on, or removal.		23. PART: Enter the disease, or ahock, or heart failure.	complications that cause List only one cause on e								Approximate Interval Between
		IMMEDIATE CAUSE (Final disease or condition	Acto	0		-					Onset and Death
completely fille ial, cremation,		resulting in death)	DUE TO (OR AS /		1 ey m o	h/c	i				racys
ed a	z		b.								/
200	ERTIFICATION	Sequantielly list conditions, if any, leading to immediate	DUE TO (OR AS A	A CONSEO	UENCE OF):						
a e de a	20	cause. Enter UNDERLYING CAUSE (Disease or injury	C DUE TO (OR AS /	A CONSEQ	JENCE OF:						-
the death certificate the attending physical Mental Hygiene principary, or other the	FI	that initiated events resulting in death) LAST	4								
the death y the attend of Mental	O	PART II. Other algnificant condition	as contribution to death i	2112 202 20	outling in the c	ndorbula	a causa abaa la	Bart I Da	n. WAS AN AUTOPS	v 24	b. WERE AUTOPSY FINDINGS
26 =	10	SPCVAE	organie	1 .	_				PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
w requires that been signed pt. of Health a shows any	EDI	1000		, , , ,	7			_ ' '	YES 2 NO		OF DEATH?
w requires been sign or. of Heal	 M										
4: The law acate has be State Dept.	SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001711				PLACE OF DEATH (C	heck only one)			
SICIAN: The certificate I the State	YSICI	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	patient 3	DOA 4 XW		me 5 🗆 Residence				
PHYSIC this ce with th	PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)		26b. TIME OF INJURY	W	JURY AT ORK?	28d. DESCRI	IBE HOW INJURY	CCURED	
DING PHYS After this death with		2 Accident investigation	28e. PLACE OF INJUR	Y — At hor	ne, farm, street, fa		YES 2 NO	28f. LOCATIO	ON (Street and Num	ber or Rural	Routs Number.
TTEN TOR:		3 Suicide 6 Could not be determined	building, etc. (Spe	iclfy)					own, State)		
	J.E.	290. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of my know	viedge, des	nth occurred at the	time, det	e end place, end du	e to the cause(e) end manner ee	stated.	
로 보인 보	1 🗮	(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of examination	on and/or is	nvestigation, in my	opinion,	death occured at th	e time, dete an	d place, and due t	o the cause	(a) and menner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7 IMPORTANT:	E C	206. SIGNATURE AND TITLE OF CERTIFIE	n 11	0	1		29c. LICENSE NU		29d. f	ATE SIGNE	D (Month, Day, Year)
는 다 3 M	TO B	Journey)	Iffen for	M	1		D28	209		11/	177
	1 =	30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUSE OF	EATH (ITEM	1 27) (Type, Print)				P>		1





FOR STATE REGISTRAR	STATE O	MARYLAND / DEPAR CERTIF	TMENT OF H			IYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last) Virtie Jackson					2. DATE OF 1 MONTH	DEATH DAY
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	JE UNDER 24 HRS.	7. DATE OF 6	NRTH

	Virtie Jackson							MO	10 26	MY 1 (YEAR 991	11:05 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	s. AGE (in yrs. last t	birthday)	IF UNDER		IF UNDER 24 HRS.	7 DA	TE OF BIRTH		a. BIRTHE	PLACE (State or Foreign
	219-48-8974	1 ☐ M 2 💢 F	95	YRS.	MONTHS	DAYS	HOURS MIN.	1.	onth, Day, Year) -21-18	396	Mai	ryland
~	9a. FACILITY NAME (If not institution, give s		1				R LOCATION OF DE			9c. COU	NTY OF DE	EATH
DIRECTOR	Montgomery Gener	rai Hospit	aı		01	ney	, Marylar	nd		Mor	ntgom	ery
REC	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O							10d. INSIDE CITY LIMITS?
		lontgomer	У		La		nsville	:		_		1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 7720 Brink Ro	24				10f	. ZIP CODE 20882	,		10g. CIT	USA	HAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT			13. 1	WAS DEC	ENDENT OF HISPAN		GIN? (Specify Ye	a or No—	14. BACE	- American Indian,
BY FI	1 Never Married 2 Married 35 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAS] YES 2 TONO R OR DATES				ecify Cuban, Mexica 2 NO Specify		nto Rican, etc.)	- 50		, White, etc. y: Black
ED 8	15. DECEDENT'S EDU	ICATION	18e OEC	ENENT'S	USUAL O	CCLIBATIO	N.		18b. KIND OF BU	ICINECC/IN	DURTEY	
ETE	(Specify only highest grade Elementary/Secondary (0-12)		(Give	kind of a	work done o	during mo	et of working		IOD. KIND OF BY	JSINE 35/IN	DUSTRY	
AP.	5th	Contago (1-4 of 5 4)		Hou	sew	ife						
COMPLET	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA		st, Middle, Maide beth H			
BE	West Jackson 190. INFORMANT'S NAME (Type/Print)					e e e e e e						
임	Annie May Duva	11 (Dauc					nd Number or Rurel I k Road,					MD 20882
	20a. METHOD OF OISPOSITION 1% Burial 2 Cremation 3 Ram		20b. PLACE A	ND DAT	E OF DISP	OSITION		_		OCATION —		
	4 Donation 5 Other (Specify)		Brook	rematory Ce C	rov	<u>e C</u>	emetery		731 Lay	tons	svil	le, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTRE /	1. 11. 6	2000			ND ADDRESS OF FA		RAT. HO	ME.	P.A	
	Ser yel	CIM	owa	eu		ROC	KVILLE,	M	D 2085	50		
	23. PART I. Enter the dispesses, or shock, or boart failure. IMMEDIATE CAUSE (Final	List only one ceuse	e on each line.						erdiec or real	рнасогу аг	reat,	Approximate interval Between _Qnset and Death
	disease or condition resulting in death)	DUE TO (C		CAT	301,		INFAR		MON	6		HSUES
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b	= Myo	JENCE O	7) f): f):				Now	6		HOUTS S
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	b	DR AS A CONSECU	JENCE O	7) f): f):				Non	6		ASUES
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	b	DR AS A CONSECU-	JENCE O	F):	AL	INFAR	°C7	. 24s. WAS A	N AUTOPSY DRMED?	100	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions are conditions. The conditions are conditions are conditions are conditions are conditions. The conditions are conditions are conditions are conditions are conditions.	b	DR AS A CONSECU-	JENCE O	F):	AC	INFAR	Part I	. 24s. WAS A PERFC	N AUTOPSY DRMED?	100	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	DR AS A CONSECU-	JENCE O	F): F): OTHER	AC noderlyin	g cause given in	Part i	. 24s. WAS A PERFC 1 TYES	N AUTOPSY DRMED?	100	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Sequentially liat conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the conditio	DUE TO (C	DR AS A CONSECU-	JENCE O JENCE O aulting DOA 28b. Till	F): F): OTHE: 4 Nur	28. Pi PR: naing Hom 28c. IN.	g cause given in	Part i	. 24s. WAS A PERFC 1 TYES	N AUTOPSY PRMED? 2 □ NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Hetural 5 Pending	DUE TO (C DUE TO (C d. na contributing to d HOSPITAL: 1 Simpatient 2 1 28a. DATE OF II (Month, Day) 28e. PLACE OF	DR AS A CONSECU-	JENCE O JENCE O JENCE O aulting DOA 28b. TIR	F): F): OTHE: 4 Nur M	28. Pi	g cause given in	Part i	24a. WAS A PERFC 1 YES y one) Other (Specify)	N AUTOPSY PRMED? 2 NO 1 INJURY OC	CCURED	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition AND	DUE TO (C c. DUE TO (C d	DR AS A CONSECU- DR AS	JENCE O JEN	F): F): In the ur OTHE: 4 Nur BE OF JURY M street, fect	28. Pl R: raing Hom 26c. INJ tory, office	g cause given in LACE OF DEATH (Ch ne 5 Residence FURRY AT NEC 2 NO a	Part i	24a. WAS A PERFC 1 YES 1 YES Wher (Specify) DESCRIBE HOW LOCATION (Street City or Rown, State cause(a) and m	N AUTOPSY PRMEO? 2 □ NO 7 INJURY OC 4 and Number pp	or or Rural R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS 29b. MEDICAL EXAMINERS MEDICAL EXAMINERS 29c. MEDICAL EXAMINERS MEDICAL EXAMINERS 29b. MEDICAL EXAMINERS MEDICAL EXAMINERS 29c.	DUE TO (C c. DUE TO (C d	DR AS A CONSECU- DR AS	JENCE O JENCE O JENCE O JENCE O aulting DOA 28b. Tiff in. th occurring the occurring interesting interestin	OTHER OTHER A DIVINY A Street, fact	28. Pl R: raing Hom 26c. INJ tory, office	g cause given in LACE OF DEATH (Ch ne 5 Residence FURRY AT NEC 2 NO a	Part i	24a. WAS A PERFC 1 YES 1 YES Wher (Specify) DESCRIBE HOW LOCATION (Street City or Rown, State cause(a) and m	N AUTOPSY PRIMED? 2 NO I INJURY Octain the stand Number of the stand due to the stand due t	or or Rurel R	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Accident Solicide So	DUE TO (C c. DUE TO (C d	DR AS A CONSECU- DR AS	JENCE O JENCE O JENCE O JENCE O aulting DOA 28b. Tiff in. th occurring the occurring interesting interestin	Fig. 28. Pl R: raing Hor 26c. IN, tory, office	g cause given in LACE OF DEATH (Ch to 5 Residence FURY AT FIRST THE TO T	Part I	24a. WAS A PERFC 1 YES Ther (Specify) DESCRIBE HOW LOCATION (Street Cause(a) and madate and place, in the second seco	N AUTOPSY PRIMED? 2 IN NO INJURY OC t and Number enner ea stand due to to	or or Rurel Rated.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be real med by the attending physician and completely filled in by the funeral director, page 5 at the death of the within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

NOV

for use as the burial-transit permit. Pages 1, 2, 3 should

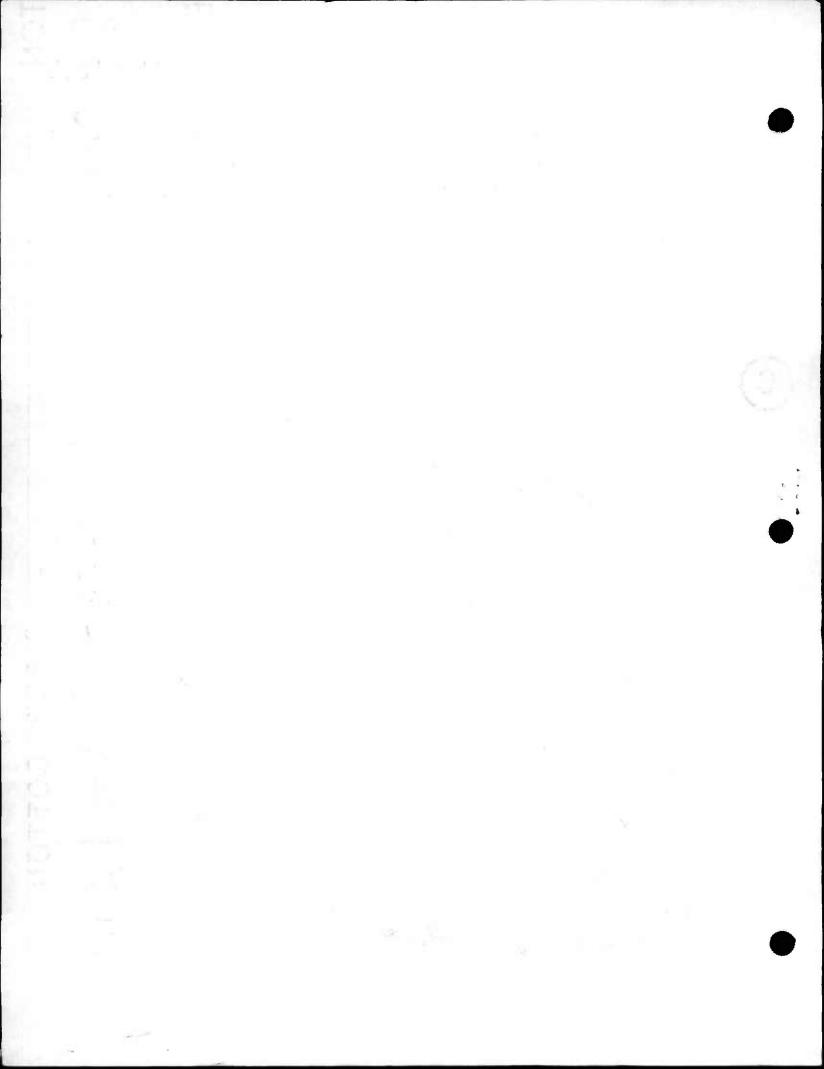
al or attending physician. D 21215-0020

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI		RTMENT OF H		MENTAL HYGIEN	9 !	31544			
	1. DECEDENT'S NAME (First, Middle, Last)	rell tackson	OLITTI	IOATE OF	DEATH	2. DATE OF DEATH MONTH	Y Y	3. TIME OF DEATH 3.42 f m			
	4. SOCIAL SECURITY NUMBER 212-20-1079	1 🜠 M 2 🗆 F 70	yrs. lest birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 3, 1		BIRTHPLACE (State or Foreign Country) Maryland			
TOR	9a. FACILITY NAME (If not institution, give str Wash, agton AP RESIDENCE OF DECEDENT	lypatist Husp	v; tal	takun	NA PONTS	Mdi	M 6	1 . and			
DIRECTOR	10a. STATE 10b. COUNTY	ntgomery	10c. CIT	ry, town on locat Takoma				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
RAL	10e. STREET AND NUMBER 7420 Maple Av	Zenue.			20912			ed States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 💢 Married 3 🗆 Widowed 4 🗀 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR OATI	2 NO	13. WAS DEC	ENOENT OF HISPAN	IIC ORIGIN? (Specify Yee n, Puerto Rican, elc.)	RACE — American Indian, Black, White, atc. Specify: Black				
	15. DECEDENT'S EDUC (Specify only highest grade of			S USUAL OCCUPATION work done during mo		16b. KINO OF BUS	TRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Port	ise retired.)	at or working	Funera	1 Home				
CO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	•				
BE	Harrison Jackson 19a. INFORMANT'S NAME (Type/Print)	l .	T 405 1440 000	0 4000000 (0) · · ·		le Robinson af Route Number, City or Town, State, Zip Code)					
2	Ruth Anne Offutt					ockville,		·			
	20a. METHOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest,										
		omplications that caused to list only one cause on each Renal		not enter the mo	de of dying, auc	h ae cerdiac or reap	iratory erres	Approximate intervel Between Onset and Deeth			
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C C U A GEST DUE TO (OR AS A C EN 1 - Sto	ive He.	not Fail hemie		nyopathy		5 years			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE	ery bi	sease	7411		10 you			
PHYSICIAN: MEDICAL C	PART II. Other algoriticent conditions Hypertension (1 11	4	6.	g cause given in \$EUSE 5	PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tient 3 DOA	OTHER:	LACE OF OEATH (Ch	eck only one) 8 Other (Specify)					
ВУ РНУ	27. MANNER OF OEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	REO			
	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY – building, etc. (Specif)	– Al home, farm,	, streel, factory, offic	CO	281. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the lime, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(e) end manner as stated.										
BE C	296. SIGNATURE AND TITLE OF CEPTIFIER TANKS A TO FACE FOLK BOST 36 29d. DATE SIGNED, (Month, Day, Year)										

	2 📋	MEDICAL EXAMINE	H: On the basie of	r axamination en	d/or investigation	, in my opinion,	death occured at the time, data and place,	and due to the cause(e) end manner as stated.
9b. SIGNATURE	MO	HALL OF CERTIFIER	toller	ho,	FACC	FCCP	b 2 51 36	29d. DATE SIGNED (Month, Day, Year)

	112		. #	ock		Driv	e 5.	lver	Spring	, ,	Mary	gland	209	101
31	DATE	EII ED	(Month I	Toy Moort	12 PB	DISTRAPIC.S	ICO ATLINE		1 7	7				

Gicha Davidson - Randall '91 04



physician.	burial-transit	
e hor tal beatfinding)	
by the ho	be detache	. 44
be retained	rector, page 5 should	
аде 6 тау	director, pa	
equires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	in by the funeral ir removal.	
24 nours a	filled in by ion, or rem	the made
outed within	d completely	In mineral
cate be exec	hysician and	4
death certify	attending p	and on other
es that the	gned by the atth and Me	a come Infer
it the law requir	DIRECTOR: After this certificate has been signed by hours after death with the State Dept, of Health and	. 23 about
S.	s certificate th the State	not to be
ENDING PH	JR: After thi	o la marke
SPITAL OR ALTENDING PHYSIC	JERAL DIRECTOR: After this certificate has been signed by the attending physician and the Ze hours after death with the State Dept, of Health and Mental Hygiene prior to by	# 12 to 10 t
0	三. 逆	1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-1020

permit. Pages 1, 2, 3 should at'once. notified ě must TO THE HOSP TO THE FUNES be filed within

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

Q

91 31545 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR RICHARD WILLIAM KEENE JR. 10 28 1991 5:07 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) a. BIRTNPLACE (State or Foreign HOURS 1 M 2 - F 220-68-2841 20 YRS. 07-19-71 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR MARYLAND SHOCK TRAUMA BALTIMORE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD WICOMICO SALISBURY 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1707 S. KAYWOOD DRIVE 21801 U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X10 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yee, specify Cuban, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) 12 Years MECHANIC AUTO 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) RICHARD WILLIAM KEENE SR. BARBARA THEODOROU KEENE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 RICHARD WILLIAM KEENE SR. 1707 S. KAYWOOD DR. SALISBURY, MD 20a, METNOO OF DISPOSITION
1 \(\hat{\alpha}\) Burlet 2 \(\hat{\text{Cremetton}}\) Cremetton 3 \(\hat{\text{Removal from State}}\) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) WOODLAWN CEMETERY I 1 - 1WOODLAWN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY
HOLLOWAY FUNERAL HOME 12 501 SNOW HILL RD SALISBURY, MD 21801 23. PARY I. Enter the diseases, or complications that caused the seath. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart failura. List only one cause on agen Intarval Betwe IMMEDIATE CAUSE (Final Onaat and Death disease or condition WITH COMPUCATIONS NJURIES resulting in death) DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATN? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 ☑ Inpetient 2 □ ER/Outpetient 3 □ DOA 4 Nursing Nome 5 Residence 6 Other (Specify)

27. MANNER OF OEATN 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. OEȘCRIBE NOW INJURY OCCURED SUBJECT 1 Netural 5 Pending 5:00P M DRIVER MOTORCYCLE/AUTOIMPACT 10 - 23 - 911 YES 2 X NO 2 Accident Investigation 261. LOCATION (Street and Number of Bural Boute Suraber, City or Town, State) SALISBURY, M Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 6 Could not be determined OAK ST. 4 Nomicide STREET

29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and manner es stated. MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner as stated.

SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

O.C.M.E

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 N. PENN STREET BALTIMORE, MARYLAND 21201 MARIO GOLLE JR. M.D

31. OATO ET (M37111 De 1991 42. REBISTRAR'S SIGNATURES

DHMH-16 Rev 1/89

▶10-29-1991

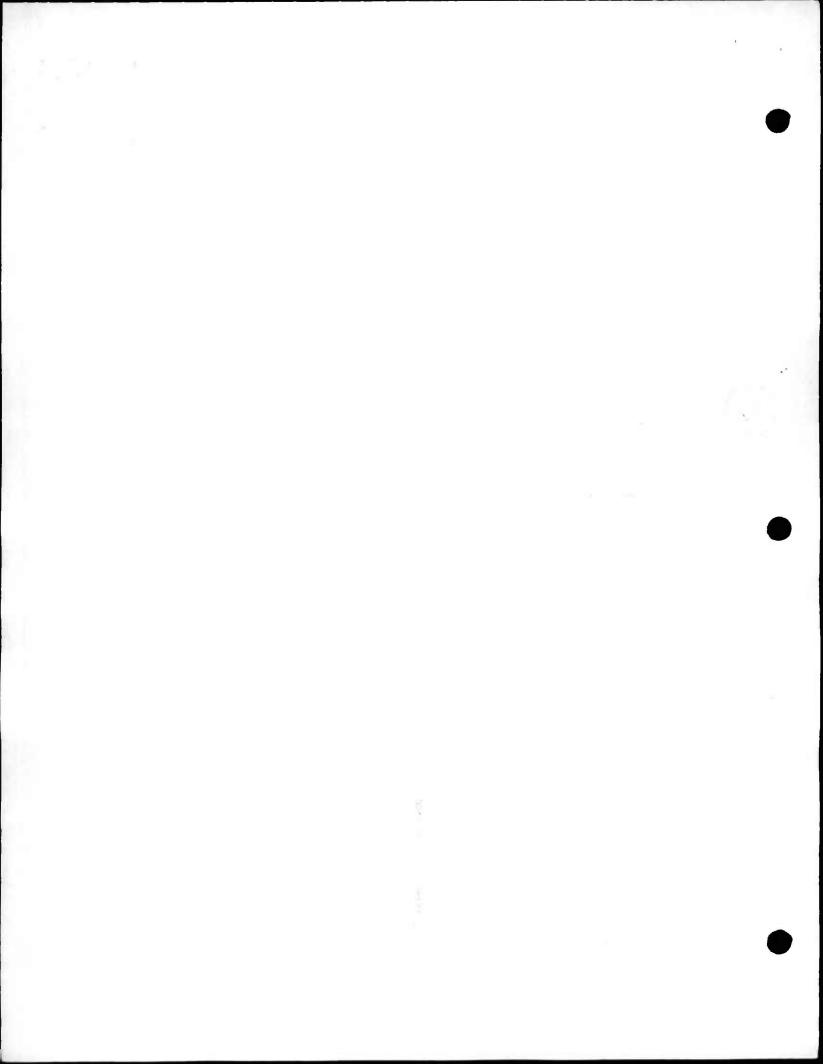
al once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filled within 72 hours after death with the State Dept. of Health and Meniza Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

	1 - STATE REGISTRAR		STATE OF N	MARYLAND	/ DEPAI	RTMEN	OF H	DEATH	AND N	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First,	Middle, Last)			<u>JEITTII</u>	IOAII		DEA	111	REG. NO.			3. TIME OF DEATH
1	Rola	and	Nichola	s Ke	mp					MONTH D/		YEAR 9/	0620 1.
	4. SOCIAL SECURITY NUMBER	EA	5. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER	3 24 HRS.	7. DATE OF BIRTH	0		PLACE (State or Foreign
	218-14-651	16	1X M 2 🗆 F	70		MONTHS	DAYS	HOURS	MIN.	08-24-2	1	Country	ryland
	9a. FACILITY NAME (If not inst	titution, give s	street and number)			9b. CITY	. TOWN C	R LOCATI	ON OF DEA			JNTY OF D	
R	Carroll (Count	y Hospi	tal					ster			arro	
DIRECTOR	RESIDENCE OF DECI	EDENT											
뿐		10b. COUNT				Y, TOWN C							10d. INSIDE CITY LIMITS?
	Maryland	Carr	coll Cou	nty		Syke	svi	lle					1 YES 2 NO
ERAI	6500 Chur	ch S	treet				101	21°			_	S.A	HAT COUNTRY?
2 5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC (If yes, specify Cuban, Maxican, P.					C ORIGIN? (Specify Von				
BY FUNERAL	1 Never Merried 2 M 3 Widowed 4 Divorce		FORCES? 1 IF YES, GIVE W	X YES 2 [NO		It yes, spe	clty_Cuba	Specify:	, Puerto Rican, etc.)	or No—	Black	- American Indian, White, atc. White
빌	15. DECET (Specify only I	DENT'S EDU	CATION completed)	18a.	DECEDENT'S	USUAL O	CCUPATIO	N .		16b. KIND OF BUS	HNESS/IN	DUSTRY	
	Elementary/Secondary (0-1		College (1-4 or 5 +)	(Give kind of life. Do NOT u			SE DE WORD	ng				
COMPLETED	12				Plu	ımbe	r			Plu	mbi	ng I	ndustry
	17. FATHER'S NAME (First, Middle, Lest) David Duff Kemp Nettie C. Rae												
BE	19a. INFORMANT'S NAME (Typ		Kemp							ie C. Ra			
2			Vann							oute Number, City or Town			
	Mrs. Caroline Kemp 6500 Church Street Sykesville, MD												
	20b. PLACE AND DATE OF DISPOSITION 1 M Burlal 2 Cremation 3 Removat from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cametary, crematary or other place) 1 A Donation 5 Other (Specify) 20c. LOCATION - City or Town, State 1 1/8 Sykesville, MD												wn, Steta
110	21. SIGNATURE OF FUNERAL	SERVICE LIC				22	NAME AN	D ADDRES	SE OF EAC	HITY			
	Brian L. Haight FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that deused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Appro-												
197	23. PART I. Enter the disc	essas, or o	complications that List only one caus	daused tha	death. Do i	not anter	the mod	da of dyl	ng, such	as cardiac or respir	atory ar	rest,	Approximata
	IMMEDIATE CAUSE (Finsi	art ramure.	cist only ona caus	se on aach II	na.								Intarval Between Onset and Daath
	disesse or condition resulting in death) a. CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF):											30 m 1N	
												30 14 774	
CERTIFICATION													DAYS
AT	it only, reading to interedista												
Ĕ	CAUSE (Disease or Injury that Initiated avants DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											YEARS	
E	resulting in death) LAST												
	PART II Other significant	on addition											
₹	PART II. Other significant		-							PERFORI	WED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	- INSUL	12	DEPEND	ENT	DIRE	ETE	5 /	NELL	1505	1 TYES 2			COMPLETION OF CAUSE OF DEATH?
Σ										_ [1 TES 2 NO
A N	25. WAS CASE REFERRED TO I	MEDICAL											
2	EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	EATH (Chec	k only one)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		1 Inpetient 2 28a. DATE OF 1		3 DOA					Other (Specify)			
7	1 Netural 5 Pe		(Month, Da	y, Year)		URY	28c. INJU WOF	HY AI HK? ES 2		28d. DESCRIBE HOW IN	JURY OC	CURED	
ВУ	2 Deviates	restigation ould not be	28a. PLACE OF	INJURY At I	homa, farm, s	treet, facto		3 2		28f. LOCATION (Street ar	and bloom bear	0 0	
三		tarmined	building, a	itc. (Specify)			,			City or Town, State)	ra reamber	or nurer no	uw numoer,
١٣	29a. CERTIFIER 1 CERTIF	YING PHYSIC	CIAN: To the best of r	ny knowledne d	death occum	ed at the th	no dete i	and alone		the cause(a) and mann			-
COMPLETED	one) 2 MEDICA	L EXAMINE	R: On the beels of ax	amination and/o	r Investigatio	n, in my op	oinion, de	sth occur	and dua to	o the cause(a) and manr me, dsta and placa, and	due to th	led. In Couse(a)	and manner as stated
	29h. SIGNATURE AND TITLE OF					_	_		NSE NUMB				Month, Day, Year)
BE	Verreaus	9	127-27		7 22	19			16		▶ /	1/6/	Month, Day, Year)
2	30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAUSI	E OF DEATH VU			8 1		_	2 57		10/	1/
	VINCENT	JI	-10000	JR						INSTER	Ma	0 =	7/157
	31. DATE FILED (Month, Day, Yea		32. REGISTRAR	'S SIGNATURE							+		
	NOV 8 '	91	10.	Killing	Myde	-							



BALLIMORE, MARILAND	ours after death. Page 6 may be present by the item	in by the funeral director, page 5 months to under it removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be trained by the total state of the control of the co	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flind in by the funeral director, page a few of the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

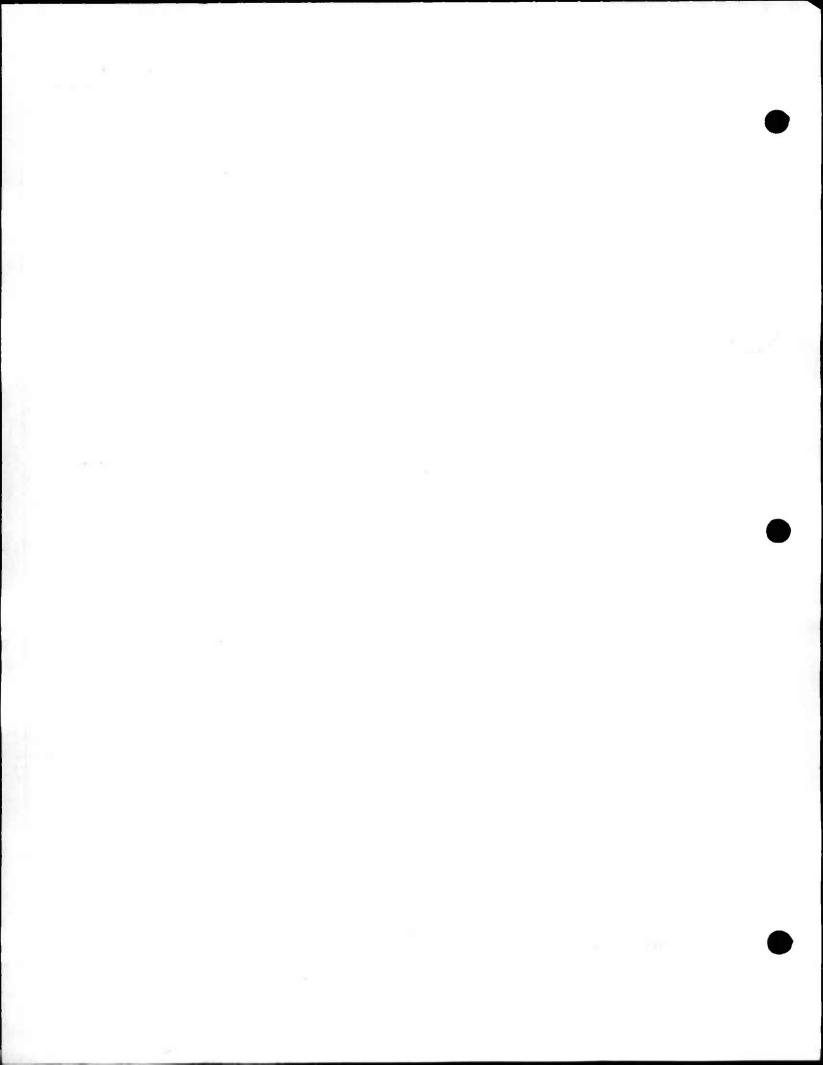
Lower tensital or attending physician.

KRYLAND 21203-3146

	FOR STATE REGISTRAR	STATE OF MARYI			NT OF H			NTAL HYGIEN	_			
		ouis	KLA	AUB	ER			DATE OF OEATN DO TO THE PORT OF THE PORT O	AY 4	7/ 3.	TIME OF DEATH	
		SEX 6. AGE	(In yrs. lest bird	YRS. MONTH	HE DAYS	HOURS	MIN.	Month, Day, Year) cember 2	10	Country)	CE (State or Foreign W York	
	9a. FACILITY NAME (If not institution, give stree			100	CITY, TOWN O					Y OF DEATH		
DIRECTOR	Hebrew Home of Gre	eater Washi	ington	Ro	ckvi1	1e			Mont	gomer	У	
3EC	10a. STATE 10b. COUNTY		10	Oc. CITY, TOV	VN OR LOCAT	ION				100	. INSIDE CITY LIMITS?	
	Maryland Montgo	omery	1	Rockvi							YES 2 NO	
RAL	100. STREET AND NUMBER 6121 Montrose Road				10f.	2085	2			norwhat ed St	COUNTRY?	
FUNERAL		2. WAS DECEDENT EVER	IN U.S. ARMED		13, WAS DEC	ENDENT OF	HISPANIC O	RIGIN? (Specify Ye	1			
BY	1 Never Married 2 Married 3 X Wildowed 4 Divorced	FORCES? 1 TYES			If yes, spe 1 TES	2 X NO	Specify:	µa⊓o Rican, etc.)	IGIN? (Specify Yea or No— no Rican, etc.) 14. RACE — American Indian Black, Whita, etc. Specify WHITE			
COMPLETED	15. DECEDENT'S EOUCAT (Specify only highest grade cor		(Give k	and of work de	L OCCUPATIO	N st of working		18b. KIND OF BU	SINESS/INDU	STRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		NOT use retire	901		Gas St	tation				
OM	17. FATHER'S NAME (First, Middle, Last)	-	11100	11000		18. MOTHE	ER'S NAME (First, Middle, Maiden				
BE C	Marcus Klauber							hmaus				
P P	19a. INFORMANT'S NAME (Type/Print) Marilin Engolman							Number, City or Tox				
	20a_METHOD OF DISPOSITION 20b PLACE OF DISPOSITION (Name of computing of								CATION — CI		Stata	
	1 A Burtel 2 Cremetion 3 M Removal from State Other place)									L.I	., NY	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			DANZA				RTAL (CHAPE	LS, INC.	
	Crank a.	Atom	1		1170	Rockv	ille	Pike, Ro	ckvil	Le,MD	20852	
	23. PART i. Enter the diseases, or con shock, or heert feliure. Lis	nplicatione that cause it only one cause on	ed the daeth	. Do not er	nter the mo	de of dyin	ig, such as	cardiec or resp	iratory erre	et,	Approximate Interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death) □ PROBABLE SEPSIS □ DUE TO (OR AS A CONSEQUENCE OF):										Onset and Death	
NOI	Sequentially list conditions,	RESPIRAL DUE TO (OR AS	TOR	PIS	TRE	ESS						
CERTIFICATION	if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury											
TIFI	that initiated events resulting in dasth) LAST	DUE TO (OR AS	AS A CONSEQUENCE OF):									
	d											
CAL	PART II. Other significent conditions	contributing to death	but not resu	uiting in the	e underlying	g cause gl	lven in Pari	24s. WAS AN PERFO		AM	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE	
MEDI	Periohlad	VOLALIA	011	1)18	las	0		1 TYES	2 RNO	OF	DEATH?	
N: M	Domento	<u> </u>		2/10				•] ''	YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:				ACE OF DE	ATH (Check o	only one)				
YSI	1 TYES 2 ENO 1	☐ Inpetient 2 ☐ ER/Ou		DOA 4 19			_	Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)		8b. TIME OF INJURY		URY AT PRK? YES 2		d. DESCRIBE NOW	INJURY OCCU	REO		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUS	RY — At home,	, farm, street,				I. LOCATION (Street	and Number o	Rural Route	Number,	
ETED	4 Nomicide detarmined	building, etc. (Sp	івсіту)					City or Town, Stata)			
COMPLE	29a. CERTIFIER (Check only one) 1 \(\bigcap \) CERTIFYING PHYSICIA (Check only one) 2 \(\bigcap \) MEDICAL EXAMINER:										d menner as stated.	
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER		10			29c. LICEI	NSE NUMBER	۹	29d. DATE	SIGNED (Mo	onth, Day, Year)	
TO B	Milenn	mm	144	SICI	Ans	DB	579	1	> /	0/21	5/91	
Ĕ	30. NAME AND ADDRESS OF PERSON WIND	BKEN F	TOME	7) (Type, Print)	20010	VIC	LE	N	10	*		
	31. DATE FILED (Month, Day, 'bear) OCT 3 0 9											

0;	Sician	rial-transit narmit Panes 1 2 3 should	יייי בייייי בייייי בייייי ביייייי ביייייי		
00°CL2	or some ding his	- Par 19	-)	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 27275 0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the house in manning in the manner of the property of t	J TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach on a minimization or page 1.2 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	L	7			

	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH														
- 3	Milda I. Ka	arklin	s							NOV.	DA	w 991	YEAR		
	4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDE	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF I	HTRIE	991	a. BIRTH	6:30P M	
	219-48-3593	3	1 M 2 XF	99	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da		1892	Countr	y)	
	9e. FACILITY NAME (If not in	stitution, give s	freet end number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH .	21,		NTY OF D		
6	11301 Hawhi	11 En	d			Po	toma	C				Mon	tgom	aru	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		100 CIT	Y, TOWN	20.1.004	TION.				MOII	cyoni		
E	Maryland						JR LUCA	ION						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	Monte	gomery		Pot	omac	100	. ZIP COD	E			1 TYES XX NO			
R/	11301 Hawhi	11 En/	a									10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	TT DIL	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.		2085		IC OBIGINA (S	Specify Yes or No. 14. RACE — American			A sold and the second	
	1 Never Merried 2			YES 2XX	NO		if yes, sp	ecify Cube	m, Mexicar	n, Puerto Ricar	n, etc.)	or No_	Bleck	, White, etc.	
Э ВУ	3 X Widowed 4 Divo	reed						-227110	Specify	•		- 1	Specif	White	
COMPLETED	15. DECI (Specify only	EDENT'S EDUC highest grade	CATION completed)	16e. D	ECEDENT'S Give kind of a b. Do NOT us	USUAL O	CCUPATIO	ON ast of working	na	16b. KIN	D OF BUS	INESS/INC	USTRY		
٦	Elementary/Secondary (0	-12)	College (1-4 or 5	+)						1					
M	12 17. FATHER'S NAME (First, Mi	della (a.c.)	5	De	entis	t					enti				
	Peteris Ba				18. MOTHER'S NAME (First, Middle, Ma							Surneme)			
B	190. INFORMANT'S NAME (7)		erzins	140	DE MAILING	ADDRES	2 (01	Pa	uline	e Kipe	rts	-			
임	Total Multiples of Hural House Number, City or lown, State, Zip Code)														
	20e. METHOD OF DISPOSITION 2008.														
	1X) Burlet 2 Cremetton 3 Removal from State 200. LOCATION — City or Town, State cometery, cremetery, cremetery, cremetery or other place) Rock Creek Cemetery 11/4/91 Washington, D. Company of the place of the company of t														
	22. NAME AND ADDRESS OF FACILITY Robert A. Pumphre											D.C.			
	- Nau	18	Par			1110	me/	ROCK	/ T T T E	i inc	- 30	1() We	ort M	Ontgomory	
	23. PART i. Enter the di	Seesee, or c	omniications the		00803	A	renue	e, Ro	ockvi	lle. I	(arv	and	208	50-2805	
	SHOCK, OF HE	ort lanura. I	List only one cau	se on each iln	a.	iot enter	illa IIIQ	de or dy	ng, aucn	au cardiec	or reepir	atory arr	est,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fin disease or condition		44340 0 4					*						Onset and Death	
	resulting in death)		DUE TO	(OR AS A CONSE	OUENCE OF	() (C)	4RC	710	N					ACUTE	
z			ARTERI	080400	2710	C.d.	NA.	held	C/	140	λ	CATAL	5.5	MASE	
일	resulting in death) a. MYOUARTHU IN FARCTION DUE TO (OR AS A CONSEQUENCE OF): ARTERIOSCUERTE ARDIOURSCULAR DISERTS INDEF DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
<u> </u>	cause, Enter UNDERLYING CAUSE (Disease or injury														
Ē	thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST														
CERTIFICATION			1												
	PART ii. Other algnificar	nt condition	e contributing to	deeth but not	resulting	n tha un	deriying	cause g	lvan in F	Part i. 24a	WAS AN			WERE AUTOPSY FINDINGS	
EDICAL										10	PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ME													- 1	OF DEATH?	
ÿ															
2	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DI	EATH (Chec	ck only one)					
PHYSICIAN:	1 X X ES 2 NO		1 Inpatient 2			4 - Nun		\$XXA.	sidence 6	☐ Other (Spe	icify)				
古	1 Natural 5 F	INJURY ay, Year)	26b. TIM	URY	26c. INJU	RK?		28d. DESCRIB	E HOW IN	JURY OCC	URED				
à	2 Accident	E (M. H.IDV As b.		М	1 🗌 Y	7	1	FOUN		IN	BE	70			
	3 Suicide 6 C	F INJURY — At ho			ory, office	,		261, LOCATION City or Tov	(Street an vn, State)	nd Number	or Rural Ro	oute Number,			
COMPLETED	29e. CERTIFIER	ONC.	_				#								
Σ	(Check only one) 2XX MEDIC	AL EXAMINER	CIAN: To the best of	my knowledge, de	eath occurre	d at the ti	me, date	end place,	end due t	o the ceuse(e)	end menr	ver ee atate	id,		
	296. SIGNATURE AND TITLES			anninanon engroi	niveatigatio	n, in my d	pimen, de				plece, end	due to the	ceuse(e)	end manner es stated,	
8<	1	or centimen	12				T	29c, LICE	NSE NUNE	SER		29d. DATE	SIGNED (Month, Day, Year)	
요	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	E OF DEATH (IT#	(1 27) /3m-	Print)	/	D070	99			N	oveml	per 2, 1991	
	Francis C.														
	31. DATE FILED (Month, Day, Y			3200 Wis	de Cons	TU A	venu	e, B	ethe:	sda, M	aryl.	and	208	.4	
	NOV 04 '9	1	guha vai	HdSex-Man	حبب										



	24	ij.	8
90,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,
76	ted	E00	al,
89	noe:	Б	Ē
×	8	an a	9
õ	e o	Sici	Dio
ш	fica	Ę	9
Ö	certi	ding	ygie ygie
٥	the	tenc	a H
က်	de	9	Hent
0	the	y th	≥ p
6	that	D D	h a
ŏ	ires	Sign	Healt
W	requ	Ben	ō
_	MP	as b	ept.
⋖	E e	te h	ite (
=	S	fica	Sta
4	SICI	cert	the
0	PHY	this	With
O	DING	After	death
S	TEN	JOR.	after
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR A	DIREC	hours
	IAL	M	2
	HOSP	FUNE	within
	뿚	王	filed
	2	2	2

30. NAME AND ADDITION

MURON

31. DATE FILED (Month, Day, Ye

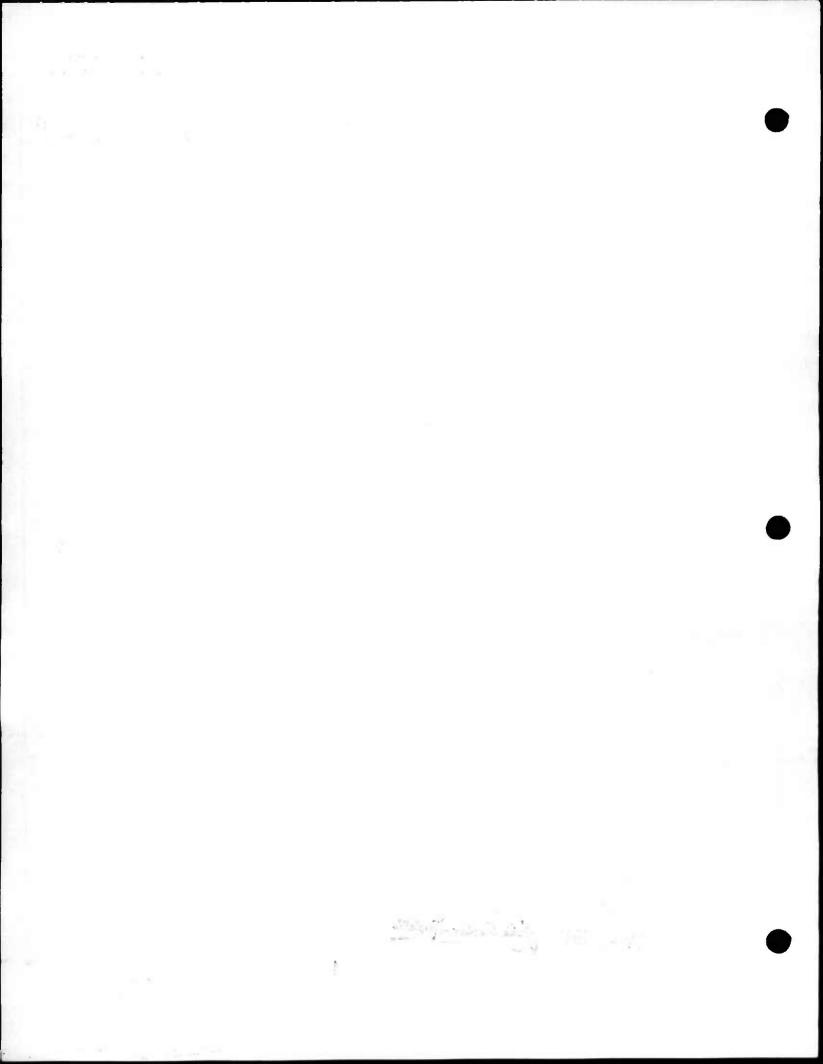
NOV - 5

1991

									91	3	1549		
_	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMEN	T OF	HEALTH AND DEATH	MENT	AL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)	FILEEN HESTER		/		au-	2. DAT	TE OF DEATH		YEAR 3.	TIME OF DEATH		
		5. SEX 6. AGE (In yrs.	feet birth de d		-	TR	1/0	2 - 31	-9		1.12 1.		
		1 D M 2 X F 81	YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH onth, Day, Year)		Country)	CE (State or Foreign		
	9a. FACILITY NAME (If not institution, give stre			9b, CIT	TY, TOWN	OR LOCATION OF D		B.8,191	9c. COUNT		IRGINIA		
S S	HOLY CROSS HOSPI	TAL		5	SILVE	ER SPRIN	G			TGOME			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY		OR LOCA				HON		I. INSIDE CITY		
占	MARYLAND MONTG	OMERY	1			SPRING					LIMITS?		
FUNERAL	10e. STREET AND NUMBER				_	H. ZIP CODE				COUNTRY?			
Ä	10921 INWOOD AVENU					20902		USA					
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 X	ARMED NO	13	If yes, sp	pecify Cuban, Mexic	an, Puerto	NIC ORIGIN? (Specify Yes or No — 14. RACE — American, Puerto Rican, stc.)			American Indian, hita, atc.		
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES			1 🗌 YES	S 2 K NO Spec	ify:	Specity: WHITE					
표	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	DECEDENT'S (Give kind of w	rork done	during me	ION ast of warking	16	5b. KIND OF BUS					
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	-							
COMPLET	17. FATHER'S NAME (First, Middle, Last)	TEL	EPHONE	5 01	'ERA'I	18. MOTHER'S N.	AME (Final	C & P					
BE C	WILLIAM AULLTO	P				ORA		LLWOOD	Sumame)				
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street	and Number or Rural			n, State, Zip Co	ode)			
-		DAUGHTER)	10921	INW	OOD	AVENUE #	317	SILVER	SPRI	NG,MD	. 20902		
20a. METHOD OF PISPOSITION 1 Gurial 2 Fermetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other place)											Stata		
	21. SIGNATURE OF TUNE AL SERVICE LICE	METR NSEE	OPOLIT			IATORY ND ADDRESS OF FA	11/	02 ALE	XANDRI	IA, V	IRGINIA		
	1 × 211/1 5	511		FR	ANCI	S J. COI	LINS	FUNER	AL HOM	iE, I	NC.		
	23, PART I, Enter the diseases, or co.	mplications that caused the	death Do n	5	00 U	NIVERSIT	TY BI	LVD.,W.	SIL.S	PR.,	MD.20901		
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or hasn failure. List only one cause on each line. Approximate the mode of dying, such as cardiac or respiratory arrest, interval Between the cause of the												
	IMMEDIATE CAUSE (Final disease or condition												
	resulting in death) a William OD STWESTING 3 ah.												
NO O	Sequentially list conditions,												
CERTIFICATION	If any, laading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF):									
Ħ.	CAUSE (Disease or Injury that initiated avents	DUE TO (OR AS A CONS	EQUENCE OF);									
EH	resulting in death) LAST												
	PART II. Other aignificant conditions	contributing to death but not	raaulting in	tha u	ndarivin	a cause alven in	Part I	24a. WAS AN	ALITORAL				
MEDICAL	wremen,	West Const			g cauco given in		PERFOR	MED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE			
ME I	/							1 TYES 2	∐ NO	OF I	DEATH?		
ä							_			'-	TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF DEATH (Ch	neck only o	ne)					
Ş.	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient 28a. DATE OF INJURY	3 DOA	4 🗆 Nu	rsing Hom	e 5 🗆 Residence	_						
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU			URY AT ORK? YES 2 NO	26d. DE	SCRIBE HOW IN	JURY OCCUR	ED			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — At I	nome, farm, st	reet, fac			28f. LO	CATION (Street as	nd Number or 1	Rural Bruta	Number		
	4 Homicide determined	building, atc. (Specify)					City	or Town, State)		10,271,000	Number,		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, o	death occurred	at the	lime, data	and place, and due	to the ca	use(a) and mani	ner as stated.				
8	one) 2 MEDICAL EXAMINER:	On the beats of examination and/or	Investigation	, In my	opinion, d	eath occured at the	time, data	a and place, and	dua to the co	ause(a) and	manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	to				29c. LICENSE NU	MBER		29d. DATE SI	GNED (Mon	th, Day, Year)		
6	30. NAME AND ADDRESS OF PERSON WHO	DO 6674				1/1//19/							

2309 SHIREFIED WHEATON MY

DHMH-16 Rev 1/89



3. TIME OF DEATH

A

REG. NO

2. DATE OF DEATH

D 21215-0020

BALTIMORE,

BOX 68760.

o

م

DIVISION OF VITAL RECORDS,

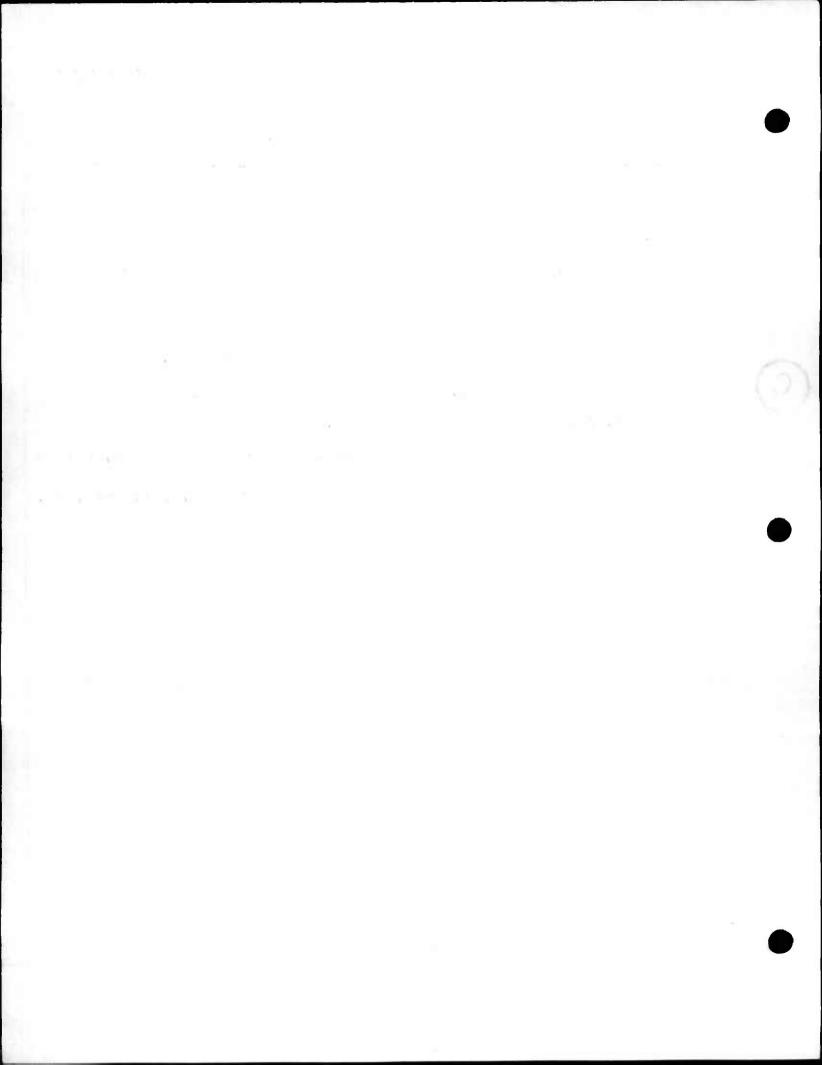
AUSTIN

JAMES

OREMAN JR

0130 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 1-22-1919 1 XM 2 | F 216-18-8702 Maryland permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR PENINSULA GENERAL HOSPITAL SALISBURY WICOMICO 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Wicomico Salisbury TX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 610 Manor Dr. 21801 USA ultal or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puerto Ricen, etc.)
 T YES 2 NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WW White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Glob kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) JQ. Elementary/Secondary (0-12) College (1-4 or 5+) detached 4 Delivery Salesman Oil Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ä BE Austin James Loreman Sr. Ada Renninger notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 page 5 Julia S. Loreman Same as 10. hours after death. Page 6 may be å 20a. METHOD OF DISPOSITION
1 ☐ Buriel 2X Cremetion 3 ☐ Removal from State must 20b. PLACE AND DATE OF DISPOSITION / Name of 7144 20c. LOCATION — City or Town, State director, Shore Crematorium Georgetown, Del Eastern 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral uald removal. Bounds Funeral Home, Salisbury, Md. filled in by ti medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart feilure. Liet only one cause on each line. interval Between IMMEDIATE CAUSE (Finei completely filled irial, cremation, Onaat and Death the disease or condition eret HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): an and com traumatic CERTIFICATION 21 C132 Sequentially list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 s been signed by the attend pt. of Health and Mental H 3 shows any Injury, or PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED2 AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: After this certificate has bee death with the State Dept. c marked, or Item 23 st 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 NO Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence a 🗆 Other (Specify) 27. MANNÉR OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м O THE HOSPITAL UN 7.2.
TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death After t BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner se stated. 2 ___ MEDICAL_EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIES BE 29d. DATE SIGNED (Month. Day, Year) 22 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLIAM ROBINS 14. MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 0 4 1991 lia Davidson-Randelle



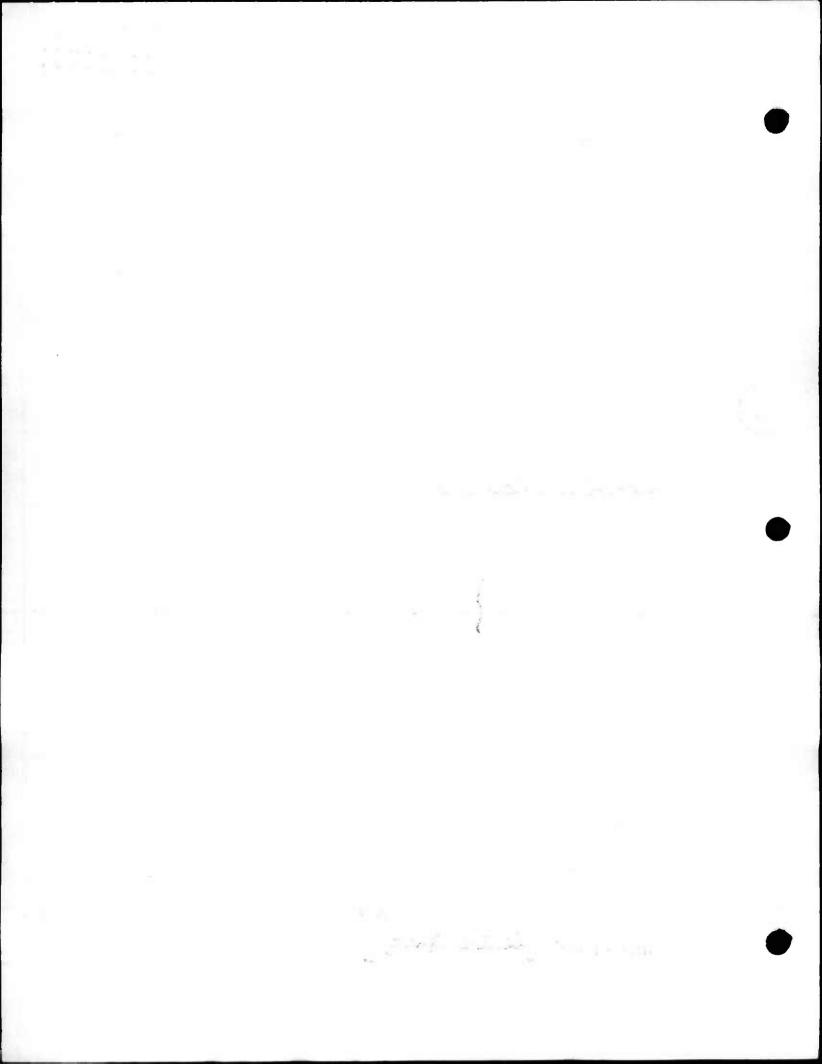
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle	e, Last)					2. DATE OF DE	EATH		3. TIME OF OEATH			
	Luella	Mary Robe	rt Lam	ond			MONTH / O	30	YEAR	227	84		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthdev)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI		7/	HPLACE (State or Foreign	M		
	220-44-9614	1 🗆 M 2 💢 💢 🗏	96	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Aug. 3	0, 189.	Cour	chigan			
	9e. FACILITY NAME (If not institutio	n, give street end number)			96. CITY, TOWN C	OR LOCATION OF E			OUNTY OF				
DIRECTOR	Suburban Hos				Bethe	esda		M	lontgo	omery			
2	RESIDENCE OF DECEDE	COUNTY		40. 017	Y, TOWN OR LOCAT								
E		ontgomery			hevy Cha					10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	ion egomery				. ZIP CODE				1 TYES 2 KNO			
FUNERAL	4622 Notting	ham Drive			l loi	2081	5	10g. (WHAT COUNTRY?			
5	11. MARITAL STATUS		T EVER IN U.S. ARI	MED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spe	city Yee or No-	- 14. RAC	E — American Indian,			
B	1 Never Merried 2 Merrie XX Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	•	1 TYES	ecity Cuben, Mexic 2 XXO Speci	en, Puerto Ricen, fy:	etc.)	Spe	ck, White, etc.			
COMPLETED	15. DECEDENT (Specify only highe	'S EDUCATION st grade completed)	16e. DE6	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				OF BUSINESS/		_			
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5 -	')			or or working	,						
7		2		Book.	keeping		I	Account	ing				
	17. FATHER'S NAME (First, Middle, L	est)				1 (7 -)	AME (First, Middle,						
BE	Charles 198. INFORMANT'S NAME (Type/Pris		Armb			W.		linnie		Buer			
임	Arline E. Spa			19b. MAILING ADDRESS (Street and Number or Rural Route N						60614			
			1 201 201 201	907	FDISPOSITION (Na	eveland	Ave., #E, Chicago, Illino				_		
	20g METHOD OF DISPOSITION 1 (A Burlel 2 Cremetion 3 (4 Donetion 6 Other (Special Control of Control	Removal from State y)	cemetery, crem	inco.	r place Cemet					own, State Maryland			
	21. SIGNATURE OF FUNERAL SERV	/ICE LICENSEE	^		22. NAME AN	D ADDRESS OF F	CILITY	Bungana	7 17				
	bough	0 C Da	- QM	0052	Beth	esda-Che	evy Chas	e, Inc	75	ne 57 Wiscons 814-3501	ir		
	23. PART i. Entar the disease	a, or complications that	caused tha dea	th. Do n	ot antar tha mo	da of dying, suc	h es cardiec o	r reapiratory	arrest.	Approximeta	-		
	immediate cause (Final	siture. List only ona ceu	se on aach iina.							interval Betwee Onset end Deat			
	disease or condition resulting in death)	All .	Car	-0-	2.42	CLEX	- 4e	- mia			114		
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions,	D	0500			Q.	teo	10201	6408	24			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING												
S	CAUSE (Disesse or injury	c.	(OR AS A CONSEC	HENCE OF									
Ē	that initiated events resulting in dasth) LAST		(OI) NO A CONSEC	OENCE OF).								
No.		d									-		
AL	PART ii. Other aignificant con	nditions contributing to	daeth but not re			cause given in	Part i. 24s. V	NAS AN AUTOPS ERFORMED?	240	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO	П		
EDICAL	10 Tar U			/ veg	<u>ا نا</u>			VES 2 XXIO		COMPLETION OF CAUSE OF DEATH?	- 1		
Σ	C.Det:	ale. En	dante	5	. <					1 YES 2 NO			
PHYSICIAN:	Lesino	> The	et i	Se co	e de co								
<u></u> 5 ∥	25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:			26. PL	ACE OF DEATH (CI	eck only one;				コ		
Ις.	1 ☐ YES 3-KS¥O	inpatient 2 🗆	ER/Outpetlent 3	DOA	€ Nursing Home	5 🗆 Residence	6 🗀 Other (Spec	ry i					
	27. MANNER OF DEATH XX Matural 5 Pandin	28a, DATE OF (Month, Da		28b. TIME INJU	MOI MOI	RIC7	26d. DESCRIBE	HOW INJURY O	OCCURED		٦		
ă I	2 Accident Investig	ention				ES 2 NO					┚		
COMPLETED	3 Suicide 6 Could a 4 Hamicide determi		FINJURY — At Non etc. (Specify)	ie, farm, s	Ireet, Inctory, affice		City or Town	(Street and Numb , State)	ber or Rurel	Route Numbec	1		
片	29e. CERTIFIER CERTIFYING	PHYSICIAN: To the beet of	my knowledne des	th consume	d at the time date						┥		
N	(Check only one) 2 MEDICAL EX	(AMINER: On the besie of ex	amination end/or in	veatigation	n, in my opinion, de	end piece, end due	to the ceuse(s) e time, date end pl	nd menner ee s ece, end due to	itated, the couse!	t) and manner se stated			
	2 MEDICAL EXAMINER: On the beale of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end manner se										4		
H	Dol	000	0	*	0	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)							
2	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type.	Print)	40	814	0	10	JC 7	4		
- H	as hu lawber 8518 race consurance with												
	CO TIM	((3.12)		5076 3	> Colv	Ch com	21/2	e ve					
	31. DATE FILED (Month, Day, Year)	32, BEGISTHAI	T'S SIGNATURE	- 1	8 268	COLC =	Cervi	-w	DI	d w	4		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m. the character is the character of the law requires that the attending physician and completely filled in by the funeral director, the stratch of the case as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



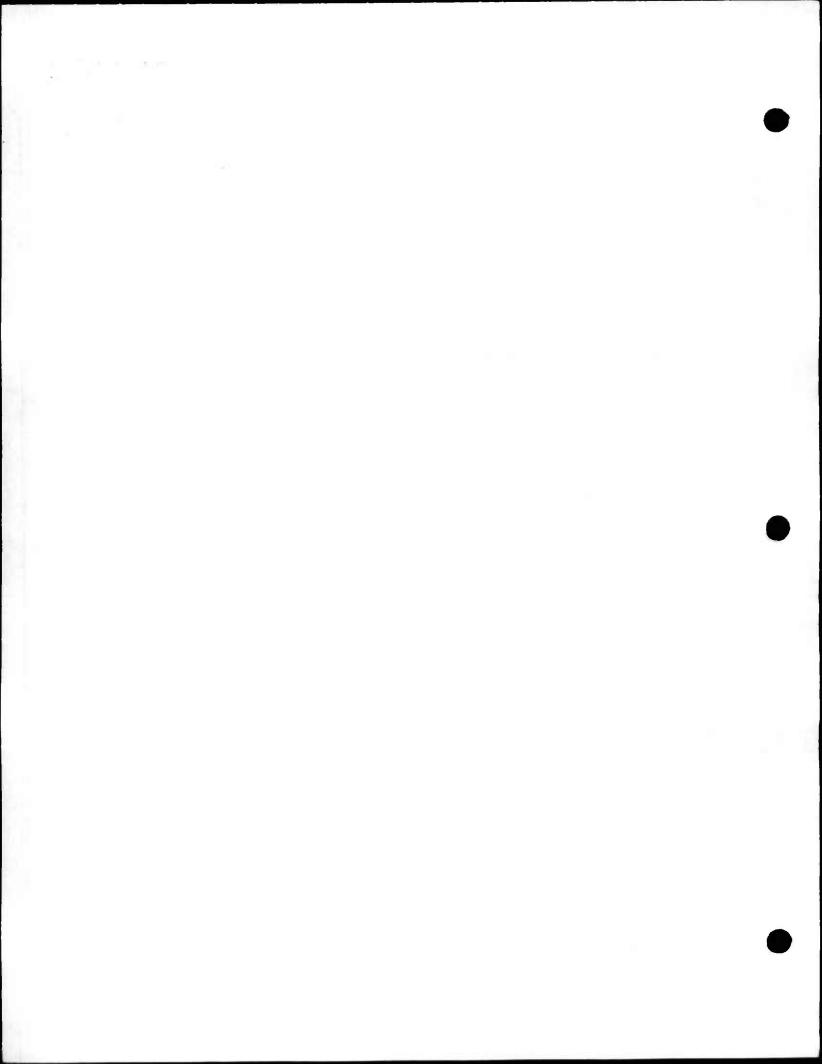
be detache		once.
5 should b	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
Dage		be
director.		r must
funeral		xamine
in by the	ir removal	nedical e
filled	tion, o	the n
ompletely	il, crema	event,
n and ci	to buria	ımatlc
physicia	ne prior	er tra
nding	Hygie	or oth
the atte	Mental	njury,
ed by	th and	any i
en sign	f Heal	SWOU
as be	Dept. (23 s
icate h	State	Item
Certif	the r	0
this.	I with	rkec
After	death	S THE
ECTOR	s after	1 28 1
~	Sam	100

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPA CERTII	RTMEN FICAT	T OF H	EALTH AND I	MENTAL HYGIEI REG. NO		1	77002
	1. DECEDENT'S NAME (First, Middle, Last)	Ī	N	1AC	K		2. DATE OF DEATH		991	3. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER 224-82-0512	1 ☐ M 2 🏋 F	6. AGE (In yrs. lest birthday, 37 YRS.	IF UNDI	DAYS	IF UNDER 24 HRS, HOURII MIN,	7. DATE OF BIRTH (Month, Day, Year) Oct. 9,			IPLACE (State or Foreign y)
TOR	99. FACILITY NAME (If not institution, give stitution of the state of	Forest View Drive Beltsville							rinc	e Georges
- DIRECTOR	Maryland Prince	Georges	10c. CITY, TOWN OR LOCATION Beltsville							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	12909 Forest		View Drive						USA	VHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMEO YES 2 NO R OR DATES	13	It yes, spe	ENDENT OF HISPAN polify Cuben, Mexice 2 NO Specify	HC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	a or No	14. RACE	E — American Indian, c, White, etc.
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12) 1 - 1 2	ATION completed) College (1-4 or 5+) 4 yea		work done ise retired.)	during mos	N st of working	US Govt			Defence
Š	17. FATNER'S NAME (First, Middle, Lest)	4 yea	IS Mathen	latic	lan	18. MOTNER'S NA	ME (First, Middle, Maider			Detence
BEC	Harry J. Bae	erg					y Wentwor			
2	19e. INFORMANT'S NAME (Type/Print)	36 1				nd Number or Rural F	Route Number, City or Tov	vn, Stete, Ziç		
	Edward A.		12909 20b. PLACE AND DATE	For	est	View Dri	ve, Belts	ville	, Md	20705
	1 ☐ Burtel 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Otter (Specify)	val from State	cemetery, crematory or Md. Natio	ther piece			11-4-91 La	OCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22	NAME AN	D ADORESS OF FAC	CILITY		• Ma	
	1 loung	WI	m	1.1	1800	N. H A.	uneral Hom ve., Silve	- C-		26.1
	23. PRITE Enter the diseases, or concendence, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		caused the deeth. Do s on each line. WAR (A	Not ente	the mod	de of dying, auch	h ea cardlec or reep	Iratory en	reat,	Approximate Interval Between Onset and Death
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF): d.										
CERTIF	that initiated evente resulting in deeth) LAST	OUE TO (0	PR AS A CONSEQUENCE C	F):						
PHYSICIAN: MEDICAL	PART II. Other eignificant conditione	contributing to d	eath but not resulting	in the u	nderiying	ceuse given in i	Part i. 24e. WAS AN PERFO!	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATN? 1 YES 2 NO
A N	25 HWO 0105									
SICI		HOSPITAL:		OTHE	R:	ACE OF DEATH (Che				
T YES 2 JANO 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5X Residence 8 Other (Specify) 27. MANNER OF DEATN 28b. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28d. DESCRIBE NOW INJURY OCCUPANT YES 2 NO NO NO NO NO NO NO							NJURY OCC	CURED		
110	3 Suicide 8 Could not be 4 Homicide	28e. PLACE OF I building, etc	NJURY — At home, term, (Specify)	street, tec	lory, office		281. LOCATION (Street of City or Town, State)	and Number	or Rural Ro	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI one) 2 MEDICAL EXAMINER:	AN: To the best of m	y knowledge, death occurr nination end/or investigation	ed at the t	lme, date e	and place, end due to	to the cause(e) end mar	oner as state	ed, e ceuse(e)	end manner ea stated,
TO BE	29b, SIGNATURE AND TITLE OF CERTIFIER	10mm	9			29c. LICENSE NUM	LON	29d. DATE	SIGNED	(Month) Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO JOSEPH HAGGER 31. DATE FILEO (Month, Day, Year)	79 148	08 PHYSIC		LA	We 付	212 Rock	VILLE	imo	26850
	NOV 05 '91	30 REGISTRAR	Signature Conclete							

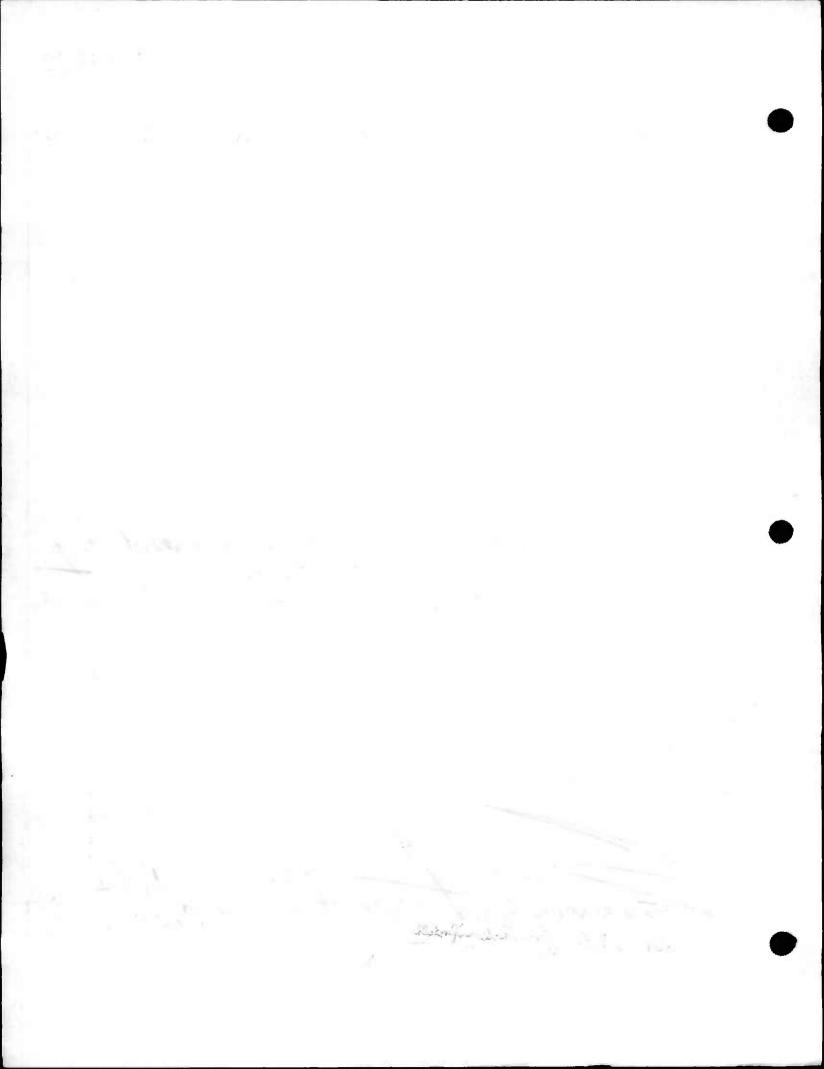
2



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF I	HEALTH AND	MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	10 Mar	zull	.0		MONT	- 03-	\rightarrow	3. TIME OF DEATH 0941 A., N
4. SOCIAL SECURITY NUMBER 214-52-3540	5. SEX 8. AGE (III		ONTHS DAYS	HOURS MIN.	(Mont	OF BIRTH h, Day, Year)	Coun	
Da. FACILITY NAME (If not institution, give	22	- 22	b. CITY, TOWN	OR LOCATION OF D		12,1902	COUNTY OF	CALY DEATH
WASHINGTON ADVEN	TIST HOSPITAL		TAKO	MA PARK			MONT	GOMERY
On. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
MARYLAND	MONTGOMERY		SILVER	SPRING				1 YES 2 NO
On. STREET AND NUMBER			10	1. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
627 RITCHIE AVEN				20910			USA	
1. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPA Decify Cuban, Maxico 3 2 24 NO Specif	an, Puarto	N? (Specify Yes or No Rican, etc.)	Spe	E — American Indian, ck, Whita, etc. cfly: LTE
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of wor life. Do NOT use	rk done during m	ON ost of working	168	. KIND OF BUSINESS	S/INDUSTRY	
6		REAL ESTA	TE INV	ESTOR				
7. FATHER'S NAME (First, Middle, Last)					AME (First,	Middle, Melden Surna	me)	
VITO MARZULLO				MARIA	DO	NATIELLO		
e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Num	ber, City or Town, Stat	e, Zip Code)	
ANTHONY J. MARZU		619 RIT						AND 20910
METHOD OF DISPOSITION Burial 2 Cremation 3 Re	moval from State of c	PLACE AND DATE C emetary, crematory or	r other place)		DAT			
☐ Donation 5 ☐ Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	r. OLIVET	CEMET:	ERY ND ADDRESS OF FA	11/6	WASHIN	GTON,	D.C.
· «	15/ X					FUNERAL	HOME	, INC.
23. PART I. Enter the diseases, o	()W							, MD . 20901 Approximate
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	CONSEQUENCE OF):	with	ascu Stro Past	las Ke	Accu	lent	Mondo
ART II. Other eignificant condit	ons contributing to death be	ut not resulting in	the undarlyle	ng cause given in	Part I.	24s. WAS AN AUTO		b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
					_	1 - YES 2 - N	10	COMPLETION OF CAUSE OF DEATH?
	27							1 TES 2 NO
								100
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
1 YES 2 NO	1 Inpatient 2 ER/Outp	ationt 3 DOA 4		me 5 Residence	1	er (Specify) SCRIBE HOW INJUR	V ACCURED	
Netural 5 Pending	(Month, Day, Wer)	200. TIME	RY W	ORK? YES 2 NO	280.00	SCHIBE HOW INJUR	YOCCORED	
3 Suicide 6 Could not 1 4 Hamicide determined		— At home, farm, str dy)	reet, factory, off	ce .	28f. LO	CATION (Street and No or Town, State)	umber or Rura	Route Number,
Principles on the	TSICIAN: To the best of my knowl							(a) and manner as stated.
95 MIGNATURE AND TITLE OF CERTIF		11	-	29c. LICENSE NU				D (Month, Day, Year)
	mol	1		725	-9:	20 1	1114	191
O. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF THE	ATT (ITEM 27) (N/po, F	Print)	110	1)	1		2800 11-
SURIM	ER SINCOL	731	9A 1	Tanove	rla	May	12.4	- cenver
N. DATE FILED (MOVIN, Day, Year)	Ana Day ason	THE PL				1	1 (1)	,20170



68760,	
BOX	
3DS, P.O.	
VITAL RECORDS, P.	
- VITAL	
SION OF	
DIVISION	

10

i M	S C	y	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pruer and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

				91 31554
1 - FOR STATE OF M		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middler Lest)	MA	TE	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH 1 12:00 p. M
4. SOCIAL SECURITY NUMBER 1 4 1 · 05 · 3696 1 □ M 2 💢 F		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) 99 New Jersey
9e. FACILITY NAME (# not institution, give street and number) Collingswood Nursing Center RESIDENCE OF DECEMENT		ROCKVILLE	- T. C.	COUNTY OF DEATH WONT BIOMERY
10a. STATE 10b. COUNTY Maryland Montgomery	10c. CITY, 1	thersburg		10d. INSIDE CITY LIMITS? 1 77,7ES 2 NO
10e. STREET AND NUMBER	Joan	101. ZIP CODE	10g	. CITIZEN OF WHAT COUNTRY?
225 Rolling Road 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE	EVER IN U.S. ARMED YES 25TONO R OR DATES	20877 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 27 NO Specific	an, Puerto Ricen, etc.)	U.S.A. 14. RACE — American Indien, Bleck, White, etc. Specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) 4 College (1-4 or 5+)	life. Do NOT use n	k done during most of working	166. KIND OF BUSINES	S/INDUSTRY
17. FATHER'S NAME (First, Middle, Lest) PETER VAJ	DA	16. MOTHER'S NA	RIA SZ	ENDRY
19a. INFORMANT'S NAME (Type/Print) Dr. Frank Mate Jr.	19b. MAILING AE Same a	ODRESS (Street and Number or Rural	Route Number, City or Town, Sta	te, Zlp Code)
20a. METHOD OF DISPOSITION 1	20b. PLACE AND DATE O	F DISPOSITION (Name other place)		on - City or Town, State
21. SIGNATURE OF FUNERAL SERVICE CICENSES	м0089	22. NAME AND ADDRESS OF FA	De Vol Fu	neral Home ersburg, MD 20877
23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one ceus immediate CAUSE (Final disease or condition resulting in death)	caused the deeth. Do not be on each line.			
rany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DR AS A CONSEQUENCE OF:	vterio sel	low	11043
PART II. Other significant conditions contributing to	teach best not resulting in	the underlying cause given in	Part I. 246. WAS AN AUTO PERFORMED	7 AVAILABLE PRIOR TO

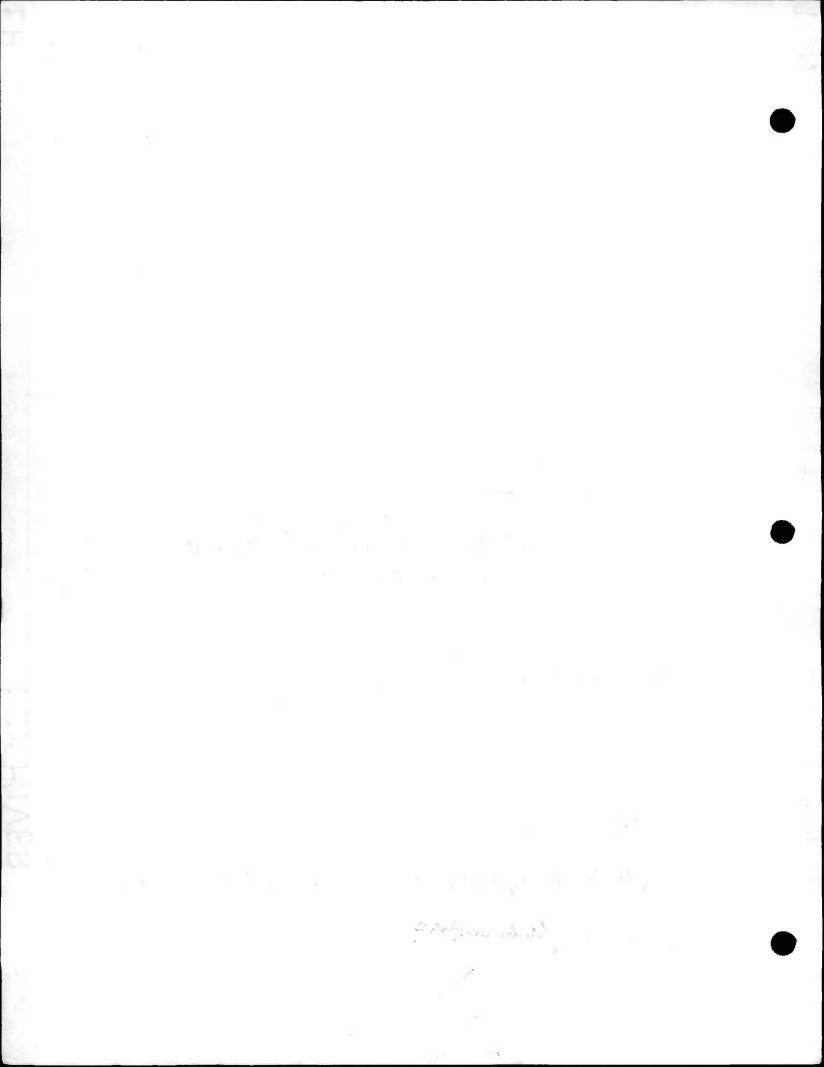
1 TES 2 NO

WAS CASE REFERRED TO MEDICAL EXAMINER? ↑ YES 2 NO HOSPITAL:
1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 8 🗆 Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 YES 2 NO 286. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Roote Number City or Town, State)

Chack only ne)			et of my knowledge, death occurred at the time, date of examination and/or investigation, in my opinion, d		
нанитине	AMB TITLE OF CERTIFIER	V		29c. LICENSF NUMBER	29d DATE GIGNED Month Day Year

.D. 50 W. Edmonston Dr. #207 Rockville, Maryland 20852 Paul T. Noone, M.D.

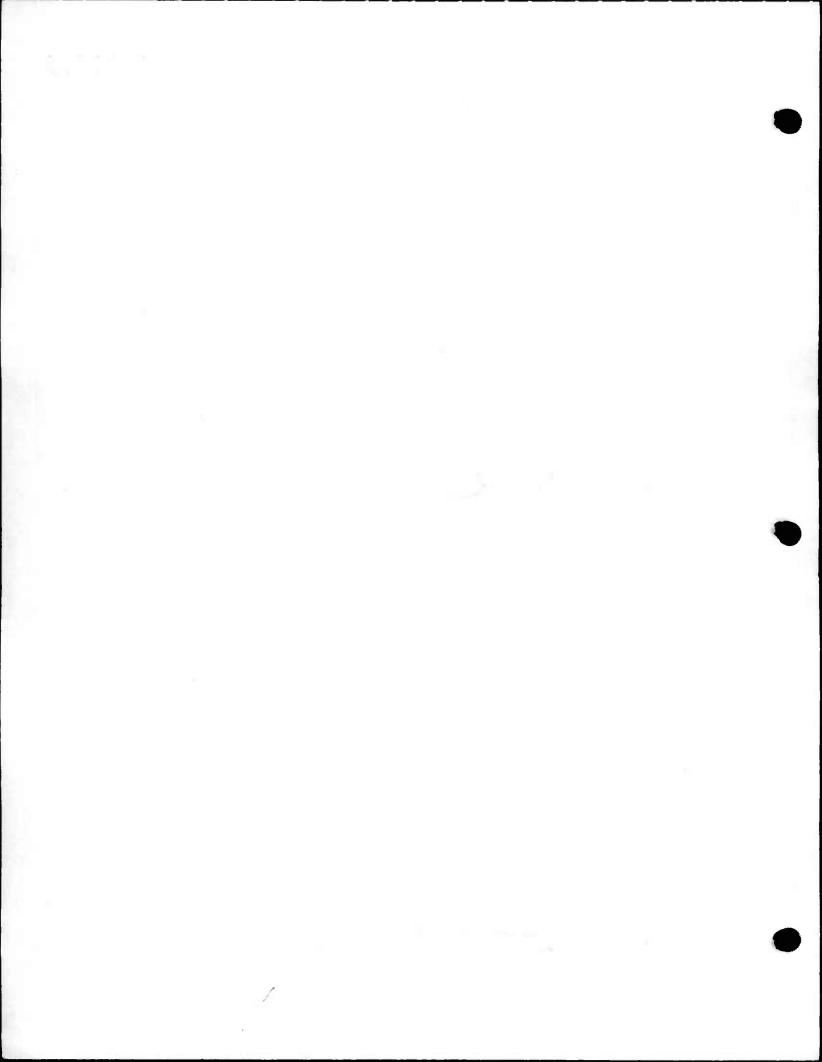
31. DATE FILED (Month, Dey, Year)
NOV - 4 1991



	60	3
_	2	.5
٦		8
		₹
	S	ely
	A de	ple
	2	8
	ş	D
	900	3
	90	an
	e	Sic
	Fica	夏
	Ē	0
	2	B
	at	atte
-	Ď	9
1	\$	4
	at	9
•	S	9
)	ulre	S
ļ	9	E C
	3	ă
1	4D	has
	Ē	ite ite
	Š	ũ
•	3	erti
-	3	S
)	푼	5
	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 Jours at	RECTOR: After this certificate has been signed by the attending physician and completely filled in by
)	9	K
5	TEN	OR.
	A	5
	OC.	000

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

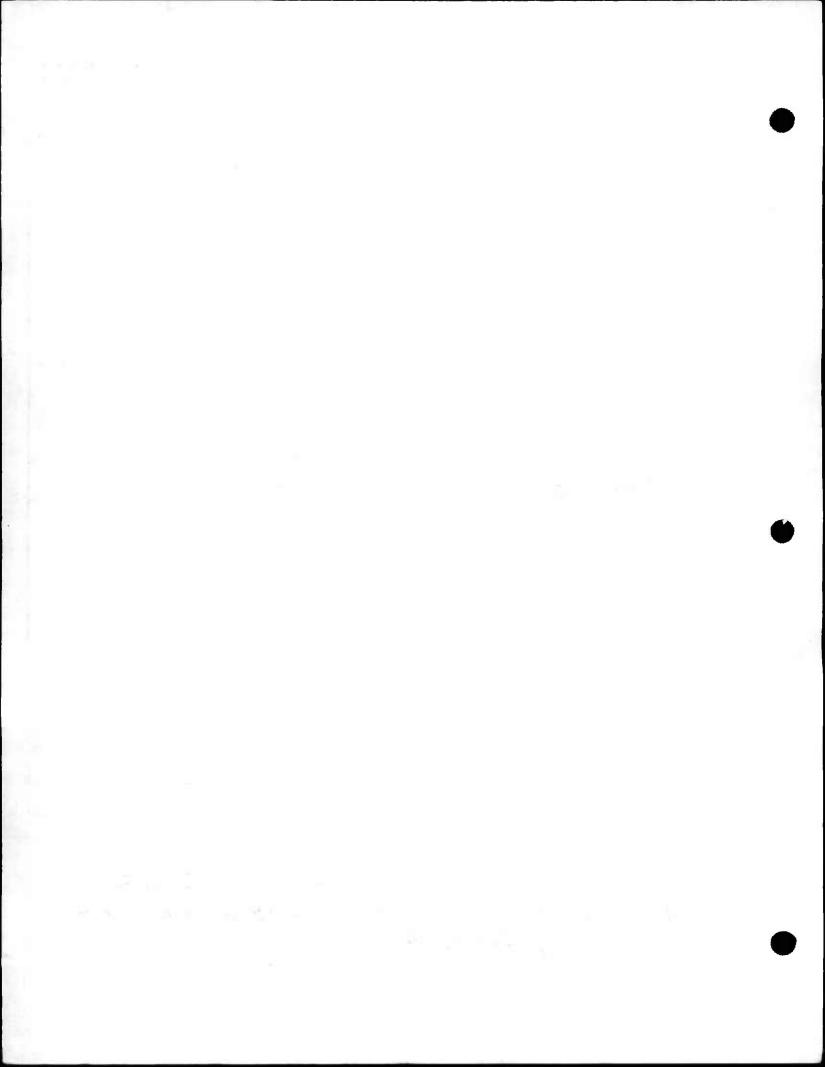
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	MURPHY				2. DATE OF DEATH	NAV VE	EAR 3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	577-42-6017 9a. FACILITY NAME (If not institution, give str		94 YRS.	9b. CITY, TOWN	OR LOCATION OF DE	Nov. 19,1	1896 SOUNTY	Kentucky OF DEATH
DIRECTOR	Sacred Heart Home			Hyattsv				e Georges
E E	10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland Pri	nce Georges	Нуа	attsvill	e			1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ä	5805 Queens Chapel	THE PART OF THE PA		1 10 1110 000	20782			.S.A.
BY FU	1 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2X NO	If yea, sp		ilC ORIGIN? (Specify Yon, Puarto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: hite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	18a. DECEDENT'S (Give kind of v life. Do NOT us	vork done during me		16b. KIND OF BI	JSINESS/INDUS	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bacter	ciologis	t	U.S.C	Governm	ent
Š	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide		
BEC	John Murphy				Ada	Wines		
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To	A =	11 /
	Jerrye E. Embrey	1.00	4801 (Washingto	on, D.C	
	1 X Burial 2 Cremation 3 Remo							r Spring, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	Dellal	7		ND ADDRESS OF FA	DeVo1	Funera	1 Home ington, D.C.
	23. PART . Enter the disease, or c shock, or heart failure. L IMMEDIATE CAUSE (Finsi disease or condition		each line.			th se cerdlec or res		t, Approximate interval Between Onset and Desth
	resulting in death)		A CONSEQUENCE OF	F):		arribititi		121195
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate		A CONSEQUENCE OF	F):			4	111-20-
ICA.	cause. Enter UNDERLYING CAUSE (Disease or Injury		A CONSEQUENCE OF		IVASCUL	AR DISE	15	YOURS
	that initiated events resulting in deeth) LAST	4 DOE 10 (OR AS	A CONSEGUENCE OF	r).				į
뜅	PART II. Other significant conditions	a contribution to doubt	hut not consisten	In 46		Date I law man	N AUTOPSY	T
PHYSICIAN: MEDICAL	CEREBRIVASCA			in the underlyin	g cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (CA	neck only one)		
SICI	EXAMINER?	HOSPITAL:	tpatiant 3 DOA	OTHER:		8 Other (Specify)		
Ĭ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c, IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, You)			YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJUF building, atc. (Sp	RY — At home, farm, ecify)	atreet, factory, offi	CO	28f. LOCATION (Street City or Town, State		Rural Floute Number,
COMPLETED		CIAN: To the best of my kno						couse(a) end manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1	-		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
TO BE	Macha aneda	lineider	1910		D263	3/	10	125/91
-	30. NAME AND ADDRESS OF PERSON WHI MARTA ANNE	SCHWEIDER	CIND 54	Print)	ARTHU	KBL1011	V.W.M.	MSHDC ZAIL
	31. DATE FILED (Month, Day, Year)	P. REGISTRAR'S SIG	MATURE					



DHMH-18 Rev 1/89

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, I	EMMA L. MORI	RIS						2. DATE OF MONTH	DA		YEAR	3. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (in yrs, lest	hirthday	IF UNDER	1 VEAO	IF UNDER	A MOR	Novemb		, 19		12:30 P.M
- 8	and the second	1 □ M 2 ☑ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ly, Ybar)	206	Counti	(y)
	188-36-6793 9e. FACILITY NAME (If not institution,	- **	94		Dh CITY	TOWN (OR LOCATIO	N OF OF	Dec.	/, 18		NTY OF D	nnsylvania
FUNERAL DIRECTOR	CARRIAGE HILL	- BETHESDA				ETHE		N OF DE				TGOM	
EG	RESIDENCE OF DECEDEN 10e. STATE 10b. CO			10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
8	Maryland M	ontgomery			Gaitl	nars	hura						LIMITS? 1 X YES 2 NO
\exists	10e. STREET AND NUMBER	on by omery			041 01	-	. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
E	415 Russell Ave	nue #808					20	877			Uni	het	States
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED			ENDENT OF	F HISPAN	VIC ORIGIN? (S			14 BAC	F — American Indian
	1 Never Merried 2 Merried	FORCES? 1 FYES, GIYE WAR	YES 2 WIN	10			ecity Cuber		n, Puerto Rice y:	n, etc.)		Spec	k, White, etc.
ВУ	3 Widowed 4 Divorced	101111111111111111111111111111111111111	271 57		_								White
COMPLETED	15. DECEDENT'S (Specify only highest		(GI	ve kind of t	Work done		ON ost of working	7	18b. KII	ND OF BUS	SINESS/IN	DUSTRY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5+)	HIG.	Do NOT us									
M	12			Hom	emake	er					n Ho	me	
	17. FATHER'S NAME (First, Middle, Las	st)							ME (First, Midd		Surname)		
H	Paul C. Mass 19e. INFORMANT'S NAME (Type/Print)		100	MAILING	ADDRESS	2 /Ctmat			Heller		a Crata 7	o Code	
9													D 20077
	Helen M. Hindle		20b. PLACE					#8	DATE DATE				D 20877
	1 M Buriel 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify)		of cemetary. West	crematory	or other p	lace)		11	/6/91				
	21. SIGNATURE OF FUNERAL SERVI		Twest.	Laur	22.	NAME A	ND ADDRES	S OF FA	CILITY DOL	Bal	a-cy	nwya	PA Dunawal
	· Will E	Boven C	д моо	672	H	ome/ isco	Bethe	esda Ave	-Chevy	Cha Sethe	sea,	Inc. Mar	rey Funeral 7557 yland 20814-
	23. PART I. Enter the diseases	, or complications that dure. List only one cause			not antar	tha mo	ode of dyl	ng, suc	h as cardiac	or reap	ratory a	rest,	Approximata
	iMMEDIATE CAUSE (Final	iure. List only ona cause	e on auch lina	•									intarval Between Onsat and Dasth
	disease or condition reaulting in death)	· Cano	Lies	0 0	200	+							3 min
ı	rousing in county	S. Cano	OR AS A CONSEC	OUENCE O	F):	•	-						
Z	Sequentially list conditions,	To athe	nascl-	erat	4c 1	Ca/	dias	reso	cutaro	lises	950		25 years
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	b. athe DUE TO (C c. Chron DUE TO (C	OR AS A CONSEC	DUENCE O	F):					,			700
5	CAUSE (Disease or injury	a Chron	DR AS A CONSE	NIENCE O	17108-	p	ulmo	100	114	dise	CIC)	30 gea -)
₽	that initiated events resulting in death) LAST	13010(0			. ,.				•				
E		d											
	PART II. Other aignificant cond	ditiona contributing to d	eath but not r	esulting	In the ur	dariyin	g cause g	iven in	Part i. 24	a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									1	☐ YES 2		Sept.	COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:					LACE OF DI	EATH (Ch	neck only one)				
Si	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHEI 4∜X Nur		ne 5 🗆 Re	aldence	8 - Other (S	(pecify)			
H	27. MANNER OF DEATH	28s. DATE OF II (Month, Day		28b. Tth	AE OF JURY		JURY AT		28d. DEŞCR	IBE HOW I	INJURY O	CURED	
BY	1 Natural 5 Pending 2 Accident Investige	itlon			М		YES 2	NO					
0	3 Suicide 8 Could n	ot be building, e	INJURY — At ho tc. (Specify)	me, farm,	street, fac	tory, offi	ce			ON (Street lown, State)		er or Rural	Route Number,
	4 Homicide determin	100											
COMPLET	cool only	PHYStCIAN: To the best of n											
8	2 MEDICAL EX	AMINER: On the beele of exa	imination end/or	Investigati	on, in my o	opinion,	death occur	ed at the	time, data en	d placa, er	nd due to	the cause((e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CER						29c. LICE	NSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)
6	Alton L	en mo					0	16	819			11/2	491
	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE S 5/00 U 32. REGISTRAR	E OF DEATH (ITE	M 27) (Type	e, Print)	110	44.	44				′	
	STUANT KOS	s 5100h	115001	4510	ter	- 1	IW-	#4	00 11	Jas	h D	C-2	0016
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	. 40									



3. TIME OF DEATH

2. DATE OF DEATH

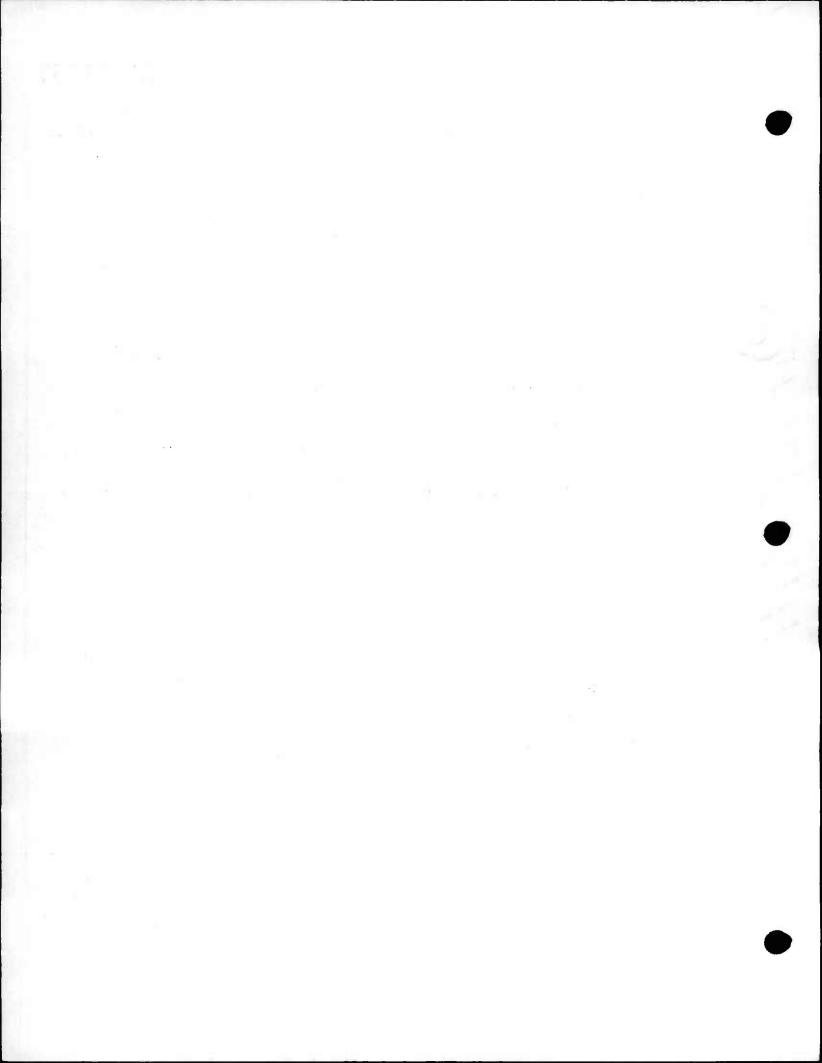
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sections after death. Page 6 may be retained by the highlining	physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted in	burial-transit permit, Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	•	
MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)	

BALTIMORE, MARYLAND 21203 3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

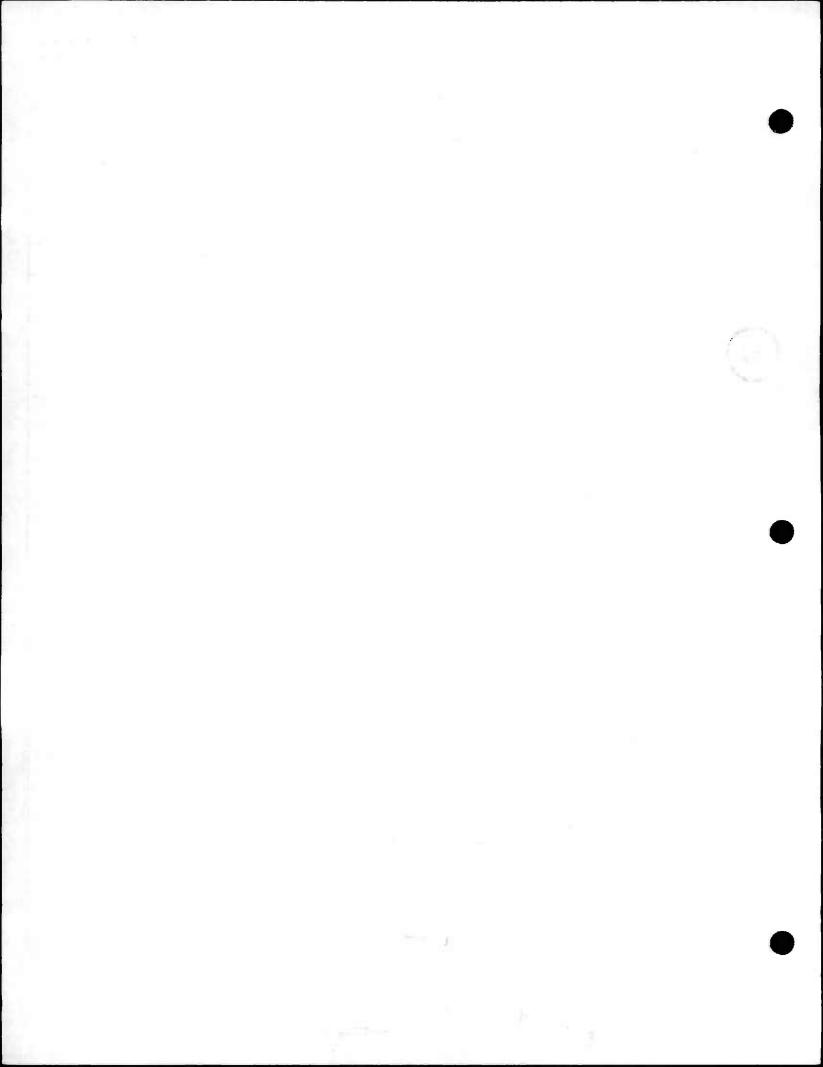
7:02P. EVELYN CROCKETT 10-29-91 McALLISTER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign (Month, Day, Year) 08-22-23 DAYS 68 MARYLAND 219-14-3483 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 250 DYKES ROAD SALISBURY WICOMICO 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD WICOMICO SALISBURY 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 250 DYKES ROAD 21801 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ZNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 ANO Specify: 1 Never Merried 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced WHITE ETED 15. DECEDENT'S EDUCATION 16e, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Years OFFICE/CLERICAL J.C. PENNY'S 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) DAVID CROCKETT KATIE LEDNUM CROCKETT 8 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOSEPH RUSSELL MCALLISTER 250 DYKES RD SALISBURY, MD 21801 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State WICOMICO MEMORIAL PARK SALISBURY, MARYLAND 21. SIGNATURE OF PLASMAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME 501 SNOW HILL RD SALISBURY, MD 21801 22. PART i. Enter the diseases, or complications that carried the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert feilure. List only one cause on each line. Approximata ahock, or heert feliure. List only one cause IMMEDIATE CAUSE (Final Onset and Daeth disease or condition Carcinona of Ova- , Metagtatic reaulting in death) year DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART Ii. Other significant conditions contributing to daeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inputient 2 ER/Outputient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Nstural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 29e. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the ceuse(s) end manner ee stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B ٤, at 030690 N.O. 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James Martin G . M.O. 145 E. Corroll St. mo 32. REGISTRAR'S SIGNATURE OCT 3 1 1991 Julia Davidson-Randelle



examiner must be notified at one	TO BE COMPLETED BY FUNERAL DIRECTOR
ent, the medica	
er traumatic eve	FICATION

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
24141	1. OECEDENT'S NAME (First, Middle, Last) Lester Mears	2. DATE OF OEATH DAY 10 29	3. TIME OF OEATH 91 11:15 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 159-01-9094 1 M 2 F 88 YRS. MONTHS DAYS HOURS MIH. 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF I	7. DATE OF BIRTH (Month, Day, Year) ()4-11-03 DEATH 9e. COU	8. BIRTHPLACE (State or Foreign Country) Virginia NTY OF DEATH
TOR	Salisbury Nursing Home Salisbury, Md.	21801 WICO	MICO
COMPLETED BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Wicomico Salisbury 10e. STREET AND NUMBER Pine Bluff Village 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED 11. FORCES? 1 YES 2 MNO 11 YES 2 MNO 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISP. 14 YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	ANIC ORIGIN? (Specify Yea or No— can, Puerto Rican, etc.)	
OME	Stationary Engineer	Refrigerat AME (First, Middle, Maiden Sumame)	101
BE C		et Ann Badger Me	ears
TO E	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rure)		
•	Brenda Carey 1613 S. Kaywood Dr. S. 200. METHOD OF OISPOSITION 11-01-91 200. PLACE AND OATE OF OISPOSITION (Name of cemetary, crematory or other place) JOHN W. TAYLOR MEMORIAL (21. SIGNATURE OF FUNERAL SERVICE LICEUSEE) 22. NAME AND ADDRESS OF HOLLOWAY FU	OATE 20c. LOCATION — CEMETERY TEMPER	2180 1 City or Town, State RANCEVILLE , VA
CERTIFICATION	23. PART/I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, su shock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): C. Due To (OR AS A CONSEQUENCE OF):	ech as cardiac or reapiratory and	Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? CTHER:	Check only one)	
В	1 Inpetiant 2 ER/Outpetiant 3 DOA 4 Nursing Home 5 Residence 27. MANNER OF DEATH 1 Natural 5 Pending	e 8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OC 28f. LOCATION (Street and Number	
TED	4 Homicide determined building, etc. (Specify)	City or Town, State)	,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and do not come of the basis of axamination and/or investigation, in my opinion, death occurred at the second of the basis of axamination and/or investigation, in my opinion, death occurred at the second of the basis of axamination and/or investigation.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE N	UMBER 29d. 0AT	E SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1/	/-/
, .	WILLIAM ROBINS, M.D., 1104 HEALTHWAY DRIVE, SALISBUR	Y, MD. 21801	
10	OCT 3 1 1991 July Bar Bar down Mandage		



	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, MIDDIN, Last) CALVINA L // HEE	LEE	METCALEE)	CAL	FF	2. DATE OF DEATH NOV. 06, 199	10 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-20-2580	t MARE F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 2. 1/27/25	8. BIRTH	AND
HOT	9a. FACILITY NAME (If not institution, give s CARROLL COUNTY GEN RESIDENCE OF DECEDENT		1	WESTMIN	STER		RROLL	EATH
DIRECTOR	MD 106. STATE 106. COUNTY CARR	OLL	UNION	BRIDGE	ION			10d. UNSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3 E. BROADWAY			101.	ZIP CODE 2179:	109	. CITIZEN OF	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	Il yes, spe	ENDENT OF HISPAI ocity Cuben, Mexico 2 NO NO	NIC ORIGIN? (Specify Yee or No on, Puerto Rican, etc.) y:	14. RACE Black	E — Americen Indian, k, While, atc.
COMPLETED	15. DECEDENT'S EQUE (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	180. DECEDENT'S US (Give kind of wor life. Do NOT use of DRIVER	k done during mos	N st of working	16b. KINO OF BUSINES		
BE COM	17. FATHER'S NAME (First, Middle, Last) I. FRANK METCALFE		DILLY DIL			ME (First, Middle, Malden Surna PHINE SMITH		
TO B	19a. INFORMANT'S NAME (Type/Print) PAULINE N. HENRY		196. MAILING AC			Route Number, City or Town, Stee ION BRIDGE	te, Zip Code) MD	21791
	20e. METHOD OF DISPOSITION BURN 1 Burlal 2 Cremation 3 Hammed 4 Donation 5 Other (Specify)	F	PLACEAND DATE OF I	CEMETE	ERY	LINWO	N — City or To)
	21. SIGNATURE OF FUNERAL SERVICE LIC	O. Xart	Der		UNION	CRLITY D. D. HAF BRIDGE, MD		& SONS
CERTIFICATION	23. PART I. Enter the diseasea, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	B. A CUTE DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF):	PIVA	OTU	Failu	91 P	Approximate Interval Between Onaet and Death
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	contributing to death by	at not resulting in the	the underlying	cause given in	Part i. 24s. WAS AN AUTOI PERFORMEO? 1 YES 2 NO		WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp.		THER:	ACE OF OEATH (Ch	8 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJU	RY AT	28d. DESCRIBE HOW INJURY	OCCURED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Speci	— At home, farm, stree			281. LOCATION (Street and Nur City or Town, State)	mber or Rural A	oute Number,
COMPLETED	CONC. CONTINUENT CERTIFYING PHYSIC MEDICAL EXAMINER	:AN: To the best of my knowle	edge, death occurred a	t the lime, date on my opinion, de	and place, and due	to the ceuse(e) and menner as	ateted.	end menner es atated.
TO BE	29h. SIGNATURE AND TITLE OF CERTIFUER 30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE)	- 1	29c. LICENSE NUN	BER 29d.	DATE SIGNED	(Month, Day, Year)
	21. DATE FILED (Movies, Day, Hear)	320 REGISTRAR'S SIGNA	035 RU	a 0/9	Dr	ue, Busi	100	millama
	NOV 8'91	Charles to the contract of					ţ	1

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the first one of the physician or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral office one of source as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 burial and what the property of the page 1, 2, 3 should be filled and what the page 1, 2, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,

	REGISTRAR				<u> </u>	IOAIL	VI.	DEA			REG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH DAY		YEAR	3. TIME OF DEATH
	1	Mamie	C. Mat	thews							-4-9		YEAH	1:04 a.M
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In vrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS	7. DATE OF	BIRTH	1	6 BIRTH	IPLACE (State or Foreign
			1 □ M 2 5€ F	79	YRS.	MONTHS	DAY8	HOURA	MIN.	(Month, Da	ly, Year)		Count	
	216-10-8			19	rna.					05-18	-12			aryland
- 1	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH
5	Edw.W.McCr	eadv M	emorial	Hosnita	1	C	rie	fiel	d			80	mers	o.t
KI	RESIDENCE OF DEC	CEDENT	omoriar .	повртес	4.1.		1113	LICI	u			30	mers	er
Ĭ Į	10a. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY LIMITS?
는	MD	Some	erset			Cris	fie	1d						1 XYES 2 NO
]	10e. STREET AND NUMBER							ZIP COD				40= CIT	TEN OF	WHAT COUNTRY?
× I							101							WHAT COUNTRY?
FUNERAL DIRECTOR	204 My:	LCTE 2	C •					218	17				SA	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT (OF HISPAN	HC ORIGIN? (S	pecify Yes	or No-	14, RACI	E — American Indian, k, Whita, atc.
	1 Never Married 2 X		IF YES, OIVE	WAR OR DATES	Z]NO				Specify	n, Puerto Rica	n, arc.)		Spec	
À	3 Widowed 4 Dive	orced												White
	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL OC	CUPATIO	ON		16b. KII	ND OF BUS	INESS/IN	DUSTRY	
E	(Specify on Elementary/Secondary (I	y highest grade			(Give kind of life. Do NOT u	work done di se retired.)	uring mo	at of world	ng					
ا ۲		J-12)	College (1-4 or 6	+)	Saam	stres				Ga	rmen	t Ma	nufa	cturing
ž	Grade 7				Deam	SCLES	5							
COMPLETED	17. FATHER'S NAME (First, N							18. MOT		ME (First, Midd	lle, Maiden	Sumame)		
. w l	Clare	nce El	liott					İ	unk	nown				
<u>B</u>	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Number,	City or Town	n, State, Zi	p Code)	
2	Melvin Mati	thews	(husband)) [S	ame a	e #	10	a h	cde	fa			
					CE OF DISPO						_	CATION	Ole T	own, State
	1 M Burial 2 Crematic	on 3 🗆 Rom	oval from State	othe	r place)			Trong offi						
	4 Donation 6 D Other	11 //		Sunr	yridg						Cr	1sfi	eld,	MD
	21. SIGNATURE OF FUNERA	AL SERVICE LIC							SS OF FA			_		
	1 Ra	luto	1.73	1 hu	(يد	l B	rad	shaw	& S	ons, M	laın	St.,	Cri	sfield, Md.
					1.00									
- 1			complications the			not antar i	tha mo	de of dy	ring, suc	h as cardiac	or reapi	retory a	rreat,	Approximate interval Between
	ahock, or h	eart fellure.	complications the List only one ce						•		•	retory a	reat,	Approximate interval Between Onset and Daath
	ahock, or h IMMEDIATE CAUSE (Fit disease or condition	eart fellure.							•		•	retory a	rreat,	interval Between
	ahock, or h IMMEDIATE CAUSE (Fi	eart fellure.		gest	lino. I use	Hea			•	h as cardiac	•	retory a	rreat,	interval Between
	ahock, or h IMMEDIATE CAUSE (Fit disease or condition	eart fellure.		gest		Hea			•		•	retory a	rreat,	interval Between
NO	ahock, or h IMMEDIATE CAUSE (Fit disease or condition	neart feliure.	a. One con	gest	III.	Hea			•		•	retory a	rreat,	interval Between
VIION	ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme	tions, odiate	a. One con	gest	III.	Hea			•		•	retory a	rreat,	interval Between
ICATION	ahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY	tions, cliate	a. ON DUE TO	gest on as a con	ISEQUENCE C	Hea ori: or:			•		•	retory a	rreat,	interval Between
IIFICATION	ahock, or it IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inji that initiated events	tions, diate ling	a. ON DUE TO	gest	ISEQUENCE C	Hea ori: or:			•		•	retory a	reat,	interval Between
ERTIFICATION	ahock, or h IMMEDIATE CAUSE (Fildisease or condition resulting in death) Sequantially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inje	tions, diate ling	a. ON DUE TO	gest on as a con	ISEQUENCE C	Hea ori: or:			•		•	retory a	rreat,	interval Between
CERTIFICATION	shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injust Initiated events resulting in death) LAS	tions, diate in in in in in in in in in in in in in	a. Due to	GENERAL CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR	ISEQUENCE (Head	nt	Fa	ile	ure				interval Between Onset and Daath
	ahock, or it IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inji that initiated events	tions, diate in in in in in in in in in in in in in	a. Due to	GENERAL CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR	ISEQUENCE (Head	nt	Fa	ile	ure	a. WAS AN	AUTOPSY		interval Between Onset and Daath
	shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injust Initiated events resulting in death) LAS	tions, diate in in in in in in in in in in in in in	a. Due to	GENERAL CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR	ISEQUENCE (Head	nt	Fa	ile	Part I. 24	a. WAS AN	AUTOPSY MED?		MERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CERTIFICATION	shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injust Initiated events resulting in death) LAS	tions, diate in in in in in in in in in in in in in	a. Due to	GENERAL CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR	ISEQUENCE (Head	nt	Fa	ile	Part I. 24	a. WAS AN	AUTOPSY MED?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injust Initiated events resulting in death) LAS	tions, diate in in in in in in in in in in in in in	a. Due to	GENERAL CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR	ISEQUENCE (Head	nt	Fa	ile	Part I. 24	a. WAS AN	AUTOPSY MED?		MERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	ahock, or it immediate. CAUSE (Fidesese or condition resulting in death) Sequentially list conditions, it is any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injust Initiated events resulting in death) LAS	icart feliure.	a. Due to	GENERAL CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR	ISEQUENCE (Head	derlying	Fac	given in	Part I. 34	a. WAS AN	AUTOPSY MED?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or it immediately in the second in resulting in death) Sequentially list condition resulting in death) Sequentially list condition in the second in	icart feliure.	a. Contributing to	GENERAL CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR AS A CONTROL OF COR	ISEQUENCE (Head	dertying 20.	Fac	given in	Part I. 24	a. WAS AN	AUTOPSY MED?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or it immediate. CAUSE (Fidesese or condition resulting in death) Sequentially list conditions, it is any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injust Initiated events resulting in death) LAS	icart feliure.	a. Due to	O OR AS A CON	ISEQUENCE CO	In the sine	derlying 20	F@	given in	Part I. 34	a. WAS AN PERFOR	AUTOPSY MED?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or it immediately interest in the second in resulting in death) Sequentially list condition in any, leading to immediate. Enter UNDERLY CAUSE (Disease or Injutted Initiated events resulting in death) LASPART II. Other significations are sufficient in the sequence of the sequenc	icart feliure.	a. Contributing to	OR AS A CON	SEQUENCE CONSEQUENCE CONSEQUEN	FI: In the unit OTHER OTHER A I Nurs HE OF	dertying dertying 10	g cause	given in	Part I. 24	a. WAS AN PERFOR	AUTOPSY NEED?	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	ahock, or it is about, or it is about, or it is about, or it disease or condition resulting in death) Sequentially list condition and it is any, leading to immercause. Enter UNDERLY CAUSE (Disease or Injutted Initiated events resulting in death) LASPART II. Other significations are sufficiently as a significant of the condition of the conditio	icart feliure. nel tions, dilate ING ury BT DIMEDICAL Pending	a. Contributing to	O OR AS A COND O COR AS A COND	SEQUENCE CONSEQUENCE CONSEQUEN	FE In the since	authority in a second s	g cause	given in	Part I. 24	a. WAS AN PERFOR	AUTOPSY NEED?	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or it is a shock, s a shock	icant feliure. ican dilate ling ling ling ling ling ling ling ling	DUE TO DUE TO	OR AS A CONDICTION OF THUSING	SEQUENCE CONSEQUENCE CONSEQUEN	OTHER 4 Durny M	dertying dertying 20. Plus ti ing Horn Will Will Will to the total to the total tota	g cause	given in	Part I. 24	a. WAS AN PERFOR	AUTOPSY NEED?	244	Interval Between Onset and Daath Dash WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or it is a shock, or it	tions, dilate iNG sury ST ST ST ST ST ST ST ST ST ST ST ST ST	But to the second of the secon	OR AS A CON	SEQUENCE CONSEQUENCE CONSEQUEN	OTHER 4 Durny M	dertying dertying 20. Plus ti ing Horn Will Will Will to the total to the total tota	g cause	given in	Part I. 24 Part I. 24 Control one) Part I. 286. DESCRI	a. WAS AN PERFOR	AUTOPSY MED?	244	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED BY PHYSICIAN: MEDICAL	ahock, or in the state of the s	itions, dilate ING ury BT Condition MEDICAL Production Investigation	But to the second of the secon	OF BLUERY	SEQUENCE CONSEQUENCE CONSEQUEN	OTHER 4 Durny M	dertying dertying 20. Plus ti ing Horn Will Will Will to the total to the total tota	g cause	given in	Part I. 24 Part I. 24 Control one) Part I. 286. DESCRI	E. WAS AN PERFOR	AUTOPSY MED?	244	Interval Between Onset and Daath Dash WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	ahock, or it immediate in the second in the	icant feliure. Itions, idiate ing ing ing ing ing ing ing ing ing ing	DUE TO DU	DEPUDITION OF BRILIEV A CEL (Specify)	ISEQUENCE CONSEQUENCE CONSEQUE	OF): In the uncertainty Months of the street, facts	28. PH	g cause	given in	Part I. 24 If the part is the part of the	a. WAS AN PERFOR	AUTOPSY NEED? NO NJURY OC	248 CCURED or or Fund	Interval Between Onset and Daath Dash WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	ahock, or it is abook, or it is ahock, or it is abook, or it is also as a condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injuted Initiated events resulting in death) LAS PART II. Other signification of DEATH SEAMINER? 25. WAS CASE REFERENCE SEAMINER? 1 YES 2 MO 27. MARNIER OF DEATH 1 Nembra 5 2 Accident 5 2 Accident 6 29a. CERTIFIER (Check only)	tions, addate ing ing ing ing ing ing ing ing ing ing	DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DUE TO B. DATO II. B. DATO III. B. DATO	DEPUDITIONS OF THE LITTER OF T	SEQUENCE CONSEQUENCE CONSEQUEN	OTHER 4 Interest, factor was street, factor at the til	28. Pil String Horry, office we, date	g cause	given in DEATH (Ch	Part I. 24 The chart is 26. DESCRIPTION of the cause of	a. WAS AN PERFOR	AUTOPSY INEED?	2 3At COURSED for or Flural ated.	Interval Between Onset and Daath Daa
ED BY PHYSICIAN: MEDICAL	shock, or it is abook, or it i	tions, dilate ing investigation Could not be determined	DUE TO BUS TO BUS TO DUE TO	DEPUDITIONS OF THE LITTER OF T	SEQUENCE CONSEQUENCE CONSEQUEN	OTHER 4 Interest, factor was street, factor at the til	28. Pil String Horry, office we, date	g cause	given in DEATH (Ch	Part I. 24 The chart is 26. DESCRIPTION of the cause of	a. WAS AN PERFOR	AUTOPSY INEED?	2 3At COURSED for or Flural ated.	Interval Between Onset and Daath Dash WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	ahock, or it is abook, or it is ahock, or it is abook, or it is also as a condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injuted Initiated events resulting in death) LAS PART II. Other signification of DEATH SEAMINER? 25. WAS CASE REFERENCE SEAMINER? 1 YES 2 MO 27. MARNIER OF DEATH 1 Nembra 5 2 Accident 5 2 Accident 6 29a. CERTIFIER (Check only)	tions, dilate ing investigation Could not be determined	DUE TO BUS TO BUS TO DUE TO	DEPUDITIONS OF THE LITTER OF T	SEQUENCE CONSEQUENCE CONSEQUEN	OTHER 4 Interest, factor was street, factor at the til	28. Pil String Horry, office we, date	g cause g c	given in DEATH (Ch	Part I. 24 BEL Other (S 286. DESCRI	a. WAS AN PERFOR	AUTOPSY BEED? I NO NAURY Or and Number as still due to the still	COURED or or Fluinf ated.	Interval Between Onset and Daath Daa
BE COMPLETED BY PHYSICIAN: MEDICAL	shock, or it is about, or it is an about, or it is an about of it any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injury in that Initiated events resulting in death) LAST PART II. Other significations are in the injury of the in	To MEDICAL Pending Investigation Could not be determined OFFYIND PHYS DICAL EXAMINITY E OF CERTIFIE	DUE TO BUS TO BUS TO DUE TO	OF BLUETY A SEC. (Specify)	SEQUENCE CONSEQUENCE CONSEQUEN	OTHERN Street, facts on, in my op	28. Pil String Horry, office we, date	g cause g c	given in DEATH (Ch leeidence NO	Part I. 24 BEL Other (S 286. DESCRI	a. WAS AN PERFOR	AUTOPSY BEED? I NO NAURY Or and Number as still due to the still	COURED or or Fluinf ated.	interval Between Onset and Daath Daa
E COMPLETED BY PHYSICIAN: MEDICAL	shock, or it is abook, or it i	To MEDICAL Pending Investigation Could not be determined OFFYIND PHYS DICAL EXAMINITY E OF CERTIFIE	DUE TO BUS TO BUS TO DUE TO	OF BLUETY A SEC. (Specify)	SEQUENCE CONSEQUENCE CONSEQUEN	OTHERN Street, facts on, in my op	28. Pil String Horry, office we, date	g cause g c	given in DEATH (Ch leeidence NO	Part I. 24 BEL Other (S 286. DESCRI	a. WAS AN PERFOR	AUTOPSY BEED? I NO NAURY Or and Number as still due to the still	COURED or or Fluinf ated.	interval Between Onset and Daath Daa
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or it is ahock, or it is ahock, or it is ahock, or it is also as a condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in immediate devents resulting in death) LAS PART II. Other signification is also and the signification of the signification is also and the signification is also and the signification is also and the signification is also and the signification is also and the signification is also and the significant is also and the	Pending Investigation Could not be determined	DUE TO BUE TO DUE TO	OF AS A CONDOC TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	SEQUENCE CONSEQUENCE CONSEQUEN	In the unit of the street, facts at the till on, in my of	dertying 28. Pl 28. Pl 28c. IN. WC 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	g cause g c	given in DEATH (Ch Leeidence NO Re, and dus Lense NUI Lense	Part I. 24 Part I. 24 1 Both only one) 8 II Other (S) 286. DESCRI	a. WAS AN PERFOR	AUTOPSY BEED? I NO NAURY Or and Number as still due to the still	COURED or or Fluinf ated.	interval Between Onset and Daath Daa
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or it immediate CAUSE (Fidesese or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) LASSE (Disease or Injury that Initiated events resulting in death) LASSE (Disease or Injury that Initiated events resulting in death) LASSE (Disease or Injury that Initiated events resulting in death) LASSE (Disease or Injury that Initiated events resulting in death) LASSE (Disease or Injury that Inju	Pending Investigation Could not be determined	DUE TO BUE TO DUE TO	OF AS A CONTROL OF THE PROPERTY OF THE PROPERT	SEQUENCE CONSEQUENCE CONSEQUEN	In the unit of the street, facts at the till on, in my of	dertying 28. Pl 28. Pl 28c. IN. WC 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	g cause g c	given in DEATH (Ch Leeidence NO Re, and dus Lense NUI Lense	Part I. 24 Part I. 24 1 Both only one) 8 II Other (S) 286. DESCRI	a. WAS AN PERFOR	AUTOPSY BEED? I NO NAURY Or and Number as still due to the still	COURED or or Fluinf ated.	interval Between Onset and Daath Daa

ALEMANT TO BE TO BE RECEIVED TO THE PROPERTY OF THE PROPERTY O

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained the monital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be checked for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at outer.

10

	1 - STATE REGISTRAR		STATE OF N		DEPAR Dertif					MENTA	AL HYGIEN REG. NO.	E	2 .	0 1	001
	1. OECEOENT'S NAME (First, A	Aiddle, Last)								2. DAT	E OF DEATH	Y	YEAR	3. TIME O	F DEATH
	5 USANNA 4. SOCIAL SECURITY NUMBER	+ 1	1/4LS							10	2	8	91	102	3 AM
- 1	496-44-0923	n	1 M 2 KMF	6. AGE (In yrs. 77	YRS.	MONTHS DAYS			24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 30, 191			Count	PLACE (State)	te or Foreign
	9a. FACILITY NAME (If not insti	itution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATION	ON OF DE	<u> </u>			NTY OF C		
OR	SHADY GRO	P 1000	ADVEN	TIST	HOSR		R	lockv	ill∈	!		Mon	tgom	ery	
DIRECTOR	10a. STATE NEW	10b. COUNTY			10c. CIT	Y, TOWN O	OR LOCAT	ION						10d. INSID	
	Hampshire	Stra	fford				Dur	ham						1 XX YES	2 NO
FUNERAL	100. STREET AND NUMBER 23 Oyster R	iver :	Road				101	. zip coo	824			10g. CIT		S.A.	TRY?
B	11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Olvorc		12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	YES 4	ARMED	1, 1	If yes, sp		n, Maxica	n, Puarto	IN? (Specify Yes Rican, atc.)	or No	Blac	E — America k, Whita, ato the Whi	
COMPLETED	15. DECEI (Specify only I Elementary/Secondary (0-1)	1		+)	DECEDENT'S (Give kind of ille. Do NOT u	work done se retired.)	during mo	ON at of workin	g	16	Educ	atio			
NO.	17. FATHER'S NAME (First, Mide	dle, Leat)					_	16. MOTE	IER'S NA	ME (First,	Middle, Maiden				
BEC	George				Lilly			Mar	У					Sharp	e
2	19a. INFORMANT'S NAME (Type Maud L. Le										mber, City or Tow Spring			nd 2	0902
	20a METHOD OF OISPOSITIO	N 3 🗆 Remo	oval from State	20b. PLAC	of Dispo	sition (No	emet	netery, crem	netory or					ce,	
	NewToulidIalid,											a, ca	inada		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00522 22. NAME AND ADDRESS OF FACILITY ROBert A. Pumphrey Funeral Home Bethesda-Chevy Chase, Inc., 7557 Wisconsir Avenue, Bethesda, Maryland 20814-3501														
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert failure. List only one cause on each line.												App	roximete rval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) . athuselunts Cuelliony protein												et and Death		
	resulting in deeth)		DUE TO	(OR AS A CONS	SEQUENCE O	F):	- 0	1					gu		
NO.	Sequentielly liet condition	ne,	Hypul	(OR AS A CONS	- William fally								7	ges	
AT	If any, leading to immediceuse. Enter UNDERLYIN	G	Mu	a Time	A in	Lu	til-							2	sk
F	CAUSE (Disease or Injury that initiated events		оне то	AS A CONS	SEQUENCE O	0			0	1	1				
CERTIFICATION	resulting in deeth) LAST		cu	mul 1	rupu	elen	- W	lu	de	1				1	71
AL.	PART II. Other eignificent	condition	e contributing to	deeth but no	t reaulting	In the ur	derlying	ceuse (lven in	Part I.	24e. WAS AN PERFOR		24t	WERE AUTO	OPSY FINDINGS
DIC											1 TYES 2				ON OF CAUSE
WE														1 TYES	2 XX
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL		-			26. PL	ACE OF O	EATH (Ch	ack only o	one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpetlant	3 DOA	OTHE!	R:				ner (Specify)				
F	27. MANNER OF DEATH 1 X Vietural 5 Pr	andles.	28a. DATE OF (Month, D		28b. TIN	IE OF JURY	28c. INJ WO	URY AT		28d. DI	EŞCRIBE HOW t	NJURY OC	CURED		
B	2 Accident in	home, farm,	M day		YES 2 [NO	001.10	CATION (C)							
TED	3 Suicide 8 Cd	street, raci	ory, orne			Cit	CATION (Street of by or Town, State)	ind Numbe	r or Hurer	rioure Numbe	и,				
3 Suicide 4 Homicide 5 Could not be determined 29a. CERTIFIER (Check only one) 1 XXERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner.										ar se stetad					
	255 SIGNATURE AND TUTLE O			-241020-5					NSE NUI		and place; an			(Month, Day	
Marie Marie Marie Marie 32610									•	10.	28-6	21			
Shall Durot Bulle Durot 20817															
	31. DATE FILED (Month, Day, Ye	ear)	32 REGISTE	H'S HIGHATURE	Berela 66	Comp	-	~~0	-	-					
	OCT 30 '9	16	June 10	Madelina	- Service										

1 1000 rembused beautifus occol

huseital or attending physician. arched for use as the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

1 -

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

ed at i

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

'n.	ı		E
الظير	in.		2
2	age		pe
E	00,		ust
9 90	irect		E
E	al d		Bel
ath	uner		ВШ
r de	le f		ě
afte	by t	Ē	ca
SIN	.도	e E	ned
4 חו	Filled	'n,	9
ii 2	ely	natic	= :
W	plet	Cre	/en
nted	TO3	<u> </u>	9
Xec	and.	2	nati
9	lan	2	TITLE
ate	ysic	ĕ	Ħ
Tiffic	40 0	lene	the
Cel	ndin :	2	0 70
eath	afte	Ta	×
he d	the	Me	흗
nat t	3	and	3¥
# Sé	Juec	alth	65
quire	I Si	윤	MO
e ⊆	pee	0	ts .
e la	has	9	23
Ē	ate	late	terr
NAI	rtific	he S	70
3	SCe	=	Ď,
H	T T	¥	arki
DING	Afte	deat	E
EN	OR:	fter	8
AT	ECH	Sa	n 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be a second of the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be a second or the HOSPITAL OR ATTENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	 be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene phor to bunal, cremation, of removal. 	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be potific
TAL	RAL	2	=
OSP	UNE	Ē	Z
H	E FI	3	H
Ŧ	#	file	AP0
2	H	ă	=

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2

												91		31562
FOR STATE REGISTRAR	STATE OF N	IARYL		DEPART					MENTA	AL HYGIE REG. N				
1. DECEDENT'S NAME (First, Middle, Las	it)			4					2. DAT	E OF DEATH			3.	TIME OF DEATH
TESSIE FROST MIRENGOFF October 22											22°.	1991		10:30Pm
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		_	DER 1 YEAR	IF UND	ER 24 HRS.	7. DATE	E OF BIRTH		8. BIRTHPLACE (State or Fo		
068-12-1383	1 🗆 M 2 💢 F	70	YRS.	MONTH	S DAYS	HOURS	MIN.	December 18,1920 Ne					w York	
9a. FACILITY NAME (If not institution, give	e street and number)				9b. Ci	TY, TOWN	OR LOCA	TION OF D	EATH		9c.	COUNTY OF	DEAT	н
4986 Sentinel Drive Bethesda Montgomery											у			
10a. STATE 10b. COUI	NTY			10c. CITY	r, TOWI	N OR LOC	ATION						104	I. INSIDE CITY LIMITS?
Maryland Mon	itgomery			Bet	the	sda							1[YES 2 NO
10e. STREET AND NUMBER	2,000						of. ZIP CO	DE		-	109	. CITIZEN O	F WHA	COUNTRY?
4986 Sentinel Dr	ive						20	816			1	Unite	d S	States
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1				1					IN? (Specify Ricen, atc.)		0- 14. R/	ACE -	American Indian, hita, etc.
1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE W			0				O Specil		o reicon, aic.)			ecify:	White
15. DECEDENT'S E (Specify only highest gra	DUCATION ade completed)		16a. DEC	EDENT'S I	USUAL rork dor	OCCUPAT	TON nost of wor	king	16	b. KIND OF	BUSINES	S/INDUSTRY	,	
Elementery/Secondary (0-12)	College (1-4 or 5 +	+)		cure						Defen	se D)epart	meı	nt
17. FATHER'S NAME (First, Middle, Last)							18. MC	THER'S NA	AME (First,	, Middle, Mak	den Surna	me)		
Jacob Frost							Anr	nie R	osen	strau	ich	,		
19e. INFORMANT'S NAME (Type/Print)			19b	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
William Mirengo	ff	120	49	986 S	ent	tinel	L Dri	ive,	Beth	esda,	MAı	rylan	d 2	0816
20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Re		20t	o. PLACE (F DISPOS	ITION	(Name of c	emetery, cr	ematory or		20c.	LOCATIO	N — City or	Town,	Stata
4 Donation 5 Other (Specify)	amoval from Stata	_ K	ING I	ÄVID	M	EMOR.	IAL (SARDE	NS	Fa	11s	Chur	ch,	Virginia
21. SIGNATURE OF FONERAL SETTICE	LICENSEE							RESS OF F						
· Hand	Haran		-		I	DANZA 1170	NSKY Rock	ľ-G0L αvi11	DBER e Pi	RG MEM	iORI <i>i</i> lockv	AL CH ville	APE M	LS, INC. D 20852
23. PART I. Enter the diseases, cahock, or heart failur				ath. Do n										Approximate Interval Batwaan Onset and Daath
disease or condition	Carci	noma	of	the	Bre	ast								20 years
reaulting in death)	a			UENCE OF										
	_													
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING														
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	TO (OR AS A CONSEQUENCE OF):												
PART II. Other algolificant condit	lona contributing to	death b	out not re	sulting I	in tha	undarly	ng caua	e given in	Part I.		AN AUTO		AW	TRE AUTOPSY FINDINGS AILABLE PRIDR TO MPLETION DF CAUSE

PART II. Other algnificant co-

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH?
	1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)										
1 PES ZXXNO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐	DOA 4 Nu	R: raing Home SXXRasidenca	6 Other (Specify)								
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW INJURY OCCURED								
3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — A1 home building, atc. (Specify)	e, farm, atreet, fac	tory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)								

29a. CERTIFIER 1 XXCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as atated.

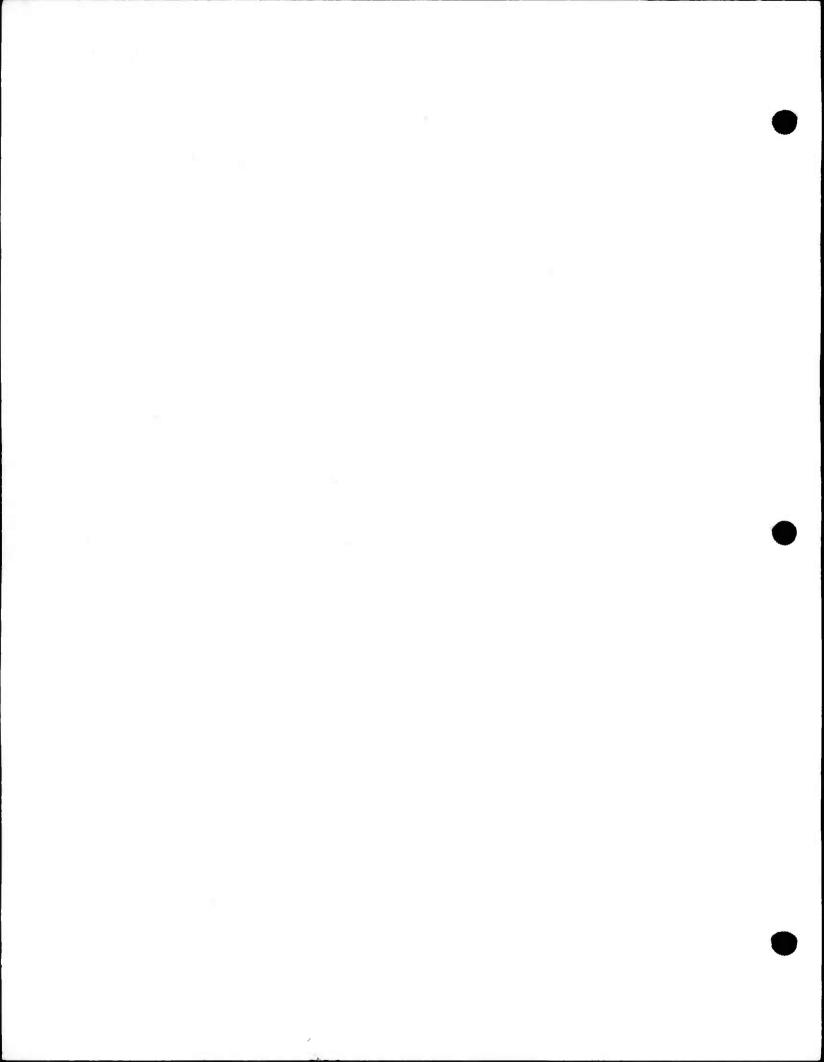
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Steren I Micoferino	D41585	October 23, 1991
NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		

Steven L. McAfee, M.D. 3800 Reservoir Rd., N.W., Washington, D.C. 20007

31. DATE FILED (Month, Day, Year)

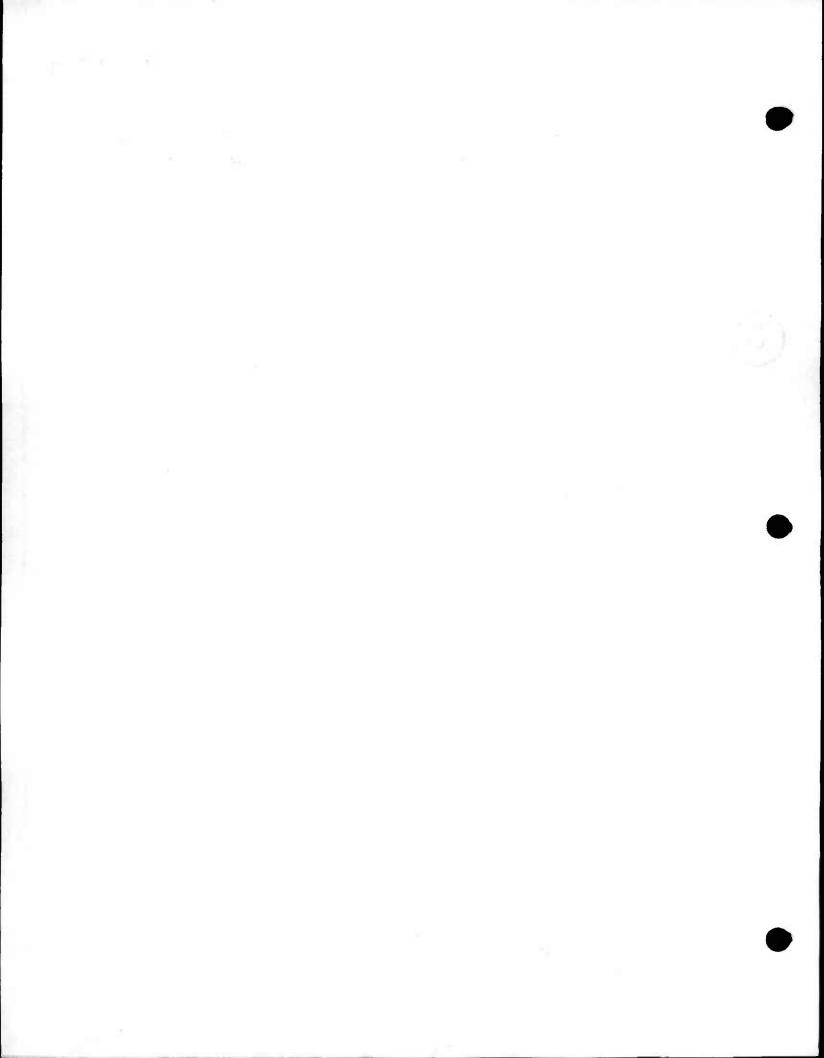
OCT 3 0 '91 32 RECISTERA'S SIGNATURA CONTRACTOR



3. TIME OF DEATH

2. DATE OF DEATH DAY

		Christopher A.	Michaels						Nov. 2,	1991	YEAR	7:15A M			
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign			
9		560-59-5497	1 🔣 M 2 🗍 F	22	YRS.	MONTHS DAY	'S HOURS	MIN.	(Month, Day, Year)	69	Cali	.fornia			
3 should	_	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOW	N OR LOCAT	ION OF DE			JNTY OF D	EATH			
2, 3	DIRECTOR		2412 Chilham Place Potomac												
es 1.	EG	10e. STATE 10b. COUNT	Y		the CIT	Y, TOWN OR LO	CATION				tgome				
Pages	H	Maryland Monto	omery				CATION					10d. INSIDE CITY LIMITS?			
ermit		10e. STREET AND NUMBER	Jonery		Pot	omac	10f. ZIP COD	ne .	_	10- 00	VIZEN OF W	1 YES 2 NO			
1sit p	ER/	2412 Chilham Pla	ce				2085	_							
the burial-transit permit.	FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS (IC ORIGIN? (Specify			States - American Indian.			
buri		1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	If yes,	specify Cubi	ın, Maxicai	n, Puarto Rican, etc.)	100 01 110		, White, atc.			
Ē	BY	3 Widowed 4 Divorced	<u> </u>					,				ite			
3	TED	15. DECEDENT'S EDU (Specify only highest grade		(0	Give kind of v	USUAL OCCUPI		ing	16b. KIND OF I	BUSINESS/IN	DUSTRY				
	ا ڐ١	Elementary/Secondery (0-12)	College (1-4 or 5 +)	6. Do NOT us	,									
	COMPLET	17. FATHER'S NAME (First, Middle, Lest)		S	tuden	τ			School						
oe de			1						ME (First, Middle, Maid						
5 should be deta	出	Andrew F. Michae	-												
5 should be notified at	일	Andrew F. Michaels, III Donna H. Robinson 19a. INFORMANT'S NAME (Type/Print) Andrew F. Michaels, III 2412 Chilham Place, Potomac, Maryland 20854													
page be		20a. METHOD OF DISPOSITION	15, 111												
ector.		1 Buriel 2 N Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State			of disposition ther place) y Crema			' 1	LOCATION —					
al dir		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	THOIL	gomer	22. NAME	AND ADDRE	SS OF FAC	NUTY Robert	Etneso	la, M	aryland rey Funeral			
e funeral dii il. examiner	1	100	()			Home,	/Rockv	rille	, Inc.	300 W∈	est M	ontgomery			
filled in by the funeral director, page on, or removal. he medical examiner must be i	1000	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying such as cardiac or resolved and a construction of the caused the death.													
or rem		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final)													
y filled tion, c		IMMEDIATE CAUSE (Fine) Onset and Death													
ompletely If, cremat event, 1		disease or condition resulting in death) e. MYOCARDIAL FAILURE DUE TO (OR AS A CONSEQUENCE OF): ACUTE													
ial, c	_	C AA SIA MA (I A DA TILLE													
sician and conic prior to buris traumatic	<u>6</u>	Sequentially list conditions, If any, leading to immediate b. CARDIO MYD PATMY DUE TO (OR AS ACONSEQUENCE OF):													
prior trau	CAT	cause. Enter UNDERLYING													
ending physical Hygiene p	Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
the attending physician and completely fille i Mental Hygiene prior to burial, cremation, njury, or other traumatic event, the	ERTIFICATION	resulting in deeth) LAST													
led by the att th and Menta any Injury,	O	PART II. Other algnificent conditions contributing to deeth but not resulting in the undarlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
25 _	EDICAL	PERFORMED? AVAILABLE													
t been signed to pt. of Health a shows any		DITTOCICS	Pule	-4/16					1 🗀 YES	XX NO		COMPLETION OF CAUSE OF DEATH?			
of F	Σ								_	1 🗀 YES					
Dept 7.23	IAN:	25. WAS CASE REFERRED TO MEDICAL				0.0	DI ACE OF O	EATU (O)	ah aatu aati						
State Item	PHYSICI	EXAMINER?	HOSPITAL:	FR/Outpettant 1	1 004	OTHER:	PLACE OF D								
DIRECTOR: After this certificate has be hours after death with the State Dept. Item 28 Is marked, or Item 23 s	¥	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME	E OF 28c.	INJURY AT	isidence (28d. DESCRIBE HOV	OO VEIDLALV	CURED				
n this	ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Year)	INJU	URY	WORK?	NO	Fal al a	A A	4	Bal			
deat deat	8	2 Accident Investigation 3 Suicide a Could not be	28e. PLACE OF	INJURY — At he	ome, ferm, st				281. LOCATION (Street	et end Number	or Bural B	oute Number			
after 28	E	4 Homicide datermined	building, (etc. (Specify)	40m				City or Town, Sta	(e)	41				
hours Item	P.E.	29e. CERTIFIER 1 CERTIFYING PHYSI	CtAN; To the beat of	ete end nisse	and this	n the counciles and	7	7/							
One) 2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the lime, date and place, and one of the basis of examination end/or investigation, in my opinion, death occurred at the lime, date and place, and one of the basis of examination end/or investigation, in my opinion, death occurred at the lime, date and place, and one of the basis of examination end/or investigation, in my opinion, death occurred at the lime, date and place, and one of the basis of examination end/or investigation.											red.	end menner as stated			
APOI N	BE O	A-	6/		///	AR	1		west .			(Month, Day, Year)			
	유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITE	M 27) Hype,	Print)	D07	099		1 , 1	ovem.	ber 2, 1991			
		Francis C. Mayle					nue. P	ethe	sda, Mary	land	208	14			
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	S'S SIGNATURE	- 0				-uu, Hul	Land	200.	<u> </u>			
		NOV 04 '91	gina David	son-hand											
,					24							DHMH-16 Rev 1/89			



AND 21215-0020

BALTIMORE,

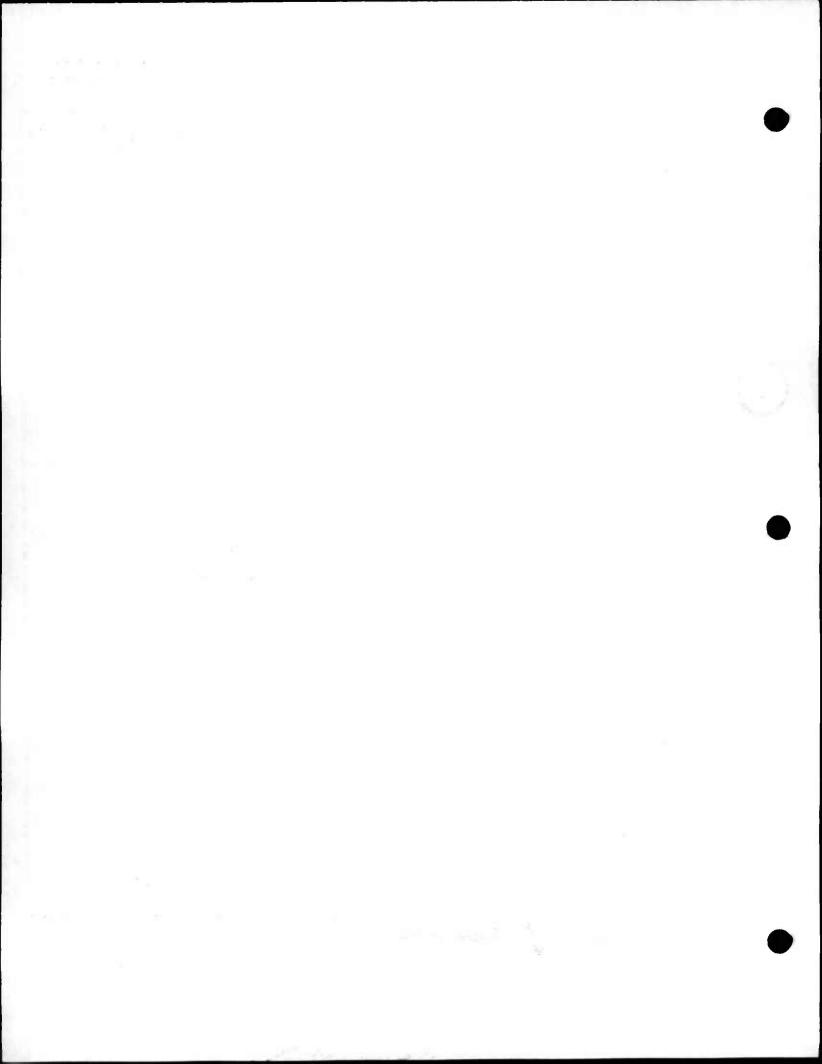
FOR STATE REGISTRAR

10

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Dulley	George	e 1	McCo	KTNEIL	2. DATE OF DEATH	1 - 9 YE	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 055 30 2197	5. SEX 8. AGE (In yrs. 1 1 1	last birthday)	DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 12,19	936 Br	COUNTY) COOKLYN, N.Y.					
TOR	90. FACILITY NAME (If not institution, give Holy Cross RESIDENCE OF DECEDENT	street end number) S Hospital	9	Silve	r Sprin	EATH	9c. COUNTY						
DIRECTOR	10e. STATE 10b. COUNT	tgomery		own or Location				10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
ERAL	100. STREET AND NUMBER 926 Clintwood	Drive		10f.	20902			of WHAT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	ARMED X NO	If yes, spec	NDENT OF HISPA Elly Cuben, Mexico	NIC ORIGIN? (Specify Yes an, Puerto Ricen, etc.) fy:	or No 14.	RACE — American Indian, Black, White, etc. Specify: Black					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade (Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4 or 5+)	Give kind of work life. Do NOT yee n ASSOCIAI	ual occupation of done during most elired.) Le Directed ence &	of working	166. KIND OF BUS	Gover	RY					
BE CO	17. FATHER'S NAME (First, Middle, Lest) Felix Ad	olph McConnell				AME (First, Middle, Maiden Rhoda Bro							
10	190. INFORMANT'S NAME (Type/Print) Regina H. McCon	nell	926 C1	DRESS (Street and	Dr., S	Route Number, City or Town	n, Stete, Zip Cod	20902					
	20a METHOD OF DISPOSITION 1 & Burtel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Cate of Heaven Cemetery Cate of Hea												
	McGuire Funeral Service Inc. 7400 Georgia Ave. N. W. Wash D. C. 20012												
	25. Family Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximately approximately according to the control of the												
	Thursday August												
CATION	cause. Enter UNDERLYING												
ERTIF	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):										
MEDICAL CERTIFICATION	PART II. Other aignificant condition	ns contributing to death but no	t resulting in t	he underlying	cause given in	Part I. 24e. WAS AN PERFOR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
								1 YES 2 NO					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ses 2 □ NO	HOSPITAL:		THER:	E OF OEATH (Ch								
ву Рну	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJUF WORK	Y AT	a Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	D					
	3 Suicide a Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, ferm, stree	ot, factory, office		28t. LOCATION (Street e. City or Town, State)	at. LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner se stated.												
8	29b. SIGNATURE AND TITLE OF CERTIFIE		· v~~	29c. LICENSE NUMBER 29d. DATE SIGNED (Month)									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Color Soll Wisson Ave Betherland.												
	31. DATE FILED (Month, Day, Year)	PEGISTIAN'S SIGNATURE			47			and the second					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



		FOR
1	_	STATE
	_	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	CATE OF	DEATH		REG.	NO.			
1. OECEDENT'S NAME (First, Middle, Last TRA Ho	orner VY	LEN			2. DATE MONT	OF DEATI	H DAY	9 FAR	3. TIME OF OEATH	
220 34-3600	THE !		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Monti	DF BIRTH h, Day, Yea V 3	1908	Count	HPLACE (State or Foreign ry) rginia	
a. FACILITY NAME (If not institution, give	e street and number)	NH.		or Location of Di	EATH	, ,,	9c. CD	UNTY OF I		
s. STATE 10b. COUN	rince George		TOWN DR LOCAT						10d. INSIDE CITY LIMITS?	
. STREET AND NUMBER		Hyattsv:	TTTE			10g. C	ITIZEN OF	1 M YES 2 NO		
/333 New H	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OF	R IN U.S. ARMED	If yes, sp	20783 ENDENT OF HISPAI ecity Cuben, Mexica 2 XNO Specifi	n, Puerto	N? (Specify Rican, etc.	y Yes or No-	14. RAC Blac	SA E — American Indian, ik, White, etc.	
1s. OECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12) 1-12	DUCATION Ide completed) College (1-4 or 5+) 4 yrs		SUAL OCCUPATION of doing more retired.)	ON et al working	16b	H.U.	D.			
FATHER'S NAME (First, Middle, Lest) Charles E	dward Nylen			18. MOTHER'S NA			iden Surname,)		
Ronald I. N	ylen			and Number or Rural Shire Ave	Route Num	ber, City or			4d 20783	
a. METHOD OF DISPOSITION Burlel 2 \(\tilde{\text{N}} \) Cremation 3 \(\tilde{\text{Re}} \) Re Donation 5 \(\tilde{\text{O}} \) Other (Specify)	emoval from State	other place) Fort Lin	TION (Name of ce	netery, cremetory or		200		— City or T	or Town, Stats	
SIGNATURE OF FURERAL SERVICE	LICENSEE		Hines	ND ADDRESS OF FA	Fun	neral	Home			
equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	- Alsher	S A CONSEQUENCE OF	Maln emen real	urilo Tis reflux	n				1 YEA	
ART II. Other significant conditi	d. ions contributing to deati	n but not resulting in	ths underlyin	g cause given in	Part I.	PEI	S AN AUTOPS RFORMED? ES 2 NO	Y 24	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (C))			
MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJUF (Month, Day, Yea	TY 28b. TIME	OF 28c. IN.	JURY AT DRK? YES 2 ND			OW INJURY O	CCURED		
Accident Investigation Suicide 8 Could not be determined.	28e. PLACE OF INJU	JRY — Al home, farm, st (pecify)	reet, factory, offic	20	28f. LOC City	CATION (Si	treet and Num State)	ber or Rural	Route Number,	
anal .	YSICIAN: To the best of my kr								(s) and manner as stated	
SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU	MBER	-			O/Morah, Day, Mari	
D. MALE AND ADDRESS OF PERSON OF TEANUR 1. DATE FILED (Month, Day, Year)	HSHEL	3720 FAF	Prine) RRAGU	TAVE		EN	3116	TON	MD 20896	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

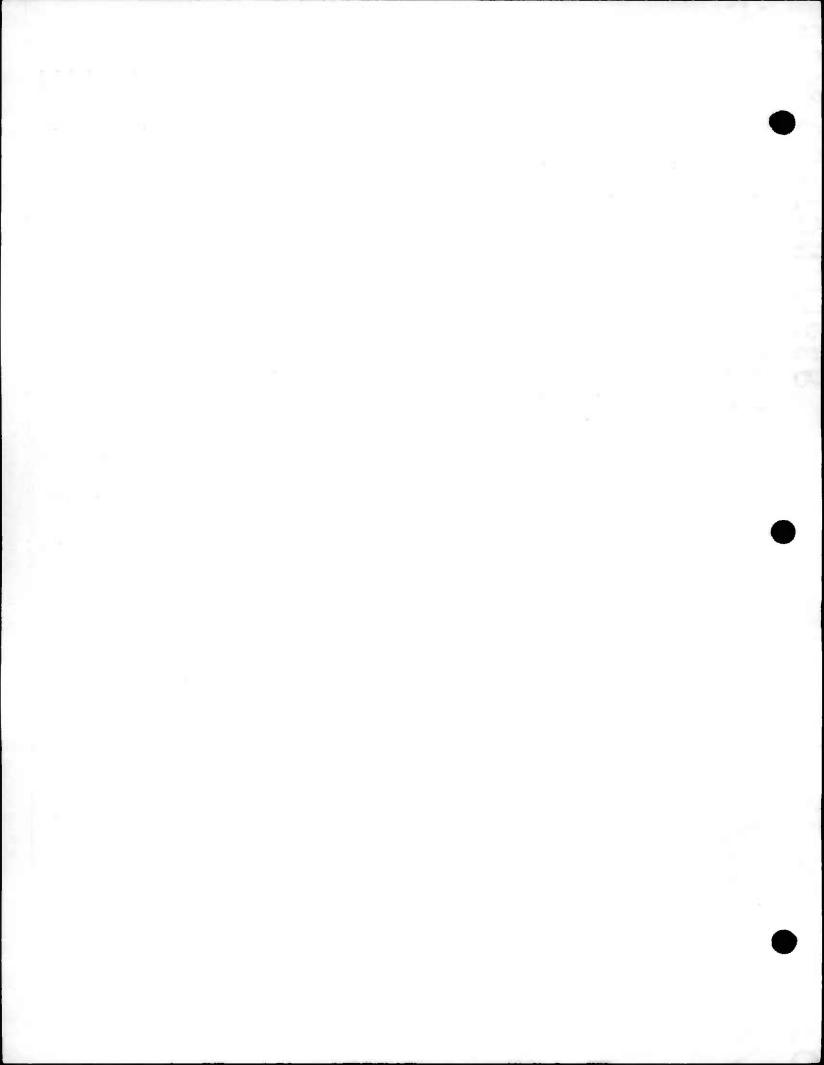
IMPORTANT: If I leam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

NUV

BALTIMORE, MARYLAND 21203-3146

4

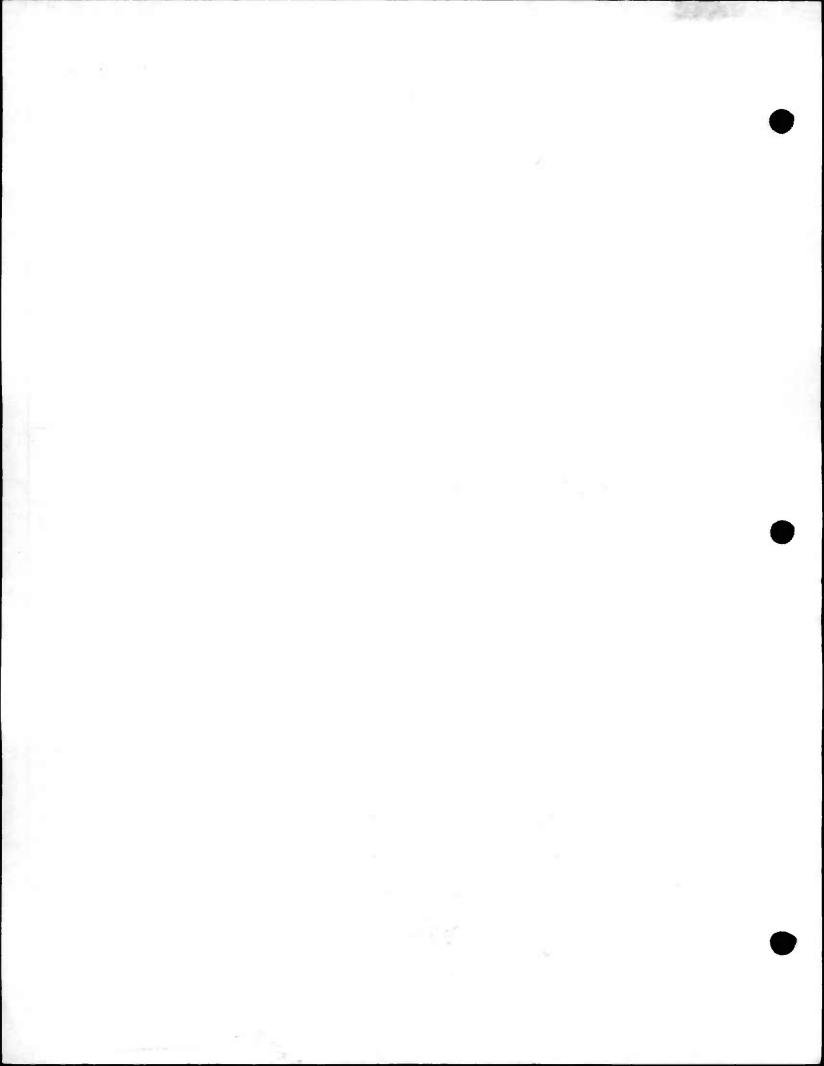


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	t permit. Paper
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First	, Middle, Last)										E OF DEATH	AW	WEAR	3. TIME OF OEATH
	son					October 28, 199				11:30 AM M				
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER		IF UNDE			E OF BIRTH	8. BIRTHPLACE (State or Foreign Country)		
330-18-274	1	1 X M 2 F	70		YRS.	MONTHS	DAYS	HOURS	MIN.	Mar	March 29, 1921 Ill			inois
9a. FACILITY NAME (If not in	stitution, give s	street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O						INTY OF E	DEATH	
9316 Coles		Road				Silver Spring Montgom						ery		
10e. STATE	10b. COUNT	Υ		-	10c. CIT	Y, TOWN (OR LOCA	TION						10d. INSIDE CITY
Maryland	Mont	tgomery			Si	llver	Sp	rina						LIMITS?
10e. STREET AND NUMBER				_	f. ZIP COD	E			10g. CI1	IZEN OF	WHAT COUNTRY?			
9316 Coles	ville					20	0901		Ur	nited	States			
11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS OECEDER	X YES	2 N	MED IO		If yes, s	pecify Cubi	nn, Mexica	in, Puart	ilN? (Specify Ye o Rican, atc.)	or No-	Blac	E — American Indian, k, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: White														
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												DUSTRY		
Elementary/Secondary (6	0-12)	College (1-4 or 5	+)		Do NOT us						0 6: 0			
12				Sa	lesm	nan		_		_	Soft D		3	
17. FATHER'S NAME (First, M											, Middle, Malden			
Roy Wilcox		n			-1-011000						Sunshi		Wood	
Annette G.		n						and Numbe			mber, City or Tow lver S			D 20910
20a. METHOD OF DISPOSIT	on 3 🗆 Ram	noval from State				E OF OISP			,	0/	TE 20c. LC	CATION -	- City or T	own, State
4 Donation 5 Other		ocuer (_ St	Jbur	ban	Crem					29 Silv	er S	prin	g, Maryland
21. SIGNATURE OF WORKER	1 TY	CENSEE		_				Fune			vices,	PSDA	ina	MD 20910
23. PART I. Enter the d	1000000	a complication the	<u></u>	l Abo els	-Al- Do									
shock, or h	eart feliure.	List only one ce	use on e	ech line		not enter	trie in	ode or dy	ing, suc	in mm ce	eralec or reep	iretory e	rrest,	Approximete Interval Between
IMMEDIATE CAUSE (Findiseese or condition	nei			-										Onset and Death
resulting in death)	→	. Metast				_	nce	r						2½ years
		DUE IC	OR AS A	CONSEC	JUENCE O	NF):								
Sequentielly liet condit if any, leading to imme	diate	b	OR AS A	CONSEC	DUENCE O	F):								
CAUSE (Disease or Inju		C			ONSEQUENCE OF):									
that initiated events recuiting in death) LAS	т	DUE TO	OR AS A	CONSE	CONSEQUENCE OF):									
		d										_		-
PART II. Other significa	ant condition	ns contributing to	death b	ut not r	esuiting	in the u	nderiyir	ng cause	given in	Part i.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS
											1 2 2 2 2 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										1 YES 2 NO OF DEATH?				
25. WAS CASE REFERRED T	O MEDICAL					7.1	26. F	PLACE OF I	DEATH (C/	heck only	one)			
EXAMINER?		HOSPITAL:	☐ ER/Outp	estient 3	□ DOA	OTHE	R:	me 5 X 8	esidence	6 🗆 OI	her (Specify)			
27. MANNER OF DEATH	Pending	28a. DATE O			26b. TIM		28c. IN	JURY AT			EŞCRIBE HOW	INJURY O	CCUREO	
2 Accident	Investigation	28e. PLACE	DE IN ILION	At he	4	edward, door		YES 2	NO	201.1	2017/01/ (0)			
3 Suicide 6 4 Homicide	Could not be detarmined	building	alc. (Spec	clfy)	1110, 101111,	olivet, lec	101y, 0111				DCATION (Street ity or Town, State		er or nurai	riode number,
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	f my know	ledge, de	ath occur	red at the	time, dat	and plac	e, and du	lo lhe	cause(a) and me	nner as st	ated.	
000)														(a) and manner as stated.
291 SIGNATURE AND TITLE	196 SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)													
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											r 28, 1991			
Ralph V. B	occia,	M. D.,	541	l We	st C		Lar	ne, #	203A	, в	ethesda	, MD	208	14
31. DATE FILED (Month, Day,	,	32. REGISTR	AR'S SIGN	AGENCE	182									
OCT 30 '9'	1	A more	Action	1	parties .									

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

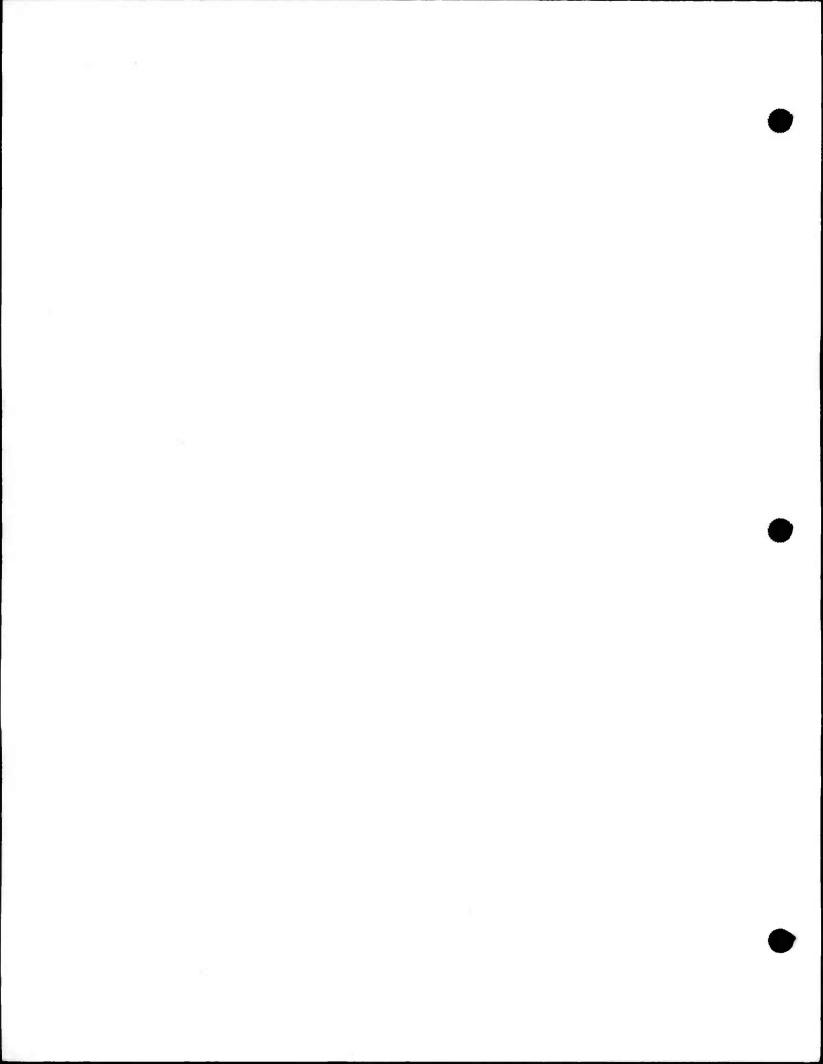
	REGISTRAR		CERT	IFICA	ILE OF	DEATH	RI	EG. NO.			
-	1. DECEDENT'S NAME (First, Middle, Last)		-				2. DATE OF D	EATH		W.100	3. TIME OF DEATH
ì	Rachel Card	oline	Newton	า			монтн : 10	DAY	27	91	: 1:45 AM
						IF UNDER 24 HRS.	7. DATE OF B	AFFELL	21		IPLACE (State or Foreign
- 1			GE (In yrs. lest birth	MONT	THS DAYS	HOURS MIN.	(Month, Day			S. BIRTH	
	219-05-9290	□ M 2 🔀 F	89 YF	RS.		1004115	1-26-0	2		Mai	ryland
	9a. FACILITY NAME (If not institution, give street	t and number)		9b.	CITY, TOWN	OR LOCATION OF OR	ATH		9c. COU	NTY OF D	EATH
ر ا	BERLIN NURSING H	JOME			BERLI	NI		- 1	WIC	DO	ESTER
	RESIDENCE OF DECEDENT	TOME		L	DEK LI	IV			W	JRCI	COLEK
입	10a. STATE 10b. COUHTY		10c	CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	MARYLAND WOF	RCESTER		BER	T TKI					- 1	LIMITS? 1 TES 2 X NO
	10e. STREET AND NUMBER	CESTER		DER		of, ZIP CODE			40- 017	17511 05 1	WHAT COUNTRY?
≶					110						WHAI COUNTRY?
FUNERAL	10528 Harrison Roa	1d				21811			US	SA	
5	11. MARITAL STATUS 12	2. WAS DECEDENT EVI	ER IH U.S. ARMED			CENDENT OF HISPAN			or No-	14. RACE	E — American Indian, k, White, atc.
	1 Hever Married 2 Married	FORCES? 1 Y		- 1		pecify Cuban, Maxica S 2 X NO Specify		i, atc.)		Speci	
À	3 Widowed 4 Divorced										can American
	15. DECEDENT'S EDUCAT	OH	18a. DECEDE	NT'S USU	AL OCCUPAT	IOH	16b, KIH	D OF BUS	INESS/IN		
	(Specify only highest grade con		(Give kin	id of work o IOT use reti	done during m red.)	lost of working					
ا ټ	6th grade	Collega (1-4 or 5+)				housekeep	per P	rivat	e Fa	mily	
COMPLETED				Jonne	SHC						
8	17. FATHER'S HAME (First, Middle, Last)					18. MOTHER'S HA			Sumame)		
ш 1	EBENEZER SMACK					HESTE	R SPE	NCE			
	19a. IHFORMAHT'S NAME (Type/Print)		19b. MA	ILIHG ADD	RESS (Street	and Number or Rural i	Route Number, C	ity or Town	, State, Zi	p Code)	
임	Hester Smith		105	28 H	arrisoi	n Rd., Ber	clin, MI) 21	811		
	20a, METHOD OF DISPOSITION					emetery, crematory or				City or To	own State
- 1	1 XBurial 2 Cremation 3 Remove	il from State	New Be	+hal	Como	toru					
	4 Donation 5 Other (Specify)		Mew De	ther	Ceme	ter y				Mary	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1		22. NAME A	AND ADDRESS OF FA	CILITY Rt.	#2, E	30x 5	922,	Jersey Road
	Water in h	Mary	antle.	.	Jolley	Memoria	I Chape	el, Sa	alisb	ury.	MD 21801
-	acrillatas	uery of	willing								
	23. PART I. Enter the diseases, or con shock, or heart feliure. Lis	nplications that car	used tha death.	Do not e	inter the m	ode of dying, suc	h ee cerdiec	or respi	ratory er	rest,	Approximete interval Between
١	SHOOK, OF HOUR TOHATO, Elle	A dilly dile daded t									
- 1	IMMEDIATE CAUSE (Fine)										Onset and Death
	iMMEDIATE CAUSE (Finel disease or condition	Soo	Sea								
		SOP.	AS A COHSEQUEN	CE OF):							
	disease or condition	10,	AS A COHSEQUEN								
NO	disease or condition	Ph	eunoni								
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	Ph			10a. 7	7ail a					
ICATION	disease or condition resulting in death) Sequentially list conditions,	DUE TO (OR	eunoni as a consequen gls two	CE OF):	leart	Faifuro					
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR	eunoni	CE OF):	leent	Paifuro	72.11				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	eunoni as a consequen gls two	CE OF):	leint leit	Paifuro Zrates	mellit	4.			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR) DUE TO (OR) Ins	emoni as a consequen yls Two as a consequen men I	CE OF):		0					Onset and Death
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR) DUE TO (OR) In A contributing to dea	emoni as a consequen yls Two as a consequen men I	CE OF):		0		L. WAS AN		246	
	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR) DUE TO (OR) Ins	emoni as a consequen yls Two as a consequen men I	CE OF):		0	Part I. 24	. WAS AN	MED?	24b	Onset and Death Death
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR) DUE TO (OR) In A contributing to dea	emoni as a consequen yls Two as a consequen men I	CE OF):		0	Part I. 24	. WAS AN	MED?	246	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR) DUE TO (OR) In A contributing to dea	emoni as a consequen yls Two as a consequen men I	CE OF):		0	Part I. 24	. WAS AN	MED?	24t	Onset and Death Death
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR) DUE TO (OR) In A contributing to dea	emoni as a consequen yls Two as a consequen men I	CE OF):	na undariyi	ng cause given in	Part I. 24	. WAS AN	MED?	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. Pinnal Van 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR) DUE TO (OR) In A contributing to dea	emoni as a consequen yls Two as a consequen men I	CE OF): CE OF): (A) CE OF): (A) CE OF): (A) CE OF): (B) CE OF): (CE OF): (D) CE OF): (E) (E) (E) (E) (E) (E) (E) (na undariyi	0	Part I. 24	. WAS AN	MED?	240	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the cause. Entar Underlying that initiated events resulting in deeth) LAST PART II. Other significant conditions of the cause of the	DUE TO (OR DUE TO (OR) Ins contributing to dea	emonia AS A CONSEQUEN AS A CONSEQUEN AS A CONSEQUEN AS THE CONSEQUEN AS A CONSEQUENCE AS A	CE OF):	26.	ng cause given in	Part I. 24	. WAS AN PERFOR	MED?	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the cause. Entar Underlying that initiated events resulting in deeth) LAST PART II. Other significant conditions of the cause of the	DUE TO (OR DUE TO (OR) Indicate the properties of the properties	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): CE OF): COMMITTEE OF A LEGEL AND A	26. I	ng cause given in	Part I. 24	PERFOR	MED?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR) INS Contributing to dea What I dea HOSPITAL:	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): CE OF): CHARACTER THE COMMENT OF THE COMMENT O	26. I THER:	ng cause given in	Part I. 24	PERFOR	MED?		D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR) Indicate to dea Contributing to dea Contribut	AS A CONSEQUENT AS A CONSEQUEN	ICE OF): CE OF): All Marie CE OF):	26, I	PLACE OF DEATH (C) TIME 5 Residence 1-JUSY AT VORK? YES 2 HO	Part I. 244 1 [neck only one) 8 Other (S) 28d. DE\$CRI	NWAS AN PERFOR	HJURY OF	CCURED	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR) Ins contributing to dea What I impetent 2 = ER 28a. DATE OF INJI (Month, Day, Ya)	AS A CONSEQUENT AS A CONSEQUEN	ICE OF): CE OF): All Marie CE OF):	26, I	PLACE OF DEATH (C) TIME 5 Residence 1-JUSY AT VORK? YES 2 HO	Part I. 244 1 [neck only one) 8 Other (S) 28d. DE\$CRI	NAS AN PERFOR	HJURY OF	CCURED	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH 1 YES 2 HO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR) Indicate to dea Contributing to dea Contribut	AS A CONSEQUENT AS A CONSEQUEN	ICE OF): CE OF): All Marie CE OF):	26, I	PLACE OF DEATH (C) TIME 5 Residence 1-JUSY AT VORK? YES 2 HO	Part I. 244 1 [neck only one) 8 Other (S) 28d. DE\$CRI	NWAS AN PERFOR	HJURY OF	CCURED	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH 1 YES 2 HO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR) IND Contributing to dea	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): CE OF): COMMITTEE OF INJURY	26. If Hursing Ho	PLACE OF DEATH (C) PLACE OF DEATH (C) PLACE OF DEATH (C) PLACE OF DEATH (C) PLACE OF DEATH (C) PLACE OF DEATH (C) PLACE OF DEATH (C) PLACE OF DEATH (C)	Part I. 24s	I. WAS AN PERFOR	HJURY O	CCURED er or Rural	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH 1 YES 2 HO
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MAHHER OF DEATH 1 Hetural 5 Pending Investigation 1 Hetural 1 Hetural 2 Accident 2 Accident 3 Suicide 4 Homicide 1 CERTIFIER 1 CERT	DUE TO (OR DUE TO (OR) IND Contributing to dea What I input at 2 ER 28a. DATE OF INJI (Month, Day, M 28a. PLACE OF IN, building, atc.	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): CE OF): COMMITTEE OF: COMMITTEE	26. If HER: Hursing Ho 28c. If MM 1 1	PLACE OF DEATH (C/	Part I. 24 1 [Deck only one) 8 Other (Sc 28d. DE\$CRI 28f. LOCATIC City or R	I. WAS AN PERFOR	HJURY OC	er or Rural	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR) IND Contributing to dea What I input at 2 ER 28a. DATE OF INJI (Month, Day, M 28a. PLACE OF IN, building, atc.	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): CE OF): COMMITTEE OF: COMMITTEE	26. If HER: Hursing Ho 28c. If MM 1 1	PLACE OF DEATH (C) OTHER S Residence HJURY AT HORKY I YES 2 HO Ice Its and place, and duck death occurred at the	Part I. 244 1 [Deck only one) 8 Other (St. 28d. DE\$CRI 28f. LOCATIC City or R to the cause(to be time, date and	I. WAS AN PERFOR	HJURY O	ccured or Rural sted.	Onset and Death Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO Route Number,
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the condition	DUE TO (OR DUE TO (OR) IND Contributing to dea What I input at 2 ER 28a. DATE OF INJI (Month, Day, M 28a. PLACE OF IN, building, atc.	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): CE OF): COMMITTEE OF: COMMITTEE	26. If HER: Hursing Ho 28c. If MM 1 1	PLACE OF DEATH (C/	Part I. 244 1 [1 246	I. WAS AN PERFOR	HJURY O	ccured or Rural sted.	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR) Indicate to dea Contributing to dea Contribut	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): CE OF): CE OF): COMMENT OF THE	26. If Hers: Hursing Ho 28c. If W M 1 t, factory, off	PLACE OF DEATH (C) OTHER S Residence HJURY AT HORKY I YES 2 HO Ice Its and place, and duck death occurred at the	Part I. 244 1 [Deck only one) 8 Other (St. 28d. DE\$CRI 28f. LOCATIC City or R to the cause(to be time, date and	I. WAS AN PERFOR	HJURY O	ccured or Rural sted.	Onset and Death Do. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR IND CONTRIBUTING to dea COMPLETED CAUSE OF INJ On the besis of axami	AS A CONSEQUENT OF DEATH (ITEM 27)	CE OF): CE OF): CE OF): CE OF): COA 4 L DOA 4 L DO TIME OF INJURY Farm, stree	26. If Hers: Hersing Horizont Market	PLACE OF DEATH (C) OTHER S Residence HJURY AT HORKY IVES 2 HO Ice Its and place, and ducted death occurred at the 29c. LICENSE NU 29	Part I. 244 1 [Deck only one) 8 Other (St. 28d. DE\$CRI 28f. LOCATIC City or R to the cause(in a time, date and mater) MBER	a. WAS AN PERFOR	HJURY Od	er or Rural ated. the cause(Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO Route Number, (a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions of the cause of the	DUE TO (OR DUE TO (OR IND CONTRIBUTING to dea COMPLETED CAUSE OF INJ On the besis of axami	AS A CONSEQUENT OF DEATH (ITEM 27)	CE OF): CE OF): CE OF): CE OF): COA 4 L DOA 4 L DO TIME OF INJURY Farm, stree	26. If Hers: Hersing Horizont Market	PLACE OF DEATH (C) OTHER S Residence HJURY AT HORKY I YES 2 HO Ice Its and place, and duck death occurred at the	Part I. 244 1 [Deck only one) 8 Other (St. 28d. DE\$CRI 28f. LOCATIC City or R to the cause(in a time, date and mater) MBER	a. WAS AN PERFOR	HJURY Od	er or Rural ated. the cause(Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO Route Number, (a) and manner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the cause of the	DUE TO (OR DUE TO (OR IND CONTRIBUTING to dea COMPLETED CAUSE OF INJ On the besis of axami	AS A CONSEQUENT AS A CONSEQUEN	CE OF): CE OF): CE OF): CE OF): COA 4 L DOA 4 L DO TIME OF INJURY Farm, stree	26. If Hers: Hersing Horizont Market	PLACE OF DEATH (C) OTHER S Residence HJURY AT HORKY IVES 2 HO Ice Its and place, and ducted death occurred at the 29c. LICENSE NU 29	Part I. 244 1 [Deck only one) 8 Other (St. 28d. DE\$CRI 28f. LOCATIC City or R to the cause(in a time, date and mater) MBER	a. WAS AN PERFOR	HJURY Od	er or Rural ated. the cause(Onset and Death D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 HO Route Number, (a) and manner as stated.

d or ce houping or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 sours after death. Page 6 may be retained TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shumbe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified a

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89



31. DATE FILED (Month, Day, Year)

'91

Part 6 may be retained by the hospital or attending physician.	memory as the burial-transit		no must be colffed at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. The death. Park is many be made by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral and completely filled in by the funeral and completely filled in by the funeral and completely filled in by the funeral and completely filled in by the funeral and completely filled in the funeral and completely f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine quant he will

	FOR 1 STATE	STATE OF N					EALTH AND I	MENTA	L HYGIEN	E	91	31568
	REGISTRAR 1. DECEDENT'S NAME (FIRST APPORTUNE) HILLA	M.	NO	PATH	ICATE	OF	DEATH	2. DATE MOHT	REG. NO.		YEAR 3	TIME OF DEATH
	214-68-7209	5. SEX 1	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	MAR	OF BIRTH th, Day, Year) CH 9,1	916	Country) MARY]	
TOR	9a. FACILITY NAME (If not institution, give stre WESLEYAN HEALTH C. RESIDENCE OF DECEMENT		ER		-	ENT(R LOCATION OF OR	EATH			OLINI	
DIRECTOR	MARYLAND DORCH	ESTER			y, town o	EW MA	ARKET				1	od. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER RAILROAD AVENUE						21631				USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2X N MR OR DATES	MED O	1	f yes, spe	ENDENT OF HISPAR pelfy Cuban, Maxica 2 X NO Specifi	n, Puerto		or No⊷	14. RACE Black, 1 Specify:	- American Indian, White, atc. WHITE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	OTION completed) College (1-4 or 5+	(Gir life.	ve kind of a Do NOT us	USUAL OC work done of se retired.) MAKER	luring mos	N st of working	164	o. KIND OF BUS	SINES\$/INDU	JSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) CHARLES W. MOORE 18. MOTHER'S NAME (First, Middle, Maiden Surname) LAURA S. BLADES											
D D	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RT. 2, BOX 296, FEDERALSBURG, MD 21632											
	206, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Removal from State 4 Donation 6 Office (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	21. SIGNAL OF FORERAL SERVICE CO.	95	ller				R FUNERA NEW MARK			31		
6	23. PART I. Enter the diseases, or co shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cau	Se on each line.	ati	my		da of dying, suc		diac or respi	lretory arre	est,	Approximsta Interval Batween Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I are use an autopper							VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only o	ne)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 Inpetient 2 Month, D		28b. TIM	4 K Nurs	28c, INJI WO	URY AT RK?	_	or (Specify) \$CRIBE HOW I	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE O building,	F INJURY — At horate. (Specify)	me, ferm,	atreet, fact	ory, office		28I. LOI C/ty	CATION (Street or Town, State)	and Number	or Rural Roo	ite Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI DESCRIPTION OF THE CHAPTER											and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	400	2 -m	0			29c. LICENSE NUI	MBER 2-8	4	29d. DATE	SIGNED (A	Monte, Day, Year)

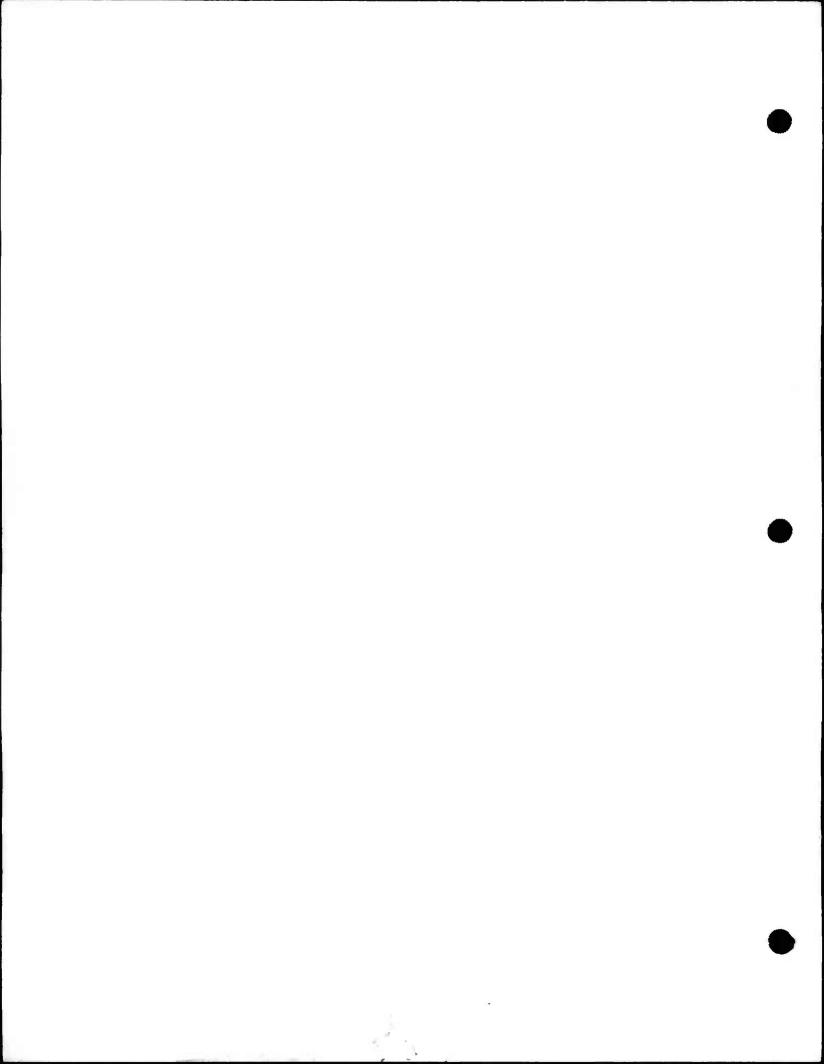
29c. LICENSE NUMBER 30...NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UBUX 496 AUGN 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mous after death. Page 6 may be frain to provide a manner of physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show the mass the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Deport of Health and Mental Hygiene prior to burial, cremation, or removal. **Longital The Complete of the page 4 of the 23 shows any injury, or other trainmatic event, the medical examiner must be notified at once.	sician.	al-transit permit. Pages 1, 2, 3	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mous after death. Page 6 may be retained to the page 7 may be united by the attending physician and completely filled in by the funeral director, page 5 shall be united by the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	And dupling and a substantial of the substantial of	for use as the bun	**
15	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25-70 urs after death. Page 6 may be retained by the most	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shown be defined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	supportant: History as its marked or Hem 23 shows any Injury or other traumatic event. The medical examiner must be notified at once.
	1	5	

191

should

								. 0.002		
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	\$				2. DATE OF DEATH		3. TIME OF DEATH		
	Kobert	LORRAINE	- NE	FF		MONTH DA	- 9 YE	0752 11		
- 1	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. 6	NRTHPLACE (State or Foreign		
	190-32-5708	1 🕅 M 2 🗆 F	52 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6/26/39		nnsylvania		
	9a. FACILITY NAME (If not institution, give stre		72	9b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY			
10H	Shady Grove Advent	tist Hospita	1	Rockvil	lle		Montgo	mery		
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Maryland Montgo	omery	Gai	thersbu				1 TYES 2 NO		
₹	10e. STREET AND NUMBER				, ZIP CODE			OF WHAT COUNTRY?		
FUNERAL	15512 Norman Drive				0878		U.S.A.			
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 X YES	N U.S. ARMED			IIC ORIGIN? (Specify Yas n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.		
BY	1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		2 NO Specify			Specify: White		
	15. DECEDENT'S EDUC	1962 - 1965	44- DECEDENTIS	USUAL OCCUPATION	Na.	16b. KIND OF BUS	I I			
COMPLETED	(Specify only highest grade of	completed)	(Give kind of the Do NOT us	work done during mo se retired.)	st of working	160. KIND OF BUS	SINE SO/INDUS!	rty		
	Elementary/Secondary (0-12)	College (1-4 or 5+)				Flootwo	ni 00/C			
Ž	17. FATHER'S NAME (First, Middle, Last)	4	Systems	Design	Engineer	Electro		omputers		
					CACHAN CAUTAIN	A CONTRACTOR OF THE CONTRACTOR	Surname)			
H	James C. Neff					Beaumont				
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
	Janet L. Neff	Let				Gaithersbur				
	20e. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Ramo	val from State	other place)				CATION — City			
	4 Donation 5 Other (Specify)		letropoli	tan Cre	natory	Alex	xandria	VA		
	21. SIGNATURE OF FUNERAL SERVICE-LICE	NAFE		10 E	ND ADDRESS OF FA	Park Drive	Funera	11 Home		
	× (· ()	50 J		Gaith	ersburg.	, Maryland	20877			
	23. PART i. Enter the diseases, or co							Approximate		
	shock, or heert fellure. L	ist only ona ceuse on a						interval Between Onset end Desth		
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a.									
	resulting in death)	DUE TO (OR AS A	A CONSEQUENCE O		~					
_	DUE TO (ON NO A CONSEQUENCE OF).									
CERTIFICATION	Sequentisity illat conditions,	DUE TO (OR AS A	A CONSEQUENCE O	F):						
AT	if sny, lesding to immediate cause. Entar UNDERLYING									
F	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE O	F):						
	reaulting in death) LAST							ļ		
S		•								
A	PART II. Other significant conditions	contributing to death b	out not resulting	in the underlyin	g ceuse given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
SC	Hyperte	usion,	حداما	me	abrem	1 D YES		COMPLETION OF CAUSE OF DEATH?		
JE I	Jugue	chaun	_ 5	Shown	worken	2		1 WES 2 NO		
-	ant	uides .	0/			====				
Š	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)				
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)				
\ H	27. MANNER OF DEATH	280. DATE OF INJURY	28b. Til		JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
	Natural 5 Pending	(Month, Day, Year)	IN IN	JURY W	YES 2 NO					
ВУ	2 Accident investigation 3 Suicide 6 Could not be	260. PLACE OF INJURY	Y — At home, farm,	atrael, factory, offic	:0	281. LOCATION (Street	end Number or I	Rural Floute Number,		
	4 Homicide determined	building, etc. (Spe	icity)			City or Town, State)			
<u>"</u>	290. CERTIFIER	NAM. To the heat of my know	ulades death seem	and at the time date	and place and due	As the minutes in the side	all and the desired			
₹ P	(Crieck only	CIAN: To the best of my known:			•			nuse(a) and manner as stated.		
COMPLETED		your or exemitment	Jiwa investigati	, m, opinon,						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0		5	29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)		
10	COV	2000			108	44	1	0-58-11		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH /ITEM 97) /7m	a Drint)						



10	- 4
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	70. After this certificate has been cioned by the open attending observation and compalate. Elles is a
Æ	- 3
24	ų
C	á
: 5	ż
- ₹	3
2	į
5	-
Se	- 7
a a	
quires that the death certificate be executed with	3
0	.5
at the	ž
匾	9
F	3
0	2
at	9
de ,	è
40	ą
=	3
at	2
==	3
SS	ě
5	č
9	9
>	ž
8	6
e	ì
F	\$
ż	5
A	ě
2	9
- ₹	4
4	£
9	9
3	4
2	i
E	č

ing physician.	the burial-transit p	
IICAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	once.
e retained by	5 should be	notified at
Page 6 may b	Il director, page	ner must be
urs after death.	in by the funer	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at o
d within 24 ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	event, the m
cate be execute	hysician and co	or traumatic
he death certifi	the attending p Mental Hygien	njury, or other
requires that t	een signed by of Health and	shows any li
SICIAN: The law	certificate has I the State Dept	, or item 23
TENDING PHYSICIAN	OR: After this of fter death with	8 is marked
TO THE HOSPITAL OR AT	NERAL DIRECT hin 72 hours a	NT: If Item 2
THE HC	TO THE FU	IMPORTA

	1 - STATE OF MARYLAND / DE REGISTRAR CER	PARTMENT OF I	HEALTH AND ME	NTAL HYGIENE REG. NO.					
3	1. OECEOENT'S NAME (First, Middle, Last) Harry Francis O'Neil		2.	DATE OF DEATH DAY	YEAR 91	3. TIME OF DEATN 9:30 Am			
ý	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birt	hday) IF UNDER 1 YEAR		DATE OF BIRTH		PLACE (State or Foreign			
	1 3/9-14-88/h X = 1 /U	PRS. MONTHS DAYS		(Month, Day, Year) N.23, 1921	Count	INGTON, D.C.			
R	98. FACILITY NAME (If not institution, give street and number) Doctors Community Hospital	96. CITY, TOWN Lanhar	OR LOCATION OF DEATH		9c. COUNTY OF D				
5	RESIDENCE OF DECEDENT								
띪		c, CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
FUNERAL DIRECTOR	MARYLAND PRINCE GEORGE'S 10s. STREET AND NUMBER	GREENB				1 YES 2 NO			
RA	6934 HANOVER PARKWAY #201	10	1. ZIP CODE		10g. CITIZEN OF V	VHAT COUNTRY?			
N N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DEC	20770 CENDENT OF HISPANIC O	ORIGIN? (Specify Ves o	USA	— Amarican Indian,			
BY F	1 Never Married 2 Married FORCES? 1 N YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	pecify Cuban, Maxican, Pecify:	uarto Rican, etc.)	Blaci Speci	c, White, atc.			
	I WW II					HITE			
COMPLETED	(Specify only highest grade completed) (Give ki	ENT'S USUAL OCCUPATION INDEX OF WORK done during me NOT use retired.)	ON ost of working	16b. KIND OF BUSIN	NESS/INDUSTRY				
PLI	College (1-4 of 5+)	SALESMAN		OTTENBER	ota nam	env			
Š	17. FATHER'S NAME (First, Middle, Last)	SALESPAN	18. MOTHER'S NAME (EKI			
BE	JOHN T. O'NEIL		LILLIA						
0	1	ALING AOORESS (Street a	and Number or Rural Route	Number, City or Town.	State, Zip Code)				
		15 MELANIE		KTON, VIR		22124			
	1 M Burial 2 Cremation 3 Removal from State cemetery, cremator	PATE OF DISPOSITION (Na ry or other place) INCOLN CEM	i i		TION — City or To				
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		NO ADDRESS OF FACILITY		TWOOD, MA	ARYLAND			
	→ (8/2, 1)		IS J. COLL						
	23. PART I. Enter the diseases, or complications that caused the deeth.	Do not enter the mo	NIVERSITY	BLVD.,W.	SIL.SPR				
	Stock, or neart fellure. List only one ceuse on each line.					Approximete Intervel Between Onset and Death			
z	Bron hopheumowa, bilateral and confident a. Bron hopheumowa, bilateral and confident Due to (or as a consciuence of): Sequentially list conditions, Onset and Death Due to (or as a consciuence of): Sometiment of the confidence of the confide								
CERTIFICATION	If any, leading to immediate								
5	CAUSE (Disease or Injury thet initiated events DUE TO (OR AS A CONSEQUEN	CE AS	ay						
E	resulting in deeth) LAST	or de l							
	PART II Other significant conditions conditions and the last to					+			
CAL	PART II. Other significent conditions contributing to deeth but not result	ting in the underlying	g cause given in Part	1. 24a. WAS AN AU PERFORME		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDI				1 XES 2	NO	COMPLETION DF CAUSE OF DEATN?			
2						YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PL	ACE OF DEATH (Check o	nly one)					
)S	1 YES 2 NO 1 PRIVATE 1 ER/Outpatient 3 D	OTHER: 0A 4 1 Nursing Hom	e 5 Residence S	Other (Specify)					
	27. MANNER OF DEATN 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b.		URY AT 28d	I. OEȘCRIBE HOW INJ	URY OCCUREO				
B₹	2 Accident Investigation		YES 2 NO						
COMPLETED	3 Suicide S Could not be detarmined City or Town, State) 28a. PLACE OF INJURY — At home, farm, straet, factory, office building, atc. (Specify) 28b. PLACE OF INJURY — At home, farm, straet, factory, office City or Town, State) 28c. COLID (Street and Number or Rural Route Number, City or Town, State)								
7	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beat of my knowledge, death or	ccurred at the time, data	and place, and due to th	e cause(a) and manne	or an stated.				
NO.	one) 2 MEDICAL EXAMINER: On the beals of examination and/or invest	igation, in my opinion, d	asth occured at the time,	, deta and place, and o	dua to the cause(s)	and manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUMBER	86	end, DATE SIGNED	(Month, Day, Year)			
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27)	(Type, Print)	God la		- 11/0/	(1)			
	31. DATE FILED (Morith, Day, Voar) 22. REGISTRAR'S SIGNATURE	0//8	Good la	KRI,	Lashy	110 2006			
	NOV - 5 1991 Julie Duris Andel	2							
	- 1104 - 9 1241 A								

The same of the property of the same of

nospiral or attending physician.

BALTIMORE, MARY AND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the solution of the function of the fine the function of the function o

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
NOV 8 '91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE UF MARTL			OF DEATH	MENIAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, L GEORGE	ABRAHAM	OTTO,			2. DATE	OF DEATH	3 199	EAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 705-10-5154	5. SEX 6. AGE (IF UNDER 1 YE		7. DATE (Month	OF BIRTH 3/25/0	9 6	BIRTHPL COUNTRY MAR	ACE (State or Foreign YLAND
99. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 4 WHYTE ST. 9c. COUNTY OF DEATH CARROLL									
100. STATE 10b. CO	UNITY CARROLL	10c. CITY	ION B	RIDGE					Od. INSIDE CITY LIMITY ES
100. STREET AND NUMBER 4 WHYTE ST.				101. ZIP CODE 21	791		10g. CITIZE		AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Magranded	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes	DECENDENT OF HISPA e, specify Cuben, Mexico YES 2 NO Specify	en, Puerto F		or No—	Black,	- American Indian, White, atc. HITE
15. DECEDENT'S (Specify only highest (Elementery/Secondary (0-12) 8	EOUCATION grade completed) College (1-4 or 5+)	18e. DECEDENT'S U (Give kind of we life. Do NOT use CLERK	ork done durin	PATION g most of working	16b.	KIND OF BUS	ILROAI		
17. FATHER'S NAME (First, Middle, Last SAMUEL F. OTT				18. MOTHER'S NA		Aiddle, Maiden FRITZ	Surname)		
190. INFORMANT'S NAME (Type/Print) HILDA G. OTTO	- Mal Sal St. ov.		ADDRESS (St TE ST	reet and Number or Rural •		oer, City or Town		ode) Mi	D 21791
20e. METHOD OF DISPOSITION 1	BURIAL 20h Removal from State	PLACE OF DISPOSI other place) MOUNTAI	N VIE	of cemetery, crematory or W CEMETERY	7	72 132	11.07	BRI	DGE, MD
21. SIGNATURE OF FUNERAL SERVICE	D. Larbler	/	22. NAM	UNIC		D. D IDGE,		rzle:	R & SONS
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) a. MRTA-STATIC CANCINOMA DUE TO (OR AS A CONSEQUENCE OF): CARCINOMA DUE TO (OR AS A CONSEQUENCE OF):							Onset and Death MO. 15475	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	-111	-			
3 Suicide 8 Could no	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Sulcide 8 Could not be 28e. DATE OF INJURY At WORK? 1 YES 2 NO 28e. DATE OF INJURY M 1 YES 2 NO 28e. DATE OF INJURY M 1 YES 2 NO 28e. DATE OF INJURY M 1 YES 2 NO 28e. DATE OF INJURY M 1 YES 2 NO 28e. DATE OF INJURY OCCURED 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY OCCURED 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY AT WORK? 28e. DATE OF INJURY OCCURED 28e. DATE OF INJU						ute Number,		
CONDON DINY	PHYSICIAN: To the best of my know								and menner se stated.
30. NAME AND ADDRESS OF PERSON	Legern	0	Print)	29c. LICENSE NU	MBER 033	0	29d. DATE		Month, Day, Mar)
31. DATE FILED (Month, Day, Year)	38. REGISTBAR'S SIGN Julia Davidson	DY //	Mev	v 55.	UN)	on I	PID	GE,	M8242

• E.E. 10 10 10

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) POLK 2. DATE OF DEATH MONTH OCT 30 1991 0107 AN							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 YRS. 6. AGE (In yrs. last birthday) 1 YRS. 6. AGE (In yrs. last birthday) 1 YRS. 6. BIRTHPLACE (State or Foreign Country) SALEM, N.J.							
TOR	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 91. CITY, TOWN OR LOCATION OF DEATH 91. CITY, TOWN OR LOCATION OF DEATH 92. COUNTY OF DEATH 93. CITY, TOWN OR LOCATION OF DEATH 94. CITY, TOWN OR LOCATION OF DEATH 95. COUNTY OF DEATH 96. COUNTY OF DEATH 97. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 97. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 97. CITY, TOWN OR LOCATION OF DEATH							
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN DR LOCATION ECI/30420RevelockRd, Various 1 Ups 2 X NO							
FUNERAL	100. STREET AND NUMBER ECT 30420 Revels ReckRd 101. ZIP CODE USA USA							
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECEDENT EVER IN U.S. ARMED It yes, specify Cuben, Maxican, Puerto Rican, etc.) 16. RACE — American Indian, Black, White, etc. 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-Black, White, etc.)							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5 +) 1 2 YRS • LABORER 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
	17. FATHER'S NAME (First, Middle, Last) HENRY FRISRY 18. MOTHER'S NAME (First, Middle, Maiden Surname)							
TO BE	THELMA M. POLK 19e. INFORMANT'S NAME (Type/Print) HENRY A. POLK 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P. O. POY 39. EPHTTLAND, MD. 21926							
	P.O. BOX 38, FRUITLAND, MD. 21826 20e. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 Removal from State 1. Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Competency, cremetory of other place) S1. MARY 5 BAPTIST CH. 11-5 PRINCESS ANNE, MD.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL, RTE. 2, BOX 920							
1	SALISBURY, MD.							
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, ahock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a conscouence of):							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (DR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Level file of the factor of the fact							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending 28c. INJURY AT WORK? WORK?							
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, atreet, tectory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, tectory, office City or Town, State)							
COMPLETED	29e. CERTIFIER (Chack only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner ea stated.							
BE	250. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. DATE SIGNED/Month. Day, Mari)							
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1 (25) Pine Fully							
	31. DATE FILED (MONT), DAY 1991 Julia Davidson-Randale							

all all in the state of the sta ger" 8 years g" Same of the fill forming.

AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYDAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be entired to mention or intending the property of the control of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director pages and the property filled in by the funeral director pages and the size beat with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	d. or flem 23 shows any injury, or other traumatic event the medical araminar must be matified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or of

	REGISTRAR		CE	RTIF		F DEAT		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				^			2. DATE OF DEATH			3. TIME_OF DEATH
	THOMAS	LEMON			Pine	V		MONTH C	AY	YEAR	11-20
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEA	IF UNDER 2	4 HRS.	7. DATE OF BIRTH	-	-	IPLACE (State or Foreign
	175-01-3463	1 ₩ 2 □ F	82	YRS.	MONTHS DAY		MIN.	(Month, Day, Year)		Counti	ny)
	9e. FACILITY NAME (If not institution, give	street and number)	3 %		9b. CITY, TOV	IN OR LOCATION	N OF DE	June 27		INTY OF D	PA.
R C	рсимс										
5	P.G.H.M.C.				SAL	ISBUR	Y		W	COM	100
DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY
	DELAWARE SUS	SEX		MI	LLSBO	RO					LIMITS?
¥	10. STREET AND NUMBER					10f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
買	RT.# 3, BOX	P-22					199	66	1	1.8.	a .
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARE	MED	13. WAS	DECENDENT OF	HISPANI	IC ORIGIN? (Specify Ye	s or No—	14. RACE	- American Indian.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	· ·	1 🗍		Specify:	, Puerto Ricen, atc.)		Speci	k, White, etc.
ED B		<u> </u>									WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	ve kind of t	USUAL OCCUP	ATION most of working		16b. KIND OF BU	SINESS/IN	DUSTRY	
ا تا ا	Elementary/Secondary (0-12)	College (1-4 or 5 +	,		se retired.)						
COMPLET	12		PLA	AN F	NGINE			COMBUS	TION	I EN	GINEERING
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAM	AE (First, Middle, Melden	Surname)		
띪	WESLEY W	ILSON P						WEAVER			
임	19e. INFORMANT'S NAME (Type/Print)							oute Number, City or Tox			-
	JUDY TULAK 200. METHOD OF DISPOSITION						.,	SALISBUR	Y,MI). 2	1801
	1 Buriel 2 Cremetion 3 Rem	oval from State	cemetery, cren	netory or o	OF DISPOSITION ther place)				CATION —		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	OENOGE)	MAPI	EC	REEK	CEMETI	ERY	11-3 FA	LLOW	FIE	LD.PA.
	The State of Tone And Service Line	1 d			22. NAME	AND ADDRESS	OF FAC	HLITY			
	Xuala (1 The	mas		BOIL	NDS FI	INE	RAL HOME	SAT	TCP	IIDV MD
	23. PART I. Enter the diseases, or	complicatione the	ceused the dee	th. Do r	ot enter the	mode of dylne	g, such	ae cerdiec or reep	Iratory sri	reet.	Approximate
	shock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one cau	se on each line.		-	+.			,	,	interval Between
İ	diseese or condition resulting in death)	\sim	umml	col	moke.	releon					Onset and Death
į	resulting in death)	DUE TO	OF AS A CONSECU	UENCE OI	7,010	- Wor					
z	And the same as the	h	,								į
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEO	UENCE OI	7):			-			
CA	Cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
F	that initieted events	DUE TO	OR AS A CONSECU	UENCE OF	7):						
ER	reaulting in death) LAST	d									
- 10	PART II. Other significant condition	e contributing to	death but not re	aultina i	a the wader's						
MEDICAL		to to the same to	death but not le	colling i	ii tile ungeriy	ing ceuse giv	en in P	Part i. 24s. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 YES :	No 🗌		COMPLETION DF CAUSE OF DEATH?
Σ								_			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEA	TH (Chec	ck only one)			
¥.	1 TYES 2 NO 27. MANNER OF DEATH	4	ER/Outpatient 3		4 - Nursing H		dence 6	Other (Specify)			
	1 Natural 5 Pending	28e. DATE OF (Month, Da		28b. TIMI INJ		NJURY AT WORK?		28d. DESCRIBE HOW I	NJURY OCC	CURED	
à	2 Accident Investigation					YES 2	NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	INJURY Al homote. (Specify)	ie, ferm, s	treel, fectory, o	ffice		281. LOCATION (Street of City or Town, State)	and Number	or Rural R	oute Number,
L .											
COMPLETED	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of	ny knowledge, deal	th occurre	d at the time, d	ate end place, e	nd due to	o the cause(e) end mer	ner ee stat	ed.	
Š I	2 MEDICAL EXAMINE	R: On the beale of ex	emination end/or in	vestigatio	n, in my opinion	, death occured	at the ti	me, data and placa, an	d due to th	e ceuse(e)	end manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	3				29c. LICENS	SE NUME	BER	29d, DATE	E SIGNED	(Month, Day, Year)
B	muP 1	nent	D			201	246	~~	> /	1/3	161
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	ү 7) (Туре,	Print)	U.	70 3			N	1
	MB Le	[New	And I	NE	160	54		Delican.	, ==	1.11-	
9	31. DATE FILED (Month, Day, Year) NUV 0 4 1991	0 32. REGISTRAF	'S SIGNATURE	776				41/5/200	1-1	116	
0	NUV 0 4 1991	Julia Davidse	n-Randale	-				'	•		

hospital or attending physician.	usue 5 seconds to detached for use as the burial-transit permit, Pages 1, 2, 3 should	
requires that the death certificate be executed within 24 hours after death, Phys. 6 hay a suppose the hospital or attending	been signed by the attending physician and completely filled in by the funeral directing upon 5 should be detached for use as of Realth and Mental Hygiene prior to burial, cremation, or removal.	
redu	of H	1

BALTIMONE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

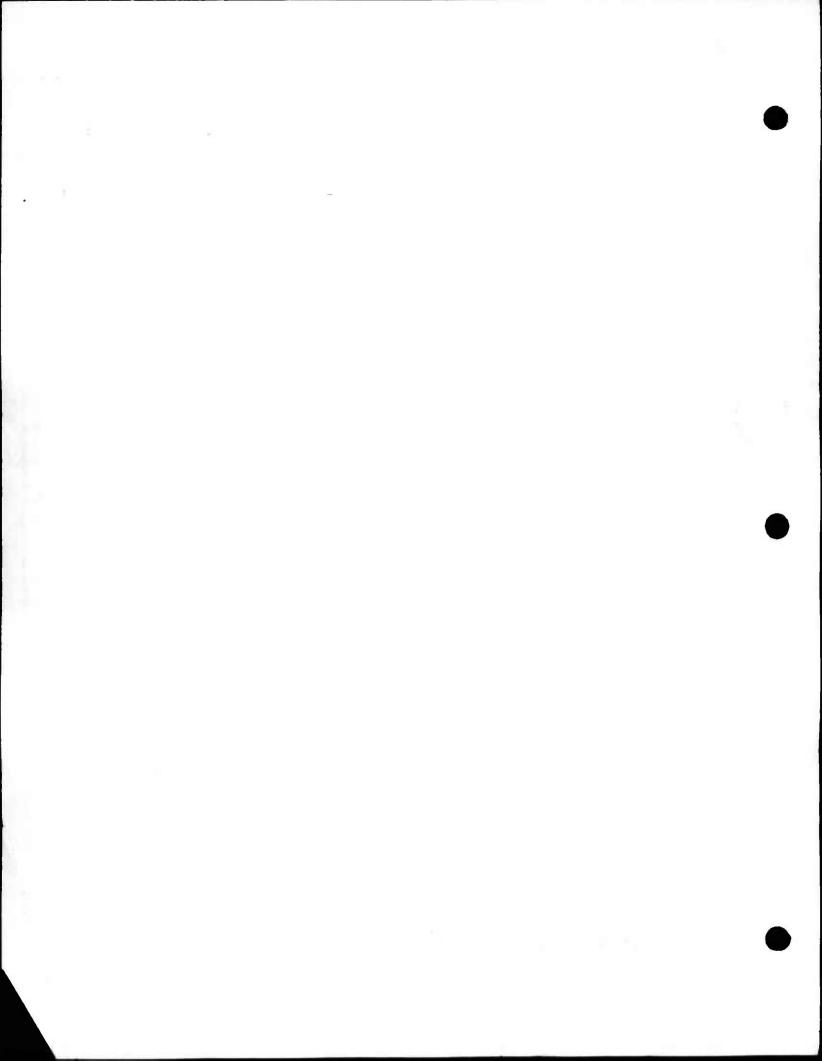
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pure 5 may continue with the hosp TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral directs, using 5 mg/s eleached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	IENT OF H	EALTH AND N	MENTAL HYGIEN	E	31314
1. DECEDENT'S NAME (First, Middle, Last) LEONARD HAM	ILTON POMEROY				2. DATE OF DEATH	1001 YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	OCT 28		3:50pm M
109-18-9680 9s. FACILITY NAME (If not institution, give :	1 ⅓M 2 □ F 86	YRS.	THS DAYS	HOURS MIN.	NOV . 14,	1904 °	New York
20CTORS COMMUNIT		-		SEABROOK	ATH	PRINCE	OF DEATH E GEORGE'S CO.
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCATI	ON			10d. INSIDE CITY
Maryland Pri	ince Georges		Colleg	e Park			LIMITS?
4813 Guilford F	Road			ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	S. ARMED		20740 NDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No.— 14. I	USA RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES US Coast Gu	S	If yea, spe	cify Cuben, Mexicar NO Specify	, Puerlo Ricen, etc.)	1000	Black, White, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade	ICATION 18	e. DECEDENT'S USU (Give kind of work	AL OCCUPATION	N and unables	16b. KIND OF BUS		RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel	done during mos lired.)	or working	U.S.		
	sters Degree	Foreign	Affair		r State D		ent
17. FATHER'S NAME (Flist, Middle, Last) Hamilton Pome				18. MOTHER'S NAM	AE (First, Middle, Maiden	Sumame)	
19a. INFORMANT'S NAME (Type/Print)	roy	195 MAILING ADD	DESC /Ctmst or	d Number of Decid	Lena Thor	stense	n
Janice H. Pomer	'OV	1				_	
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ram	20b. PL	ACE AND DATE OF DE	SPOSITION (Nen	eof	College Pa	CATION - City of	
4 Donation 5 Other (Specify)	For	y, cremetory or other p	n Ceme	ery 1	1-2-1991	Brentwo	ood. Md.
21. SIGNATURE OF PUNERAL BERNICE LIC	SENGRE		22 NAME AND Hines/	ADDRESS OF FAC	Funeral Ho	me	
Clark &	= Wish						g, Md. 20904
23. PART i. Entar the diseases, or a hock, or heart failure.	complications that caused th List only one cause on each	a daath. Do not a	inter tha mod	a of dying, auch	aa cardiac or raapii	ratory arraat,	Approximata
IMMEDIATE CAUSE (Final disease or condition							Intarval Batween Onset and Daath
resulting in death)	· CARCI	NOMA	DR	OSTAT	E WITH !	YETAS	Tsis 3 yss
	DUE TO (OR AS A CO	INSEQUENCE OF):	/				
Sequentially list conditions, if sny, lasding to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or Injury	С						
that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):					
	d						
PART II. Other algnificent condition	and the second s		e underlying	ceuae givan in F	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS
	DIABETE	SME	LL,TI	15	1 YES 2		COMPLETION OF CAUSE OF DEATH?
							1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	CE OF DEATH (Chec			
27. MANNER OF DEATH	1 tnpatient 2 ER/Outpatier 28s. DATE OF INJURY	28b. TIME OF	Nursing Home 28c. INJU	5 Realdence 8	28d. DESCRIBE HOW IN	INDV OCCUPE	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WOR	K?	200. DESCRIBE NOW IN	JOHY OCCURE!	,
3 Suicide 8 Could not be	28s. PLACE OF INJURY — A building, atc. (Specify)	At home, farm, atreet	, factory, offica		281. LOCATION (Street at	nd Number or Au	ral Route Number,
4 Homicide determined					Cify or Town, State)		
29a. CERTIFIER (Check only one) CERTIFYING PHYSIC ONE)	CIAN: To the best of my knowledge	e, death occurred at	the time, data a	nd place, and due t	o the cause(a) and man	ner as stated.	
2 MEDICAL EXAMINE	R: On the besis of examination and	d/or investigation, in	my opinion, des	th occurad at the ti	lme, data and place, and	due to the cau	se(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Λ	770		P9c. LICENSE NUME	BER	29d. DATE SIGI	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH	1(0)		D1366	280	10	29/9/
AZHER HUSSA,	1 0 .	(ITEM 27) (Type, Print LWOS)		Emye P	rence MD	2074	0
31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNATO	Edell.					
00130 91		لسمت					



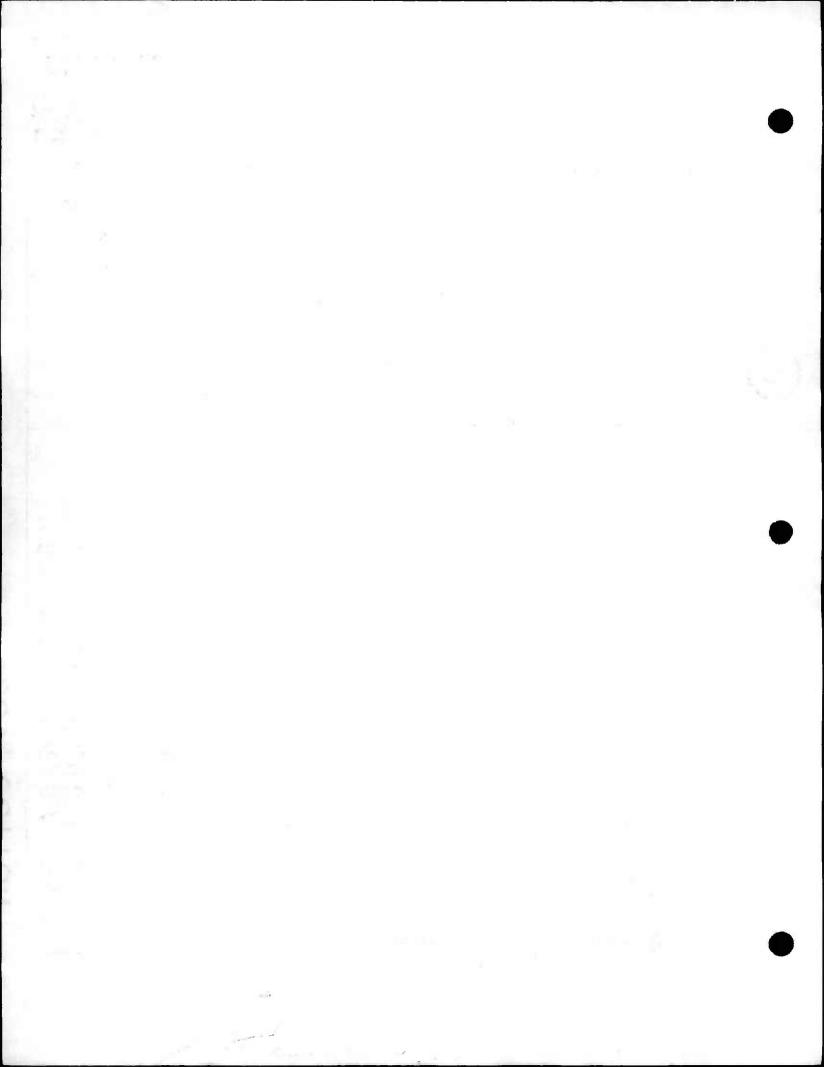
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10

BALTIMORE, MARYLAND 21215-0020

hould	
2,38	
S 1.	
e burial-transit permit. Pages 1,	
ermit	
nsit p	
ial-tra	
e bur	
as th	
L USe	
2	
	nce.
1	3
ho	Med
36.5	e no
Il director, page 5 sho d	vent, the medical examiner must be notified at once.
firectic	E
eral d	a la
af.	еха
trending physician and completely filled in by the funeral dital Hygiene prior to burial, cremation, or removal.	dicai
ed in	me
ely fill	ŧ.
mplet crem	rtic event
nd co burial	ıţc
ian an	mag
physic e price	er tr
ding plant	F
atten mal H	7, 0
d Me	린
ith an	any
n sign f Healt	SW0
has been signed by Dept. of Health and	3 84
ate ha	em ?
he St	or it
his ce with t	Ked,
offer th	mar
DR: Aft	80
AL DIRECTOR: After t 72 hours after death	IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic
72 hg	H IK
TO THE FUNERAL be filed within 72	ANT
TO THE FUNEF be filed within	PORTAN
23	Ξ

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	ENT OF HEAL		IENTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MARY 14	ELEN	PENCAV	IAGE		2. DATE OF DEATH DAY	~ (57	3. TI	ME OF DEATH	/- M
	4. SOCIAL SECURITY NUMBER 187 - 12 -6164 9e. FACILITY NAME (If not institution, give s	6. SEX 6. AG 1 M 2 F street and number)	8 0 YRS. MO	UNDER 1 YEAR IF UI NTHS DAYS HOUSE L CITY, TOWN OR LOC	CATION OF DEA	7. DATE OF BIRTH (Month, Day, Year) 2 - 2 - //	Co	untry) nnsy	E (State or Foreign Vania	n
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			OWN OR LOCATION	SPRIN	16	mon	0	1	
DIRE	Pennsylvania L U	ZERNE		ymour				1 🔀	INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	130 NOT	TINGHA	m ST.	101. ZIP 0	865	/	10g. CITIZEN C	S A	COUNTRY?	
ĭ B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2V NO		Cuban, Maxican	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	8	ACE — Ar lack, Whit pocity:	merican Indian, ta, stc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re HOUSE)	done during most of w tired.)	rorking	166. KIND OF BUS	Home	Y		
80	17. FATHER'S NAME (First, Middle, Last)	0 11/40		18. 1		E (First, Middle, Malden			.0.14	
BE	190. INFORMANT'S NAME (Tabe/Print)	BOYAR				NETTE			AK	
٩	Dolores Sc	HWARTZ				Landyo	Spring	TIM	086	0
	26a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stata	20b. PLACE AND DATE OF of cemetary, crematory or C St. Mary s	F DISPOSITION (Name other place) Cemeterv	е		outh. F		uma Sylvani	a
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AND AD					, =	
, v	I Clein L	J. Kag	P			Je, Silver		a. ME	20910	
	23. PART I. Enter the diseases, or ahock, or heert fallure. IMMEDIATE CAUSE (Final disease or condition	List only one ceuse on	each line.			,	ratory arrest,		Approximate Interval Betwoonset and D	veen eath
	resulting in desth)	DUE TO (OR A	S A CONSEQUENCE OF):	ice in oma	1-00	101		1	10 m	70
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR A	S A CONSEQUENCE OF):					+		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR A:	S A CONSEQUENCE OF):							
	PART II. Other eignificent condition	ns contributing to death	but not resulting in t	he underlying cau	se given in i	Part I. 24a. WAS AN PERFOR			E AUTOPSY FINDI	INGS
PHYSICIAN: MEDICAL						1 YES 2	STATE OF THE PARTY	DF D	PLETION OF CAU DEATH? YES 2 NO	SE
IAN	25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE	OF DEATH (Che	ck only one)				_
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/0		THER:	Residence	8 Other (Specify)				-
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Yea		Y 28c. INJURY / WORK? M 1 YES		28d. DEŞCRIBE HOW II	JURY OCCURE	D	(8)	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, stre specify)	et, factory, office	7	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route	Number,	
COMPLETED	ono)	ER: On the bast of my kn						ise(a) and	menner aa state	id,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	HO COMPLETED CAUSE OF	DEATH STEM OF Stee Se	7	269	9 2	DCto		th, Day, Year) 29, 199	91
	Kathryn S. Kirwi	n, M. D.,	10400 Conne		/enue,	Kensingto	n, MD 2	0895	15	
	31. DATE FILED (Month, Day, Year) OCT 3 0 '91	32 REGISTRAR'S SI	IGNATURE Agent Randelle						1	

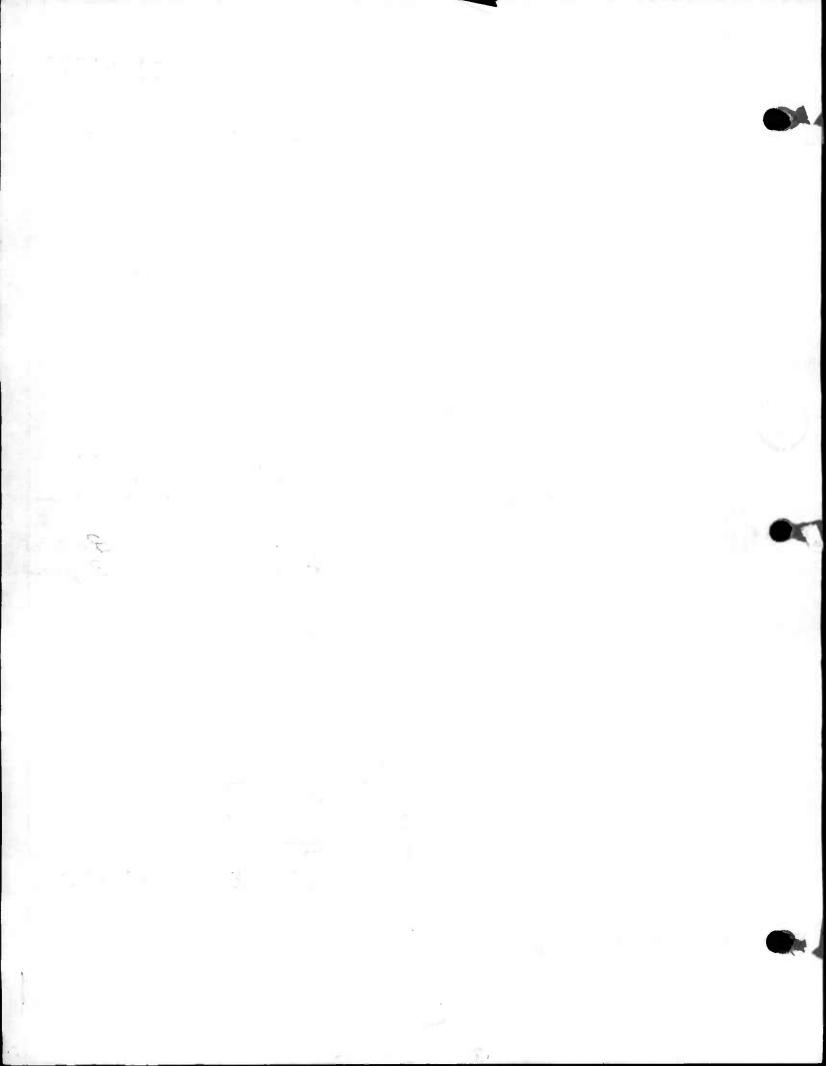


TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

out! he detached for use as the burial-transit permit. Pages 1, 2, 3 should THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Fours after death. Page 6. We returned by the standing physician and completely filled in by the funeral direction. There is not the estanded of the attending physician and completely filled in by the funeral direction. There is not the estanded of the standard of the standard of the standard of the estandard
FOR STATE REGISTRAR		STATE OF MA				F HEALTH AND	MENTA	L HYGIENI	E	1 0	, 0 1	
1. DECEDENT'S NAME (First,	Middle, Last) PATSY	PALMORI	E PAI	RR			*****	OF DEATH	991 "	EAR	OF DEATH	ам
4. SOCIAL SECURITY NUMB 213-48-5371 9a. FACILITY NAME (If not in		1 M 2 F	. AGE (In yrs. la			AR IF UNDER 24 HRS. LYS HOURS MIN. WN OR LOCATION OF D	7. DATE (Monte	of BIRTH h, Day, Year) .20,19	8.	BIRTHPLACE (Country) yler,	State or For	111.0
5209 Dorset	Avenu					Chase	EATH			ntgome	ery	
Maryland	10b. COUNTY	itgomery			town on L					u	SIOE CITY MITS? 'ES 2	
5209 Dorset	Avenu	ıe				10f. ZIP CODE 20815				of what co	UNTRY?	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAS	YES 2 T	RMED NO	If ye	DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 NO Speci	an, Puerto		or No- 14.	RACE — Ame Black, White, Specify: W		n,
15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUCA highest grade of	ATION completed) College (1-4 or 5 +)	(0		JSUAL OCCU ork done durir retired.)	PATION g most of working	161	. KIND OF BUS	INESS/INDUS	TRY		
17. FATHER'S NAME (First, M		4	I	lomema	ker	16. MOTHER'S N		Own Ho				
Chesley I		lmore				Lexie	Bea		ournemay		170	
W. Donald J 20a. METHOD OF DISPOSET 1 by Burlel 2 command 4 Donation 5 Other	Parr ON n 3 □ Remo		206. PLACI	2818 S E AND DATE y, crematory	of DISPOSI	ker Dr, TION (Name) tery	Loui	sville	, Kent	ucky or Town, Star	te	1
21. SIGNATURE OF FUNERA	work	An	we	~	Jos 513	eph Gawler O Wiscons	r's S in Av	ons, I	nc. N	I.W. C. 200		
immediate cause (Firdisease or condition resulting in death) Sequentially list conditif sny, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuntat initiated events	sant fall. L	DUE TO (C	e on each lin A CONSE A A CONSE R AS A CONSE	a. QUENCE OF	re	Breast			ratory arrest	16	Approximentarival Be Ponset and Ponset and Ponset and	etween
PART II. Other significe	4	contributing to d	eath but not	resulting is	n the unde	flying cause given is	n Part I.	24a. WAS AN PERFOR			BLE PRIOR	TO
							_	1 🗆 YES 2	₩ но	OF DE	ETION OF C ATH? 'ES 2 N	
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO		HOSPITAL:	R/Outpatient	3 DOA	OTHER:	Home 5 Residence	-					
27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE OF IN (Month, Day)	JURY	26b. TIME INJU	OF 26 JRY	L INJURY AT WORK?		SCRIBE HOW I	NJURY OCCUP	RED		
3 Suicide 6	Investigation Could not be datermined	28e. PLACE OF building, et	INJURY — At h c. (Specify)	ome, farm, s			281. LOI City	CATION (Street a or Town, State)	and Number or	Rural Route Nu	mber,	7
						date and place, and du					enner ea si	tated.
296. SIGNATURE AND TITLE	of Certifier	Mal	tin	-15.0		29c, LICENSE NO		73	29d. DATE S	IGNEO (Month,	Day, Year)	7/
30. NAME AND ADDRESS OF	ARTIN	M.D. 540	1 West			NW Wash	inet	on. D.	2. 20	015		
31. DATE FILED (Month, Day,		30. BEGISTBAR		dett.								



BALTIMO E MARYLAND 21215-0020 TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	TMENT OF	HEALTH AND		HYGIENE REG. NO.		•	
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF	DEATN			3. TIME OF DEATN
	Carolyn Sr	nyder Pincock				MONTH	30-9	1	YEAR	5:30 p M
	4. SOCIAL SECURITY NUMBER		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTN		. BIRTH	PLACE (State or Foreign
	213-40-130/A	1 □ M 2 1€ F 8]	YRS.	MONTHS DAYS	HOURS MIN.	oct.	9, 19	10	Country New	York
œ	90. FACILITY NAME (If not institution, give street Montgomery Gen	et and number)	0.1		OR LOCATION OF D	EATN		9c. COUNTY		
TOF	RESIDENCE OF DECEDENT	erar nospic	aı	Olne	<i>y</i>			Mon	tgo	omery
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
	Maryland Monto	omery	s	ilver S	oring					LIMITS? 1 YES 2 NO
AL	10e. STREET AND NUMBER				1. ZIP CODE			10g. CITIZE		HAT COUNTRY?
FUNERAL	14602 Edelmar Dr	ive			2090	06		Unite	d St	tates
FU	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yee		. RACE	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Speci		, att.,		Specify	
	15, DECEDENT'S EDUCA	ITION 16	e. DECEDENT'S	USUAL OCCUPATI	ON	16h KI	ND OF BUSI	NESS/INDUS		MITCE
ET	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during m e retired.)	ost of working	100. K	ND OF BOSI	ME33/MDQ3	1111	
MPL		5+	Physic	cian/Peo	diatrics	Pr	ivate	Pract	tice	2
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	-				
BE	Howard Elias Sny	der			Carrie	Ann Bo	rtz			
5	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural					
-	Dianne Pincock Gr		11802	Quarter	Horse (Court,				
	1 Buriel 2X Cremetion 3 Remov	Cometer	y, cremenory or or	rier Diece)	ame of 11/1/9			ATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Mon	tgomer	22 MAME A	orium,]	OH CTV				ryland
	Policel	Free 1 1	400198	Rober	t A. Pum hesda-Ch	phrey	Funer	al Ho	me/	
-	1 any	cover		1/33/	NISCOUST	n ave.	Reth	esda	MD :	20814-3501
	23. PART I. Enter the diameses, or co ehock, or heert fellure. Li	et only one cause on each	e deeth. Do n Ilne.	ot enter the mo	de of dying, aud	th as cardiac	or reapire	atory erreat	t,	Approximate Intervel Between
	IMMEDIATE CAUSE (Final disease or condition	Preumon								Onset and Death
	reaulting in death) e.	DUE TO (OR AS A CO		n.						lweek
2	<u> </u>	Sepsis		<i>y</i> -						CI
2	Sequentially flet conditions, If any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):	1		A (7		1
CERTIFICATION	CAUSE (Disease or Injury	Dissemna	ter 10	1/rava	seula	coagu	apa	they		,,,
F	that initieted evente	DUE TO (OR AS A CO	NSEOUENCE OF):			7			
E	d.									
	PART II. Other significant conditions	contributing to death but n	not reculting is	n the underlyin		Part Ly 24	a. WAS AN A			WERE AUTOPSY FINDINGS
5	Henal tankers	malnut	netion	2,902	1 soules.		PERFORM YES 2	-	1 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
WE	Gleeding, ashe	roselwords,	vent,	ricular	anly	Tungs			1	DF DEATH?
ä									1	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PI	ACE OF DEATH (Ch	eck anly one)				
IYS		☑ Inpatient 2 ☐ ER/Outpatier	nt 3 🗆 DOA	4 - Nursing Hon	e 5 🗆 Residence	6 Other (S	pecify)			
4	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY WO	RK?	28d. DEŞCRI	BE NOW INJ	JURY OCCUR	RED	
BY	2 Accident Investigation 3 Suicide Could not be	280. PLACE OF INJURY — A	At home form et	M 1		204 1 004710	M. (On			
	4 Nomicide a Could not be determined	building, etc. (Specify)		meet, rectory, orne		281. LOCATIO	wn, State)	a Number or i	Hurai Ho	ule Number,
COMPLETED	290. CERTIFIER 1 CERTIFYING PAYSICI	AN: To the heat of my knowledge	Delete III	uli dele area	10000	to d				
ğ		AN: To the best of my knowledge On the beele of examination end								
	29b. SIGNATURE AND PITTLE OF CERTIFIER	+		, , , , , , , , , , , , , , , , , , , ,						
H	Vager Gona	NM			29¢ LICENSE NUI	7G/		DATE SI	SONED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type.	Print) ,	7 20	0		1		/ //
	Koger Leonard	MD 10401	0186	corsetor	m (120)	BOTI	lesda	and	2	0814
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		4						
	NOV - 1 1991	Julia Davidson A	andelle							
	1101	U								DHMH-16 Rev 1/89

And the second s

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the invested precision of the attending physician and completely filled in by the invested precision of the physician and Mental Hygiene prior to burial, cremation, or remove the motified by the attending physician and Mental Hygiene prior to burial, cremation, or remove the motified at once.

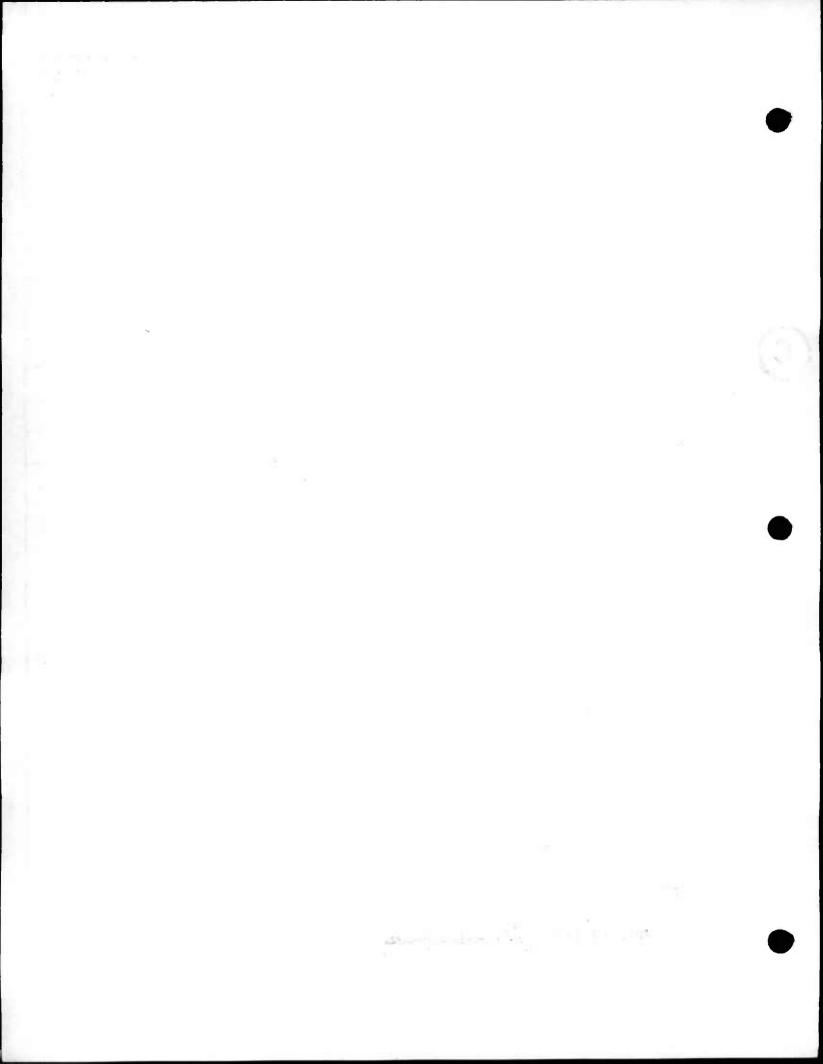
BALTIMORE, MARYI

FOR STATE REGISTRAR

1 -

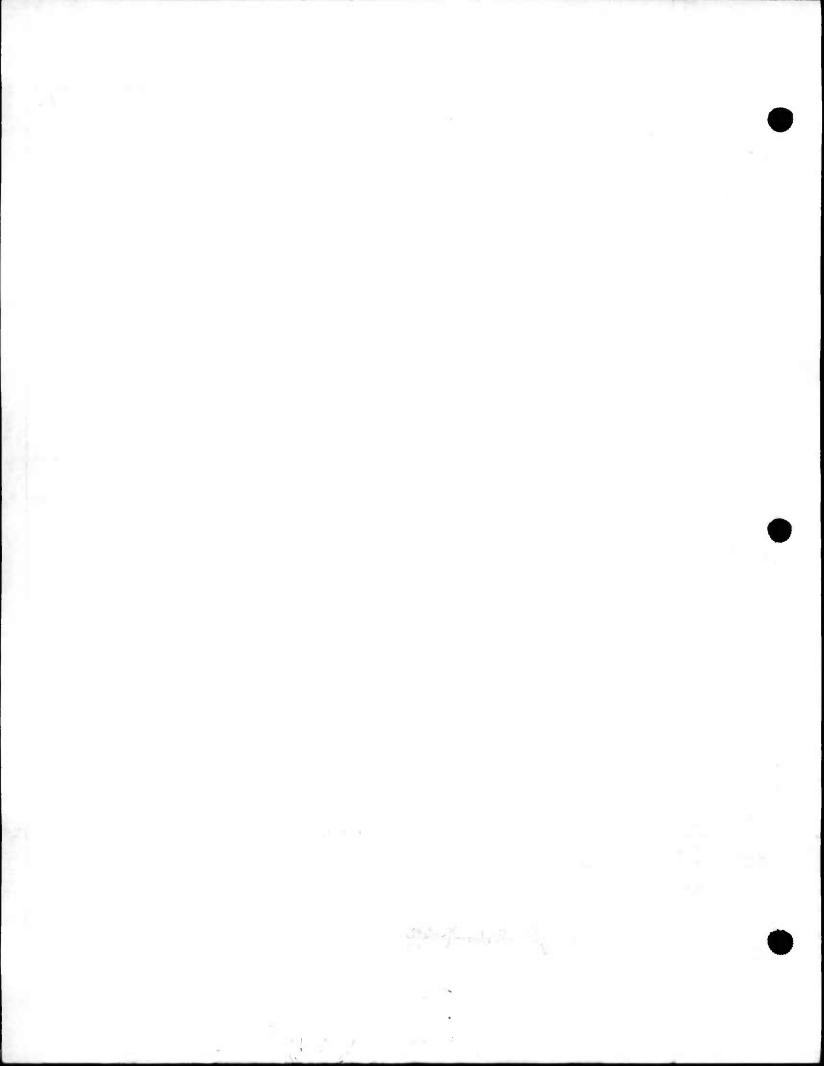
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)							T	2. DATE OF				3. TIME OF DEATH
	CLEMENT ED		ISCATELL.	T						MONTH OCT	DA	γ 30	YEAR Q1	00/0 · M
	4. SOCIAL SECURITY NUM	BER	S. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER			R 24 HRS.	7. DATE OF E	нтн		6. BIRTH	IPLACE (State or Foreign
	042-24-4158		1 🕅 M 2 🗆 F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	APR 1	9 1	931	COI	NNECTICUT
ا _م ا	9e. FACILITY NAME (if not in							9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH		
DIRECTOR	NATIONAL NA		BETHESDA MONTGO					TGOM	ERY					
) E	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
	MARYLAND	MONTGO	OMERY	WHE	ATON							-	LIMITS?	
\A	10e. STREET AND NUMBER			101. ZIP CODE				1 1 YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?						
🖫	11830 HUGG				2	0902				UNI'	TED S	STATES		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2	Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED	13. \	WAS DEC	ENDENT	OF HISPANI	C ORIGIN? (S	pecify Yea	or No-	14. RACE	American Indian, t, White, etc.
	3 Widowed 4 Divo		1949 -	1969				2 NO			,,,			VHITE
	15. DEC	EDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	ON	_	16b. KIN	D OF BUS	INESS/INC		
	Elementary/Secondary (0		College (1-4 or 5	+) iife.	Do NOT us	work done o se retired.)	luring mo	st of worki	ng					
MP.	12			Ov	wner/	Mana	ger			F]	oris	st		
BE COMPLETED	17. FATHER'S NAME (First, M PASQUALE PI	Iddie, Last) SCATEI	T T							IE (First, Middle				
	190. INFORMANT'S NAME (1		11.1							NE BE				
2	JOYCE A. P.		LLI							oute Number, C				
	20a. METHOD OF DISPOSIT	ION		20b. PLACE	ANDDATE	OFDISPOSI	TION /Na	me of	IVE,	DATE			Cify or To	wn Stete
	1 X Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	(Specify)		Gate o	of He	aven	Cen	nete	ry 11	/4/91				ING, MD
	21. SIGNATURE OF FUNERAL					22. I	AME AN	D ADDRE	SS OF FACI	hrov E	Sunor	al u	Iomo /	Pockwillo
	Kahu	4.30	rnah	MO	0198	3	22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Rockville, Maryland 20850-2805					ROCKVIIIe.		
	23. PART I. Enter the di	deeses, or c	omplications that	t coused the de	eth. Do n	Dt enter	the mo	de of dy	ing, such	as cerdiac	Dr respir	atory an	rest,	Approximate
	IMMEDIATE CAUSE (Fin	port ranuto. I	ist only one ceu	ise DN eech line										intervel Between Onset and Death
	disease or condition	+	ADENOCA	RCINOMA	OF I	HE I.	IINC							
			DUE TO	(OR AS A CONSEC	DUENCE OF	7):	0310							
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CONSEC	UENCE OF	D:								
S I	If any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju-	NG				,								
E	thet initieted events resulting in deeth) LAS		DUE TO	(OR AS A CONSEC	UENCE OF):								+
Ä	resulting in deeth) LAS													
	PART II. Other eignifice	nt condition	contributing to	death but not re	esulting i	n the und	ierlylng	ceuse	given in P	art 1. 24a.	WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL											PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
¥ I										_ '`	J 7E3 2	2540	- 1	OF DEATH? 1 YES 2 NO
ž										_				1 123 2 100
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HQSPITAL:			OTHER		ACE OF D	EATH (Chec	k only one)				
XS	1 TYES 2 XNO		1 N Inpatient 2		□ DOA	OTHER 4 Nurel		5 🗆 Ra	aldence 6	Other (Spe	iclfy)			
	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, Da		28b. TIME		WOI	RK?		28d. DEŞCRIB	E HOW IN	JURY OCC	CURED	
BY	2 Accident	nvestigation	28s. PLACE OF	F INJURY A1 hor	no form o	M I	1 🗌 Y		111					
ED		Could not be letermined	building,	atc. (Specify)	, tatini, s	treet, racto	ry, onice	,		26f. LOCATION City or Tox	(Street er vn, State)	id Number	or Rural Ad	oute Number,
٦	29e. CERTIFIER	FYING PHYSIC	tAN: To the best of	my knowledge, des	th coours	d at th- 11-	4-4-							
COMPLETE	(Check only one) 2 MEDIC	CAL EXAMINER	: On the basis of ex	camination end/or in	iveatigation	o at the tin 1, in my op	ie, date Inion, de	and place. eath occur	end due to	the ceuse(e)	and menr	due to the	ed.	and menner as stated.
O T		OF CERTIFICA							NSE NUMB					
0	() X		10	\sim				250. 2102	NOL NOMB	En		290. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS/OF	PENCON WHO	COMPLETED CAUS	OF DEATH (ITEM	1 27) (Type,	Print) NA	TIC	NAT.	NAVAI	L MEDI	CAT.	CENT	ER	0/9/
Ţ	K.E. ZAWACK	I. LT.	MC. USN							20889-			LIL	
	NOV -	1 1991	32. REGISTRA	P'S SIGNATURE										
	55 M ()	. 1001	10	- Noon-No	- The DC	•								



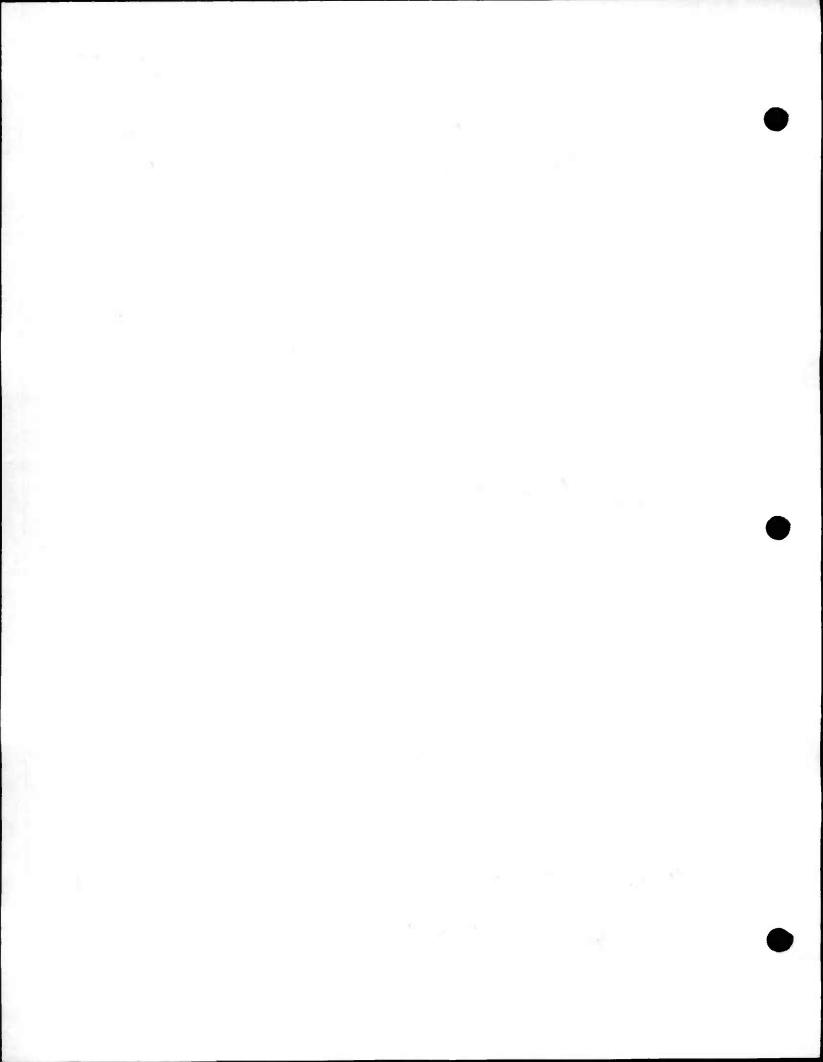
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ii.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for
death. Page 6 may be retained by the hospital of	TO THE HDSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or

	FOR STATE REGISTRAR	STATE OF I	MARYLAN		RTMENT OF			MENTAL HY	GIENE a. No.	91 31579
- 4	1. DECEDENT'S NAME (First, Middle, Last)	LIL	AR	RICH	ARDSON			2. DATE OF OE	ATH DAY	3. TIME OF DEATH 10:05A.M
	4. SOCIAL SECURITY NUMBER 166-05-8927	5. SEX		rs. last birthday)	IF UNDER 1 YEAR	_	ER 24 HRS.	7. DATE OF BIR (Month, Day,	Year)	8. BIRTHPLACE (State or Foreign Country)
١ ا	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWI	OR LOCA	TION OF D	FEB. 2,		NORTH CAROLINA NTY OF DEATH
TOR	HOLY CROS	S HOSP	ITAL		SIL	VER :	SPRI	NG .	М	ONTGOMERY
DIRECTOR	10a. STATE 10b. COUNT MARYLAND MON	Y, TOWN OR LOC SILVE		SPRIN	NG		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 901 ARCOLA AV	ENUE				20!	оє 901		"	USA
à	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	. ₹ NO	tf yes,		oan, Mexic	NIC ORIGIN? (Spe an, Puarto Ricen, a fy:		14. RACE — American Indian, Black, Whita, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		+)	a. DECEDENT'S (Give kind of life. Do NOT u	- CONTRACT	TION most of wor	king	16b. KIND	OF BUSINESS/INC	DUSTRY
No	17. FATHER'S NAME (First, Middle, Last)					18. MC	THER'S N	AME (First, Middle,	Maiden Surname)	
BE C	FLEMMING	HALBR	OOK				CHAR	RITY		
6 8	19a. INFORMANT'S NAME (Type/Print)							Route Number, City		,
-	LESTER F. RICHARD	SON (S	ON)			-				IDA 33801
	20a. METHOD OF DISPOSITION 1 Sturial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	20b. P	LACE AND DAT etary, cremator RYVILL	e of disposition of the composition of the composit	N (Name			PARRYVI	City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE.	0							OME, INC.
	+ (Seml)) (in	X							L. SP., MD 2090
	23. PART i. Enter the diseasea, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock, or haert fellure. List only one cause on each line. Approximate interval Between									
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	· Wa	ose,	DAS DISSEDUENCE O	ne.					Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	O (OR AS A CO	ONSEQUENCE (DF):					
MEDICAL	PART II. Other significent conditio	lsus a	death but	npt resulting	in the underly	Ing cause	given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		2	OTHER:	PLACE OF	DEATH (C	theck only one)		
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 28a. DATE O (Month,		28b. Til	ME OF 28c.	NJURY AT	Raaldence	8 Other (Spec	elfy) E HOW INJURY OC	CURED
D BY	1º Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY —	At home, farm,	M 1 [YES 2	□ NO			r or Rural Route Number,
L III	4 Homicide detarmined	bolloning	, atc. (Specify)					City or Tow	n, State)	
COMPLET	(Orlock Orly)	ER: On the basis of	-870							nted. he cause(a) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE MLAQL ()	1 de	uh	×		29c. L	CENSE NI	STY	29d. DAT	TE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	LENK	SE OF DEATH	H (ITEM 27) (Typ	e, Print) Z:	309 Her	90	TORE!	EELD	RD
	31. DATE FILED (Month, Day, Year) NOV - 5 1991	32. REGISTA	AR'S SIGNAT	IRE INCLUSION						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
 5	90		at a
ned	pino		fled
refa	50		noti
ž,	page		þ
9	ctor.		nust
Page	dire		0 L
ath.	neral		im.
r de	De fu	Je.	exa
s afte	by t	emov	dica
hour	ni be	10	Ē
124	y fille	ation.	the
withir	pletel	crema	ent,
uted	COM	rial,	C GV
ехес	and	to bu	mat
e pe	Siciar	rior	trau
ificat	phy	ene p	her
neo (nding	Hygi	10 10
death	atte	ental	١٣,
the	y the	M br	in the
that	ned t	ith a	any
quire	n sign	Hea	OWS
W rec	beer	of. of	3 sh
he la	has	e Del	m 2;
N. T	ficate	Stat	Ite
SICIA	certi	o the	0,
PH	this	I will	rkec
DING	After	death	E III
TEN	TOR:	after	28 18
JR AI	IREC	SUL	E
AL C	AL D	72 ho	11 11
SPII	INER.	thin	N
F H	田里	M De	HA
5	O TH	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPC
_	_	4	_

	1 - STATE OF MARY	LAND / DEPARTMENT OF HEA CERTIFICATE OF DE		YGIENE EG. NO.					
1	1. DECEDENT'S NAME (First, Middle, Last) HARLAND E.	RUDD	2. DATE OF E		3. TIME OF DEATH 10:45 AM M				
	579 363447 1×1120F		UNDER 24 HRS. 7. DATE OF B	y, Year)Count	HPLACE (State or Foreign				
TOR	9a. FACILITY NAME (If not institution, give street and number) 3107 Calverton, Blvd.	9b. CITY, TOWN OR LO							
DIREC	100. STATE 10b. COUNTY Maryland Prince George:	10c. CITY, TOWN OR LOCATION Beltsvil	R TOWN OR LOCATION Beltsville						
FERAL	3107 Calverton Blvd.	101. ZIP		10g. CITIZEN OF	YES 2 □ NO WHAT COUNTRY?				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 Diversion of the process of	S 2 NO If yea, specity	ENT OF HISPANIC ORIGIN? (Sc Cuben, Mexican, Puerto Rican MO Specify:	specification (Specification)	E - American Indian, cik, White, etc.				
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1-12 College (1-4 or 5+) 2 years	18e. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) Non Commission	working	o of Business/Inoustry	Allerican				
SON	17. FATHER'S NAME (First, Middle, Last)	16.	MOTHER'S NAME (First, Middle	o, Malden Surname)					
BE	Harland E. Rudd		Irma Fre						
5	Chase Rudd	19b. MAILING ADDRESS (Street and N. 3107 Calvertor		sville, Md.	20705				
	4 Donation 5 Dater (Specify)	Ob. PLACE AND DATE OF DISPOSITION (Name of Art Lington National	11-6-91	20c. LOCATION - City or To Arlington,					
	21. SIGNATURE OF FUNCTION SERVICE (SCHISEE)	11800 N.	naldi Funera H. Ave., Sil	1 Home					
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ad the deeth. Do not enter the mods of sech lins. Cellular CA A CONSEQUENCE OF): A CONSEQUENCE OF): CA A CONSEQUENCE OF):		or respiratory srrest,	Approximate intervel Between Onaet end Death I O MOST.				
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death	but not resulting in the underlying car		WAS AN AUTOPSY PERFORMED? YES 2 NO	D. WERE AUTOPSY FINDINGS AMALABLE PRIDR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	OF OEATH (Check only one)						
	1 ☐ YES 2 ☐ NO	Ipetient 3 DOA 4 Nursing Home 5 28b. TIME OF 28c. INJURY WORK?		ecily) E HOW INJURY OCCURED					
red BY	Accident Investigation Suicide 8 Could not be detarmined Homicide detarmined	Y — At home, farm, street, factory, offics		N (Street and Number or Rural I vn, State)	Route Number,				
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kno one) 2 MEDICAL EXAMINER: On the basis of axamination				s) and manner as stated.				
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER CRANDON		LICENSE NUMBER	29d. DATE SIGNED	(Month, Day, Year)				
	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF D NMC, Dept of Th	1 MD, Betly	sea MD						
1	NOV 05 91	and the same of th							

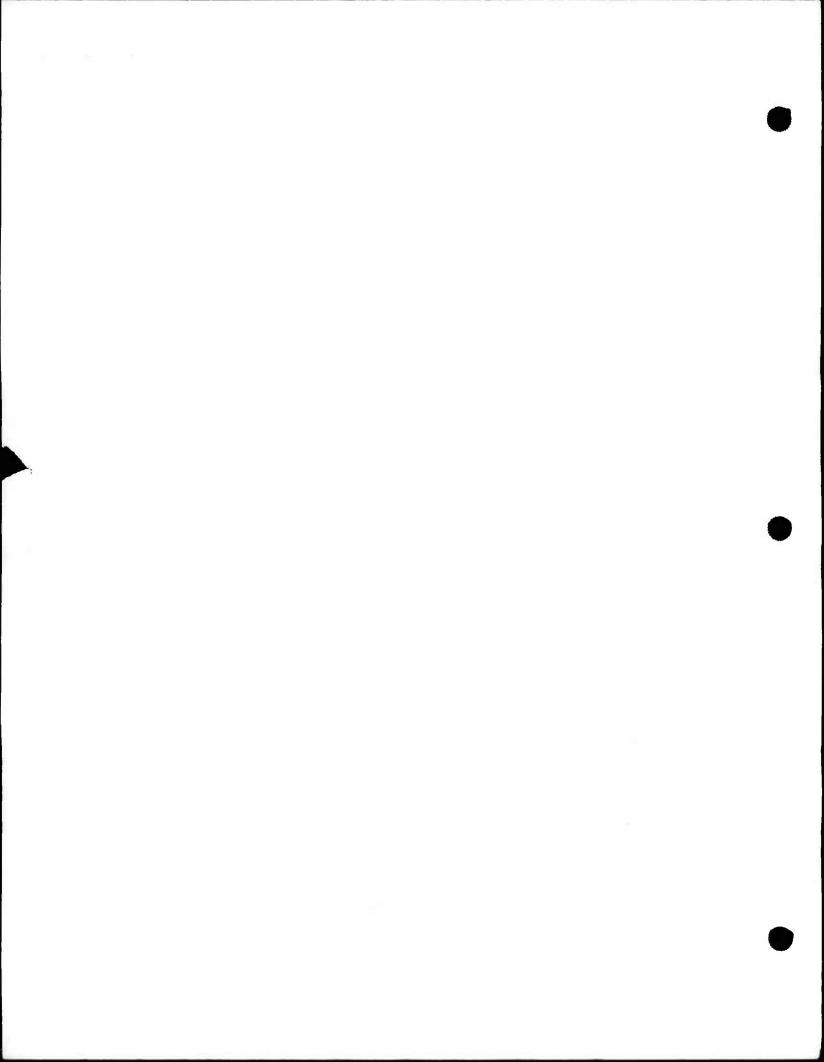


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH		ITAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last,	Thie Rick	otts			DATE OF DEATH OAT	9 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-34-5469	5. SEX 6. AGE (III	M	IF UNDER 1 YEAR IF UNDER ONTHS DAYS HOURS	MIN.	Month, Day, Year)	6. BIRT	
9a. FACILITY NAME (It not institution, give Shady Grove Ac	street and number)	pital	Rockville			9c. COUNTY OF D	DEATH
RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	TY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
Maryland Moni	tgomery	Gait	hersburg 10f. ZIP COD	E		10g. CITIZEN OF	1 X XYES 2 NO WHAT COUNTRY?
9925 Killarney 1	12. WAS DECEDENT EVER IN	U.S. ARMED	2087		RIGIN? (Specify Yea	U.S.A.	E — Amarican Indian, ck, White, etc.
1 Never Married 2XXMarried 3 Wildowed 4 Divorced	FORCES? 1 TYES	ZYNO TES	If yes, specify Cubi		erto Ricen, etc.)	Spec	
15. DECEDENT'S ED (Specify only highest gred Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wo life. Do NOT use Painter	rk done during most of work	ing	Paintin Commerc	ıg	idential
17. FATHER'S NAME (First, Middle, Last) Wilke Ricketts			G1a	adys Ga			
John E. Ricketts		342 N.	DDRESS (Street and Number Summit Ave	.#002	Gaithers	burg, MD	
20a, METHOD OF DISPOSITION 1) XSurial 2 Cremetion 3 Ra 4 Donation 5 Other (Specify)	Fo	other place)	Cemetery Cemetery	11/7/9)l Gait	hersbur	
21. SIGNATURE OF FUNERAL SERVICE L	DENSEE	M00896	10 E. De		De Vol	Funeral	Home rg, MD 20877
23. PART I. Enter the disease, or allock, or haert failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. CHROL	ch line.	ENAL				Approximata interval Between Onaet and Death
Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	CONSEQUENCE OF):					
PART II. Other algorificant condition	CHYCER RA				24a. WAS AN PERFOR	MEO?	Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	26e, PLACE OF INJURY	26b. TIME	M 1 YES 2	lesidance 6 🗆			
4 Homicida datermined 29a. CERTIFIER (Check only 1) CERTIFYING PHY	SICIAN: To the best of my knowl	edga, daath occurred	I at the time, date and place	a, and due to ti	City or Town, State) he cause(s) and mar	nner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	Anchor	1 M) D.	ZENSE NUMBER	30	29d. DATE SIGNE	D (Month, Day, Year)
MICHAEL 31. DATE FILED (Month, Day, Year)	ANCHOR 132 REGISTRAR'S SIGNA	S M	9711 M	BOIC	n ce	WIBE	DR, 107
NOV 05 '91	Julia Davidson	-Marshell					



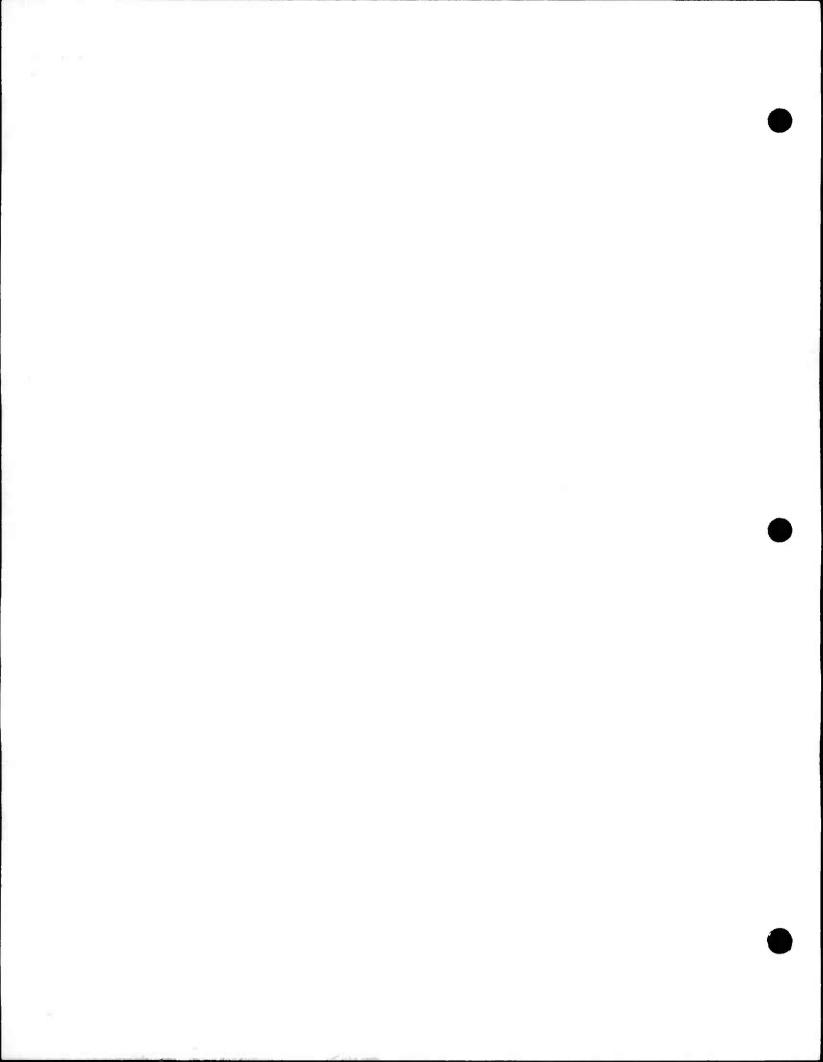
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detaching		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
100	d be		te p
etaine	shou		otifie
be ri	age 5		pe u
6 тау	tor, p		ınst
Page	I direc		ner m
leath.	funera		xamlı
after (y the	noval.	cai e
Ours	I II D	or ren	medi
24	y fille	tion.	the
within	npleter	, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent,
cuted	oo p	unial,	tic e
be exe	ian ar	or to	auma
ficate	physic	ne pri	er tr
certi	nding	Hygie	or of
death	e atte	lenta	ury,
at the	₹	and N	y in
res th	igned	ealth	rs an
requi	peen s	t. of H	shov
he law	has	e Dep	n 23
AN: T	ificate	State	r ite
IYSICI	is cer	ith th	ed, 0
NG PH	fter th	eath w	mark
TENDI	DR: A	fter d	Si S
JR AT	MRECT	ours a	em 2
ITAL (RAL D	72 h	HH
HOSP	FUNE	within	TANT
王	THE	filed	POR
2	2	8	E

Robe

31. DATE FILED (Month, Day, Year)
NOV 0 4 '91

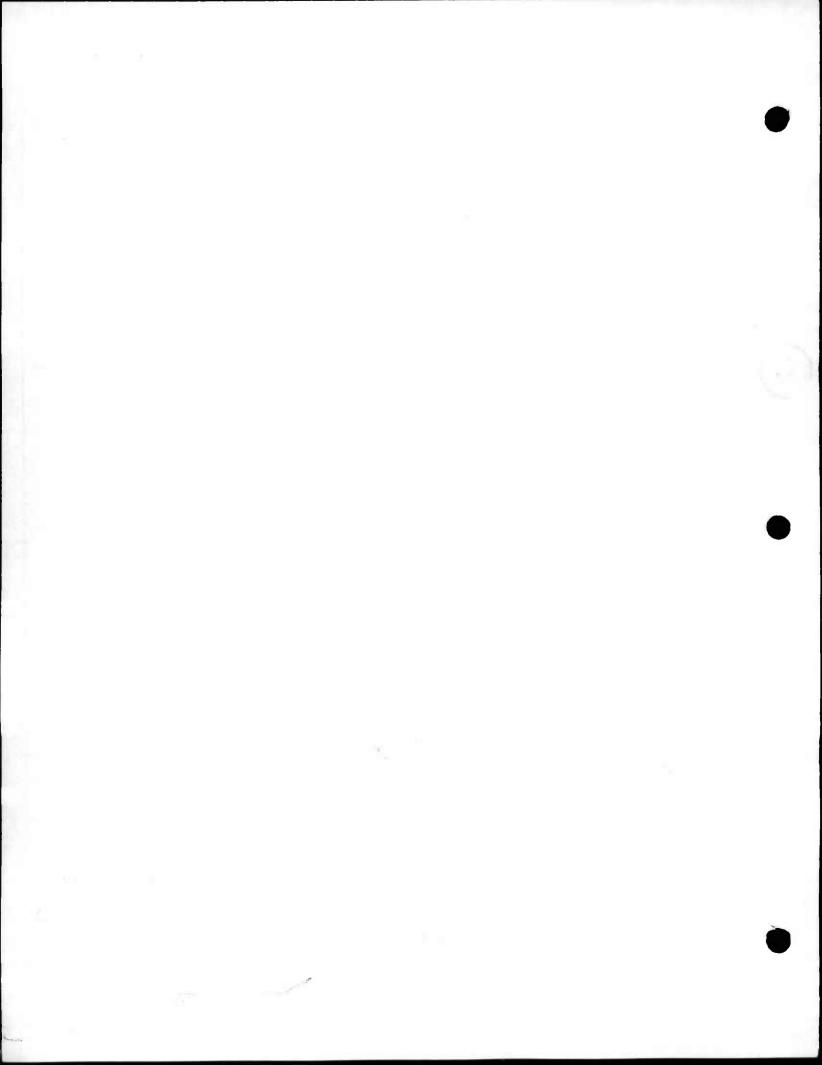
32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR		STATE OF	MARYLA	ND / DEP					MENTA	L HYGIENI REG. NO.	E	21	01002
	1. DECEDENT'S NAME (First,	Middle, Lest)								2. DATE	OF DEATH		3.	TIME OF DEATH
			Regina :	Ricket	tts					MONT		-03	YEAR	1605 M
Ì	4. SOCIAL SECURITY NUMBER 214-30-0652		5. SEX	1	yrs. lest birthd	MONTH	B DAYS	IF UNDE	MIN.	(Mont	of BIRTH h, Day, Year) 1 lary 10	930	Country)	CE (State or Foreign
				1 0	т	_	TV POMPL		011 05 01		ary 10			ngton,D.C.
E	SHADY	GROVE		TIST I	HOSPITI	K R	TY, TOWN O OCKVi		ION OF DE	EATH			unty of DEATH Ontgomery	
5 1	RESIDENCE OF DEC	EDENT	- 4											
DIRECTOR	Maryland	Mond	tgomery			erwo	od Loca	TION						I. INSIDE CITY LIMITS? YES 2 [X] NO
	10e. STREET AND NUMBER		3					. ZIP COD	E	-		10a, CITIZI		COUNTRY?
FUNERAL	16104 Crabi	os Brai	nch Way				2	0855				Unit	ed St	ates
5	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN	U.S. ARMED						N? (Specify Yee	or No- 1	4. RACE — Black, W	American Indian,
	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES						2 NO			Rican, etc.)		Specify:		
B													White	
COMPLETED	(Specify only highest grade completed)			(Give kind	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			168	o. KIND OF BUS	SINESS/INDU	STRY			
7	Elementary/Secondary (0-12) College (1-4 or 5 +)				nemaker				Own H	Iome				
g I	17. FATHER'S NAME (First, M	liddle, Last)				-	18. MOTHER'S NAME (First, Middle, Malden Surname)							
	Robert O	wen Pa	rker						Edna	a Lau	iren Cr	amer		
BE	19a. INFORMANT'S NAME (7	ype/Print)			19b. MAII	ING ADDR	ESS (Street	and Numbe	or or Rural	Route Num	aber, City or Tow	n, State, Zip (Code)	
임	Clarence 1	R. Ric	ketts		117	Deer	field	l Pla	ice,	Fred	derick,	Mary	land	21702
1	200. METHOD OF DISPOSIT	ION		20b.	PLACE OF DIS									State
	20b. METHOD OF DISPOSITION 1 X Burlet 2 Cremetton 3 Removal from State 1 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Parklawn Memorial Park Rockville, Maryland							yland						
	M. chi	SERVICEALIC	- Hier	ine	M008	346	Rober Inc., Rockv	300	Pun Pun Wes	icium iphre st Mo iryla	y Fune intgome	ral H ry Av 850-2	ome/Fenue 805	Rockville,
	23. PART i. Enter the d	iseeses, or c	complications)	nat ceused	tha deeth, I									Approximate
	IMMEDIATE CAUSE (FI		List only one c			91	6		/					Interval Between Onset end Deeth
	disease or condition resulting in death) a. Cardioquie Shock													
z	DUE TO (OR AS A CONSEQUÊNCE OF): Acute Myscandial infantion													
CERTIFICATION	If any, leading to immediate													
5	cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):													
Ē	that initiated events reaulting in death) LAS	т		(ott 110 A	OUNDEDGENO	2017.								İ
則			d		1-81									
AL 0	PART ii. Other significa	ant condition	a contributing	to death bu	t not result	ng in the	underlyir	g csuse	given in	Part i.	24a, WAS AN			ERE AUTOPSY FINDINGS
2		Venti	icuber	Vou	bu co	udu	à				PERFOR		CC	MPLETION OF CAUSE
品					0						1		- 1	DEATH?
Σ.													1 ''	_ 163 2 _ 110
IAN	25. WAS CASE REFERRED I	FO MEDICAL						LACE OF	DEATH (C	heck only o	one)			
SIC	1 YES 2 NO		HOSPITAL:	ER/Outpa	atlent 3 🗆 DC		IER: Nursing Ho	ne 5 🗆 F	Reeldence	a 🗆 Oth	er (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	Pending	28a. DATE (Month)	OF INJURY , Day, Year)	28b.	TIME OF	28c. IN W	JURY AT ORK?	_ NO	28d. DE	SCRIBE HOW	NJURY OCC	URED	
B	2 Accident	Investigation	26a. PLACE	OF INJURY	- At home, fa	rm street				281 10	CATION (Street	and Number	or Burnt Bout	a Number
	3 Suicide 8 4 Homicide	Could not be determined	buildir	ng, atc. (Speci	ify)	ini, atioot,	rectory, one				y or Town, State)		y riurai riuui	a Nullivel,
9	290. CERTIFIER	TIEVING BUVE	ICIAN: To the best	of my knowle	edge death a	curred of 4	ha time det	e and nice	a apal de	a to the a	nuesta) and ma	nner en etct	4	
COMPLETED	COROCK DINY													nd menner as stated.
	29b. SIGNATURE AND TITLE	E OF CERTIFIE		ñ				29c. LII	CENSE NU	MBER		29d, DATE	SIGNED (M	onth, Day, Year)
H	Robert	1	SA	an				1	43			D //	/3/	91
2	30 NAME AND ADDRESS O	E OCDOON NO	- Lan						. /		-	1 7	1 1	7



BALTIMORE, MARYLAND 21215-0020	ins after death. Page 5 may be intained the described for use as the burial-transit permit. Pages 1, 2, 3 should referred for use as the burial-transit permit. Pages 1, 2, 3 should referred.	מחולקו באקווווות ווותאן חב ווחווות קו חולב"
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 may be intransported in a provincial physician and completely filled in by the funeral mention page 5 mount has been signed by the attending physician and completely filled in by the funeral mention page 5 mount has as the humal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 28 state begin. State begin with the 28 showers are interesting to the present the medical assessment to removal.	min commerce and the second of

						1	31583		
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR CERTIF	TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIE REG. N				
	1. OECEDENT'S NAME (First, Middle, Last)	Inckson		Rein	2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		rrs. last birthday)	IF UNDER 1 YEAR	7. DATE OF BIRTH	5 9	BIRTHPLACE (State or Foreign		
	262-72-1698 9a. FACILITY NAME (If not institution, give str	1 M 2 VF 4	7 YRS.	MONTHS DAYS HOURS MIN.	(Moath, Day, Year)	-44	Country GEORGIA		
Œ]	ENINSULA GENERAL HO			9b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF DEATH			
5	RESIDENCE OF DECEDENT	OUTTIAL		SALISBURY, MI)	WICOMICO			
DIRECTOR	10a. STATE 10b. COUNTY	omico	10c. CFF	Alisbury			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO		
FUNERAL	100. STREET AND NUMBER	s Rd. Sal	lisbur	101. ZIP CODE	/	10g. CITIZE	N OF WHAT COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEOENT EVER IN U.	S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify)	fea or No — 14	I. RACE — American Indian,		
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 NO	It yes, specify Cuban, Maxi 1 YES 2 NO Spe	can, Puarto Rican, etc.)		Black, White, atc. Specify:		
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 18	in. DECEDENT'S	USUAL OCCUPATION fork done during most of working	16b. KIND OF B	USINESS/INDUS	STRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma Do NOT us	RP +8	LA	unde	4		
	17. FATHER'S NAME (First, Middle, Last)	17		18. MOTHER'S	NAME (First, Middle, Maid	en Surname)	/		
38 C	19e. INFORMANT'S NAME (Type/Print)	7	19b. MAILING	AOORESS (Street and Number or Ryn	I) Boute Number, City or To	wn. State Zio Co	ode)		
0	200. METHOO OF DISPOSITION	Eid	1010	PARSONS 1	d Sali	sbury	Wd 21801		
	1 Burial 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)		ACE AND DATE O	F DISPOSITION (Name of her place)	DATE 200. 1	(1	y or Town, Stata Skury, Md		
Н	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	0	22. NAME AND ADDRESS OF I	ACILITY	9471	30119,110		
	Asipull	Atod	to -	Jup Alu	PAR, 157	1. Salis	bury Md 21801		
- 4				10000	10004131				
	shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the st only one cause on each one cause on Each one cause on Each one cause on Each one cause on Each one cause of the cause	Tic /	or enter the mode of dying, au	ch as cardiac or rea				
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	netasta	NSEQUENCE OF	Breast Come	ich as cardiac or rea		t, Approximata Interval Between		
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	metasta DUE TO (OR AS A CO	MSEOUENCE OF	Breast Come	ich as cardiac or rea		t, Approximata Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	INSEQUENCE OF	Brecist Come	4		t, Approximata Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CO	INSEQUENCE OF	Brecist Come	n Pert I. 24s. WAS A		t, Approximata Interval Between Onset and Daeth Onset and Daet		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	INSEQUENCE OF	Brecist Come	n Pert I. 24s. WAS A	Piratory arrea	t, Approximata Interval Between Onset and Daath		
N: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	INSEQUENCE OF	Brecist Come	n Part I. 24s. WAS A PERFC	Piratory arrea	t, Approximata Interval Between Onset and Daath Onset and Daat		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	OUE TO (OR AS A CO	INSEQUENCE OF	Brecist Come	n Pert I. 24a. WAS A PERFC 1 □ YES	Piratory arrea	t, Approximata Interval Between Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Da		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OUE TO (OR AS A CO	INSECUENCE OF	Brecost Come	n Part I. 24a. WAS A PERFC 1 YES	Piratory arrea	t, Approximata Interval Between Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Daath Onset and Da		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO Contributing to death but r	INSECUENCE OF	the underlying cause given in the un	n Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY RIMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A CO OUE TO	INSEQUENCE OF IN	26. PLACE OF DEATH (COTHER: Brursing Home 5 Raeldence OF 28c. INJURY AT WORK? M 1 YES 2 NO	n Part I. 24a. WAS A PERFC 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW	N AUTOPSY PRMEO? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	OUE TO (OR AS A CO OUE TO (OR AS A CO OUE TO (OR AS A CO OUE TO (OR AS A CO Contributing to death but r	INSEQUENCE OF IN	26. PLACE OF DEATH (COTHER: Brursing Home 5 Raeldence OF 28c. INJURY AT WORK? M 1 YES 2 NO	n Pert I. 24a. WAS A PERFC 1 YES	N AUTOPSY RIMEO? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	OUE TO (OR AS A CO OUE TO	MSEOUENCE OF MSEOU	26. PLACE OF DEATH (COTTHER: 28. PLACE OF DEATH (COTTHER: WORK? M 1 VES 2 NO reet, factory, office	n Part I. 24a. WAS A PERFC 1 YES theck only one) 6 Other (Specify) 28d. DESCRIBE HOW 281. LOCATION (Stree-City or Town, Stet)	N AUTOPSY PRIMEO? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	OUE TO (OR AS A CO OUE TO	MSEOUENCE OF MSEOU	26. PLACE OF DEATH (CONTINUED) 26. PLACE OF DEATH (CONTINUED) 27. PLACE OF DEATH (CONTINUED) 28. INJURY AT WORK? 1 YES 2 NO reet, factory, office	Part I. 24a. WAS A PERFC 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, Steh) a to the cause(a) and mage time, data and place, a	N AUTOPSY PRIMEO? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation and suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFIER CENTIFIER CEN	OUE TO (OR AS A CO OUE TO	MSEOUENCE OF MSEOU	26. PLACE OF DEATH (CONTINUED) 26. PLACE OF DEATH (CONTINUED) 26. PLACE OF DEATH (CONTINUED) 26. INJURY AT WORK? 1 YES 2 NO reet, factory, office 1 at the time, data and placa, and due, in my opinion, death occured at the continued at th	Part I. 24a. WAS A PERFC 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, Steh) a to the cause(a) and mage time, data and place, a	N AUTOPSY PRIMEO? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS A CO OUE TO	MSEOUENCE OF MSEOU	26. PLACE OF DEATH (CONTINUED) 26. PLACE OF DEATH (CONTINUED) 26. PLACE OF DEATH (CONTINUED) 26. INJURY AT WORK? 1 YES 2 NO reet, factory, office 1 at the time, data and placa, and due, in my opinion, death occured at the continued at th	Part I. 24a. WAS A PERFC 1 YES 1 YES Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Street City or Town, Steh) a to the cause(a) and mage time, data and place, a	N AUTOPSY PRIMEO? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		



FOR STATE

DIRECTOR

FUNERAL

BY

COMPLETED

Once.

75

notified

pe

must

1991

3. TIME OF DEATH

11:30

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, stc.

21817

21817

interval Between

set and Death

Approximate

24b. WERF AUTOPSY FINDINGS

Specify: White

1 YES 2 NO

a. BIRTHPLACE (State or Foreign

Maryland

SOMERSET

10g. CITIZEN OF WHAT COUNTRY?

USA

p M

medical examiner the cremation, traumatic event, burial, other t 20 has been signed by Dept. of Health and shows any 23 DIRECTOR: After this certificate has hours after death with the State Ditem 28 is marked, or item

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

9

FUNERAL within 72 1 IMPORTANT: 11

THE Bell

223

29s

25. WAS CASE REFERRED TO MEDICAL

Investigation

6 Could not be

EXAMINER?

27. MANNER OF DEATN

1 Natural

2 Accident

3 Suicide

Nomicid

Nomicide

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH CARLTON 10 NORRIS RUF 26 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 213-90-2663 M 2 F 17 HOURS 03-21-74 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH 3860 WALT THOMAS ROAD (Home) CRISFIELD RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Somerset Crisfield 10e. STREET AND NUMBER 101 ZIP CODE 3860 Walt Thomas Road 21817 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puario Rican, etc.)

1 YES 2 NO Specify: 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Grade 9 Waterman Seafood 17. FATNER'S NAME (First, Middle, Last) ta. MOTNER'S NAME (First, Middle, Maiden Surname) Carlton Nichols Ruf Barbara Conner 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Barbara C. Applegate (mother) 3860 Walt Thômas Rd. - Crisfield, MD 20a METNOD OF DISPOSITION
1 Burist 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Sunnyridge Memorial Park 10/30/91 Crisfield, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home Kal Lean 306 W. Main St. - Crisfield, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition_ resulting in death) MI Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? NEC 2 NO

AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO 26. PLACE DF DEATN (Check only one) 4 ☐ Nursing Nome 5 Residence 6 ☐ Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED (GUNSHOT) 1 YES 2 NO INFLICTED WOUND 281. LOCATION (Street and ONLY or RIGHA TOUT Number OMAS PRIVATE RESIDENCE ROAD CRISFIELD. MARYLAND

10/28/1991

CERTIFIER		
Check only	1 CERTIFYING PNYSICIAN: To the beat of my knowledge, death occurred at the time, data and piece, and o	fue to the cause(e) and meaner as status
dwad		
-	MEDICAL Examples on the Date of examination and/or investigation in my opinion double control of	About the state of

26s. PLACE OF INJURY — At home, farm, street, factory, office

26b, TIME OF

11:15 pm

red at the time, data and place, and due to the cause(s) and manner as stated.

O.C.M.E.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

WHO COM LETED CAUSE OF DEATN (ITEM 27) (Type, Print)

111 PENN STREET BALTIMORE, MARYLAND 21201 ISTRAR

OTHER:

Ma Bavidoor

1 | Inpatient 2 | ER/Outpatient 3 | DOA

(Month, Day, Year) 10/26/1991

28a. DATE OF INJURY

bar es all sin big rt AFRICA C. Mr. Agrica (Stines) 3460 anti Tomas w. - de at bein, and contra E. Brethern SCALAN Seed allered earlier ma Treis on - Interior of the Company o

(come)

was the wife of the first

Sus exercises of -

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified 3f once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
le funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount be detached
death. Page 6 may be regined by the host	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be refined by the hos
The same of the sa	

James A.

31. DATE FILED (Month, Day, Year)

Sterling, M.D.

320

32. REGISTRAR'S SIGNATURE

W. Main St. - Crisfield, MD

	FOR	STATE OF MARY	YLAND /	DEPAR	TMENT ()F HEALTH	AND !	MENTAL H	YGIENE)	31585)
	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF DEA	TH	R	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	FRANCIS I	W. R	AYFIE	ELD			2. DATE OF D MONTH 11—0	DEATH DAY	٧	YEAR 3.	TIME OF DEATH 4:25 P	м
1 1	4. SOCIAL SECURITY NUMBER		GE (In yrs. les	t birthday)	IF UNDER 1 1	EAR IF UNDE	R 24 HRS.	7. DATE OF B	URTH	8.	BIRTHPLA	ACE (State or Foreign	-
	218-05-9712	1 M 2 🗆 F	78	YRS.	MONTHS	AYS HOURS	MIN.	(Month, Day	9-13		Virg.	inia	
	9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TO	OWN OR LOCAT	ION OF DE	ATH	9		Y OF DEAT		_
8	3129 Lawsonia Ro	ad (Home)			C	risfie	1d		Somerset			t	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY												_
DIRECTOR				10c. CIT	Y, TOWN OR							d. INSIDE CITY LIMITS?	
	MD Some	erset				risfie						YES 2 X NO	_
FUNERAL	3129 Lawsonia Road					101, ZIP COI	817		10	_	g, CITIZEN OF WHAT COUNTRY? USA		
흥	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 X Y						IIC ORIGIN? (Sp n, Puerlo Ricen		No- 14	I. RACE — Black, W	American Indian,	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	•0		YES 2 XNO			i, etc.,		Specify:	White	
TED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S ive kind of a	USUAL OCC work done dur se retired.)	UPATION ing most of work	ing	16b. KIN	D OF BUSINE	ESS/INDUS	STRY		
COMPLET	Grade 8	College (1-4 or 5+)		Carpe	enter			Ger	neral	Cons	truct	tion	
8	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, Middle	e, Maiden Sun	mame)			-
	Levi Rayfield						Lenor	cah Kil	llmon				
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street and Numb	er or Rural I	Route Number, C	City or Town, S	State, Zip C	lode)		-
2	Mary P. Rayfield	l (wife)		Sa	ame as	# 10	a b c	def	g				
	20a. METHOD OF DISPOSITION 11-	07-91	20b. PLACE other pl	OF DISPO		of cemetery, cre			20c. LOCAT	rion — Cit	ty or Town,	State	
	4 Donation 5 Other (Specify)	bvai from State	Sunny	yrido	ge Mem	orial !	Park		Cri	sfie	ld, I	4D	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)		ME AND ADDR		CILITY Sons Fu	mon-1	Uem			
	* Kaluela	V. Bu	La	لهنع				St				21817	
	23. PART I. Enter the diseases, or o											Approximata	-
	shock, or heart fallura.	Liat only one cause of	n aach lina	1.			- 100					Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition	Carcin	noma (of La	ina							6 months	
	resulting in death)	DUE TO (OR A										O MOITCH'S	-
z		h											
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSE	OUENCE O	F):								
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	¢											
E	that initiated eventa resulting in death) LAST	DUE TO (OR A	AS A CONSE	OUENCE O	F):								
CERTIFICATION	resulting in basin) EAST	d											-
L	PART II. Other significan condition	is contributing to deat	th but not	resulting	In the unda	riying causa	givan in	Part I. 24s	. WAS AN AU			ERE AUTOPSY FINDINGS	-
MEDICA	aron	Kc. Ken	al 1	al	las		_		PERFORME	-	CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
월	Hech	alensin	C	.1/	1)1	sear	R	_ ' '				YES 2 NO	
2	"				7							board .	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF	DEATH (Ch	eck only one)					
Sic	EXAMINER?	HOSPITAL:	Outpatient 3	DOA	OTHER:	g Home 5	Reeldence	8 Other (Sp	oecify)				
[춫	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	RY ar)	28b. Tife	IE OF 2	Bc. INJURY AT WORK?		28d. DESCRI	BE HOW INJU	URY OCCU	RED		_
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 18	ai)		M	1 YES 2	□ NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJ building, etc. (URY — At he	ome, farm,	atreat, factor	y, office		281. LOCATIO	N (Street end own, State)	Number or	r Rural Rout	e Number,	_
밀	4 Homicide determined	28	//					5, 5. 10	, 4.40)				
PLET		ICIAN: To the best of my k	nowledge, de	eath occur	red at the tim	e, date end plac	e, end due	to the couse(a	and manne	er as stated	i.		-
COM		ER: On the beste of exemin	nation end/or	Investigati	on, in my opi	nion, death occ	ured at the	time, date and	l place, end d	due to the	ceuse(e) er	id manner ee stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. Lf	CENSE NUI	MBER	2	9d. DATE	SIGNED (M	onth, Day, Year)	-
0 8	6/-17.	(Ma	the	cy	1 M	[/) D.	- 102	214		1	1/5/9	€1	
$I \in I$	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH OTE	M 270 (Burn	(Print)								

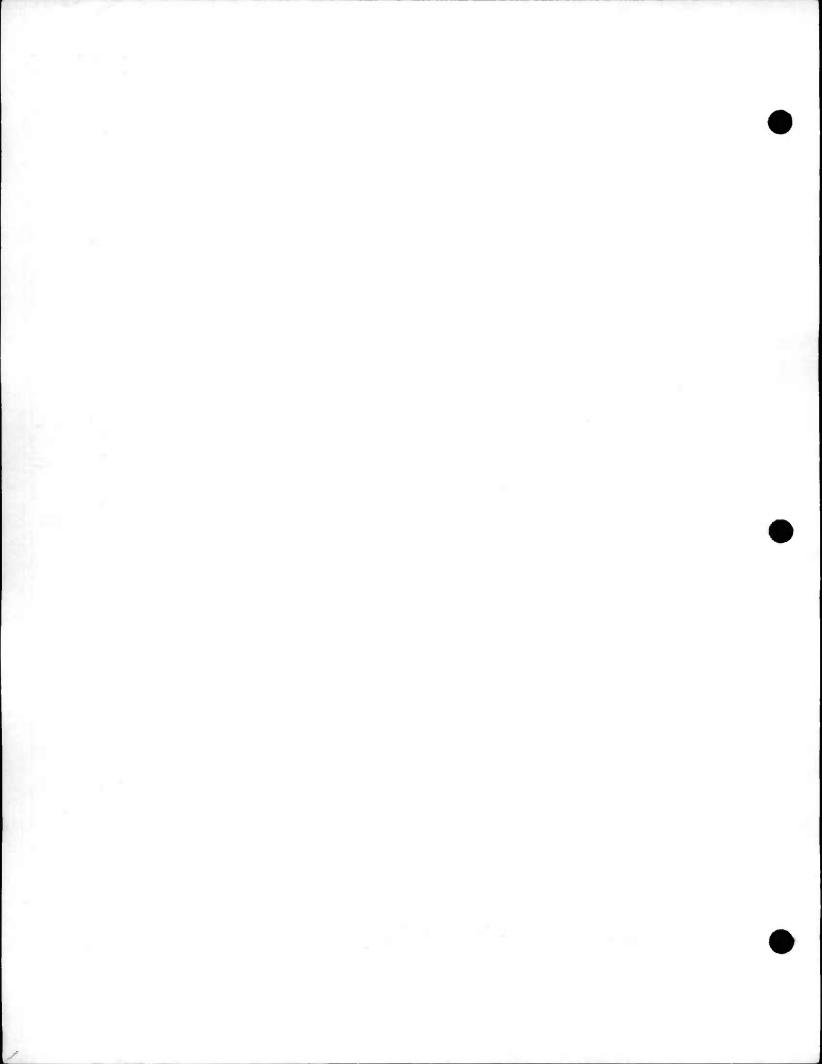
A soray today and the second section of the second you was A 2 0

BALTIMORE, MARYLAND 21203-3146

notified at Ance.	examiner must by notified at	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must by medical examinar must by medical examinar must by medical examinar must be must be medical examinar must be medical examinar must be medical examinar must be medical examinar must be medical examinar must be must
-906	examiner must by notified at	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or filem 23 shows env injury, or other traumatic event, the medicel ex
netached for use as the burial-transit permit. Pages 1, 2, 3	e funeral director, page 5 should the	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages, should the certained for use as the burial-transit permit. Pages 1, 2, 3
the hospital or attending physician.	death. Page 6 may be resided by	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death, Page 6 may be remark by the hospital or attending physician.

should

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI			HEALTH AND	MENTAL HYGIEN		
	DECEDENT'S NAME (First, Middle, Lest) Rae Phyllis Rol	bison				2. DATE OF DEATH MONTH CO October 2		ar 3:10 A M
		□ M 2 🛛 F	yrs. lest birthday) 75 YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) June 17,1	-	BIRTHPLACE (State or Foreign Country) Washington, DC
10H	19515 Frederick Ro		57		antown	EAIH	- 1	gomery
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo	mery		r, TOWN OR L				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 19515 Frederick Ro	ad Lot #157			101. ZIP CODE 20876			ed States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN L FORCES? 1 YES IF YES, GIVE WAR OR DATE	2XXNO	If yes	DECENDENT OF HISPA , specify Cuben, Maxic YES 2XXNO Speci		ea or No— 14	Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done durin se ratired.)	PATION 7 most of working	16b. KIND OF BU	siness/indus	
COM	17. FATHER'S NAME (First, Middle, Lest) F. Raymond Zimmerm	an	Deaut	LCIAN .	C-0.085, C-1.141, 114, 11	AME (First, Middle, Maider ette I.	n Surname)	vailable
2	1.	obison				House Number, City or To Lot#157,		ntown, Md.20876
	20a. METHOD OF DISPOSITION 1 Burlal X.Z. Cremation 3 Remova 4 Donation 6 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICEN	Mc	other place)	ry Cre	cometery, crematory or natorium,	Inc. Bet	hesda.	Maryland
	· Will Esson	un Fa	M00672	Ave	nue, Rockv	ille, Mary	pland 2	
	23. PART I. Enter the diseases, or compileations that coused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OR): M00672 Avenue, Rockville, Maryland 20850-2805 Approximate interval Batween Onset and Death Due TO (OR AS A CONSEQUENCE OR):							
CERTIFICATION	Sequantielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	Fess	n do	poly			10 gs
MEDICAL	PART II. Other significant conditions of	contributing to death bu	t not resulting	In the under	lying ceuse given i		N AUTOPSY ORMED? 2 ☑ NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		OSPITAL:	# a □ pos	OTHER:	8. PLACE OF DEATH (C			
Y PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	ME OF 28	Home 5 A Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY - building, etc. (Specif	At home, farm,	street, factory,	office	281. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLETED	contact only	AN: To the best of my knowle On the basis of examination						l. cause(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	- 2 Jm	us.	8-	DO 5745			signed (Month, Day, Year) tober 28, 1991
	30. NAME AND ADDRESS OF PERSON WHO G	M.D. 809 Ve	irs Mil	1 Road	, Rockvil	le, Maryla	nd 208	51
	31. DATE FILED (Month, Day, Year) NOV - 1 1991	32. REGISTRAR'S SIGNA Junia Dundo	m-Aandel	2			100	

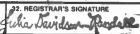


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with: The HOSPITAL DR ATTENDING PHYSICIAN: The hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

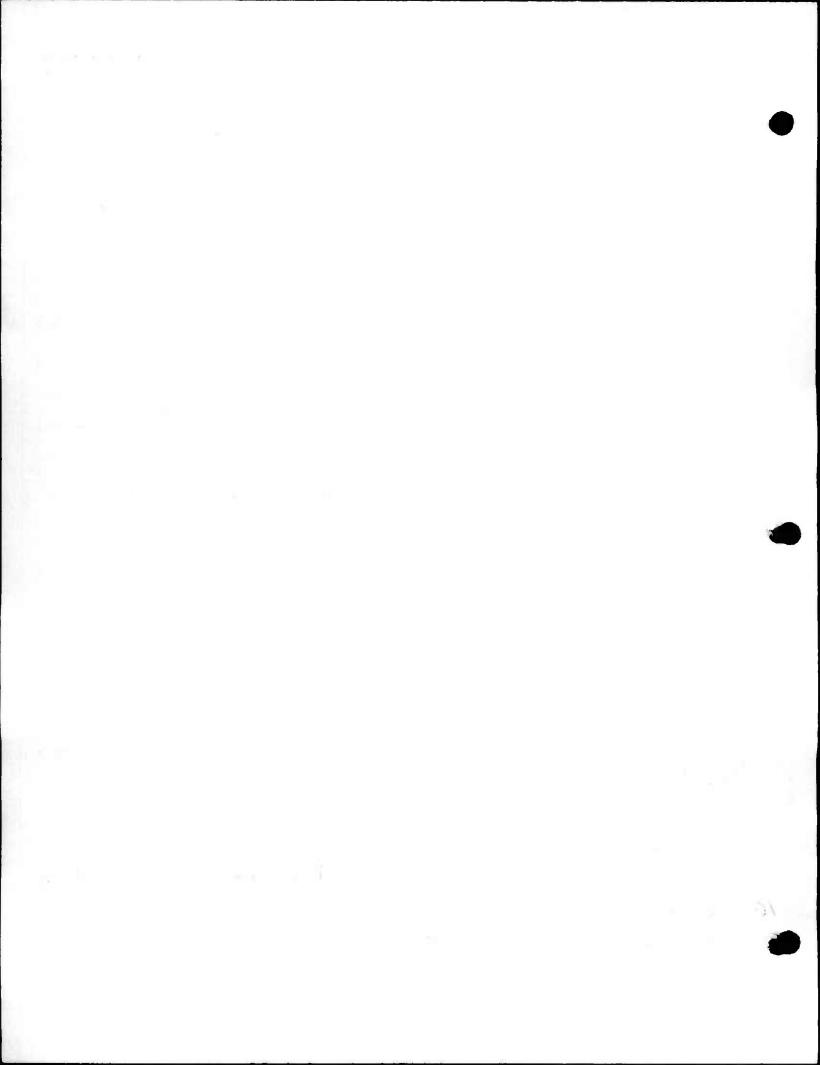
1. DECEDENT'S NAME (First, Middle, Last)	IE RUTH		r R				MONTH	REG, NO	DAY	19	YEAR Q 1	1
4. SOCIAL SECURITY N	-	5. SEX	8. AGE (In yrs. last birthe		R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	`	,29	-	_	HPL
410-08-324	12	1 - M 2 F	92 YF	MONTHS	DAYS	HOURS	MIN.		17,1	899	8. BIRTHPL Country)		
9a. FACILITY NAME (# n	ot institution, give st	reet and number)		9b. CI1	Y, TOWN	OR LOCAT	ON OF D			\rightarrow	_ ^	_	•
FERNWOOD N	NURSING	HOME		BE	THES	DA		**		м	ON	TGO	ΜE
RESIDENCE OF	DECEDENT				_		-	1				- 10	_
10a. STATE	10b. COUNTY		10c	. CITY, TOWN	OR LOCA	TION							1
			W	ashin	gton	, D.C							1

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	FAN	NIE RUTE	SCHET!	TLER					NOVE	MBER 2	, 19	91	12:35 a M
- }	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	st birthday)		R 1 YEAR	IF UNDER	¥		OF BIRTH		8. BIRTH	HPLACE (State or Foreign
	410-08-3242	1 □ M 2 🛒 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	June	17,18	99 T		
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE			9c. COU	NTY OF D	DEATH
FUNERAL DIRECTOR	FERNWOOD NURSING	HOME			BET	HESI)A		,,		MON	TGOM	IERY
E I	10a. STATE 10b. COUN	тү		10c, CIT	CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?	
0				Was	hing	ton,	D.0						1X YES 2 NO
AL	10e. STREET AND NUMBER						f. ZIP COD				10g. CIT	ZEN OF	WHAT COUNTRY?
띮	4436 Q Street, N	.W		20				20007	7			U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. AF	RMED	13.					I? (Specify Yea Ricen, atc.)		14. RAC	E — American Indian, k, White, atc.
B≼	1 Never Merried 2 Married 3 Nover Merried 4 Divorced	IF YES, GIVE	WAR OR DATES	140			2 X NO			riican, atc.j			*/y: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		16a. DE	ECEDENT'S Sive kind of a. Do NOT u	USUAL O	OCCUPATION OF THE PROPERTY OF	ON ost of worki	ing	168	KIND OF BUS	SINESS/INE	DUSTRY	·
9	Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	ise retired.)								
₹	12		Ho	omema	emaker Own Home								
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
B	James Polk Fre	eman						ie_J					
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	Nancy S. Gordon (Daughter) 4436 O Street, N.W. Wash, D.C. 20007												
	20s. METHOD OF DISPOSITION \$\igcup Disposition \text{2 \sqrt} Cremation 3 \sqrt Removal from State} 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)												
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		- High	Land	Memo	rial	Cen	eter	У	Knox	vill	e, T	ennessee
	21. SIGNATURE OF PUNERAL SERVICE I	JCENSEE	0							ons, I	no	NI L	7
1	1 michael	08.1	heldo	~									20016
	23. PART i. Enter the diseases, or												Approximate
	shock, or heart failure IMMEDIATE CAUSE (Final	. List only Dne ca	use on each lin		.1		_						Interval Between Onset end Death
	disease or condition resulting in deeth)		irdiac			rest							Sudden
	DUE TO (OR AS A CONSEQUENCE OF): ACTERIO Sclerolic Heart Disease												
No.	Sequentially flat conditions, DIE TO (OR AS A CONSCOLLENCE OF):												
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the Injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
윤												-	
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST											İ	
핑	d												
	PART II. Other significent condition						g ceuse	given in	Part I.	24a, WAS AN PERFOR		24	WERE AUTOPSY FINDINGS
MEDICAL	Mulli	STroke		eme	nTi	9				1 TYES 2			COMPLETION OF CAUSE DF DEATH?
											41		1 _ YE\$ 2 _ NO
_													
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001171					LACE OF E	DEATH (Ch	reck only o	ne)			
Š	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	4 X Nu		ne 5 🗆 R	ealdenca	8 🗆 Othe	or (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE O	F INJURY Day, Year)	28b. TIA	ME OF	28c. IN.	JURY AT DRK?		28d, DE	SCRIBE HOW I	NJURY OC	CURED	
BY	1 X Natural 5 Pending 2 Accident Investigation				М		YES 2 [_ NO					
0	3 Suicide 6 Could not be	28a. PLACE building	OF INJURY — At h	oma, farm,	street, fa	ctory, offic	20		26f. LOC	ATION (Street a	and Number	r or Rural	Route Number,
E	4 Homicide detarmined building, atc. (Specify)												
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.												
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.												
BEO	296. SIGNATURE AND TITLE OF CERTIF	ER C	5.1	,	X/I	5	-	ENSE NU		0			D (Month, Day, Year)
10	Johnson 1. Gustafron, 110, D 15049 November 2,199												
-	30. NAME AND ACDRESS OF PERSON WHO COMPLETE CALLE OF DEATH (TEM 27) (Typo, Print) John Gustafson, MD. John F. Gustafson, MI), 5480 Wisconsin Ave. Chery chase, MD.												
	John t.	Sustat	son, X	[1]	24	20 r	UISC	onsiv	· A	Pe; U	TIEDL	9 00	138 20815

NOV 04 91



Chevy chase, MD.



TO BE COMPLETED BY FUNERAL DIRECTOR

24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transion, or removal.	the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR				ERTIFIC	CATE OF	DEATH	_ A	IEG. NO.			
1. DECEOENT'S NAME (First,							2. DATE OF	OEATH DAY	YE	AR 3	. TIME OF DEATH
Bertha	Kaver	ia Brisc	oe	Solem			Oct.	30,	1991 ^e	^n	5:30 P M
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs.		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF I	BIRTH		BIRTHPL Country)	ACE (State or Foreign
579-40-7379	A	1 🗆 M 2 💢 F	86	YRS.	ONTHS DAYS	HOURS MIN.	Nov.2	0,190	4 Pe	enne	ylvania
9a. FACILITY NAME (If not in:	stitution, give s	street and number)		1	b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY		
5714 Wilso	n Lan	e			Bethe	sda	Mont	gome	ery		
RESIDENCE OF DEC											
10a. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	TION				1	Od. INSIDE CITY LIMITS?
Maryland	Mon	tgomery		Bet	hesda					1	X YES 2 NO
10e. STREET AND NUMBER					10	H. ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?
5714 Wilson	Lane					20817				U.S	S.A.
11, MARITAL STATUS		12. WAS DECEDEN				CENOENT OF HISPA			or No- 14.		- American Indian, White, atc.
1 Never Married 2		IF YES, GIVE V	YES 2 WAR OR DATES	XNO		pecify Cuban, Maxica S 2 NO Specif		n, etc.)			White
3 Widowed 4 Divo	rced	110071									WILLEC
	EDENT'S EDU highest grade		16a.	DECEDENT'S U	SUAL OCCUPAT rk done during m retired.)	ON ost of working	16b. KII	10 OF BUSI	NESS/INDUST	RY	
Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT use	retired.)						
		4	Re	egister	ed Nur	se	He	alth	Care		
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S NA	ME (First, Midd	lle, Maiden S	iumame)		_
Beverly B	riscoe	e				Berth.	a She	rtzer			
19a. INFORMANT'S NAME (7				19b. MAJLING A	DORESS (Street	and Number or Rural				de)	
Peter Solem		(Husband)		5714 t	Jilson	Lane, Be	theeds	Md	2081	7	
284. METHOD OF DISPOSITI	ION		20b. PLA		OF OISPOSITIO		10ATE4		ATION — City		n, State
Buriel 2 Crematio	(Specify)	noval from State		ry, crematory o		leum Cem			trood	МТ	,
1. SIGNATURE OF FUNERA		CENSEE	True.	PINCOIL		ND ADDRESS OF FA		pren	LWOOd	<u> </u>	/ .
NO. 1) (06	\ \ \		Josep	h Gawler	's Son	s, In	c. N.	.W.	
meet	ree	C. 1	ula	9		Wisconsi					0016
23. PART I. Enter the di		complications the			t enter the m	oda of dying, suc	ch as cardiac	or reapir	atory arrest	,	Approximate
IMMEDIATE CAUSE (Fir		List Only Ona Car	uae on each i	ma.							Onset and Death
disease or condition	———	Pneumo	mia								3 days
reaulting in death)			(OR AS A CON	SEQUENCE OF)							Juays
	_		c orga			drama					10
Sequentially list conditions		DUE TO	(OR AS A CON	SEQUENCE OF)	in Syn	drome					10 yrs.
if any, leading to imme- cause. Enter UNDERLY	ING										ļ
CAUSE (Disease or injuthat initiated events	iry	DUE TO	(OR AS A CON	SEOUENCE OF):							1
resulting in death) LAS	т										
		d									
PART ii. Other aignifica	nt condition	na contributing to	daath but no	t reaulting in	the underlyi	ng cause given in	Part i. 24	a. WAS AN			WERE AUTOPSY FINDINGS
Chronic at	rial :	tibrillat	ion; C	hronic	renal	failure;	1	YES 25			COMPLETION OF CAUSE OF DEATH?
Recent sep	sis								7		YES 2 NO
	0.20						—]				
25. WAS CASE REFERRED T	O MEDICAL				28	PLACE OF DEATH (C	heck only one)				
EXAMINER?		HOSPITAL:	EB/0-2		OTHER:	1/2/200					
1 VES 2 NO		28e. OATE O		28b. TIME	-	me 5 Rasidence		,	JURY OCCUR	50	
37	Pending		Day, Year)	INJU	RY V	JURY AT	28d. UEŞCH	IBE HOW IN	DUNY OCCUM	EU	
	Investigation					YES 2 NO					
	Could not be	28s. PLACE (building	OF INJURY — At , atc. (Specify)	home, farm, st	reet, factory, off	lca		ON (Street a fown, State)	nd Number or I	Rural Ro	ute Number,
4 Homicide	determined										
29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best o	f my knowledge,	death occurred	at the time, da	ta and place, and du	a to the cause(a) and man	ner as atated.		
CONSUM ONLY											and manner as stated.
29b. SIGNATURE AND TITLE											
LOW SIGNATURE AND THE	K)	11 /1/	rene	-		DC 81					Month, Day, Year) 31, 1991
OR MANE AND ADDRESS S	17. 1					20 01			- 001	- •	1, 1, 1, 1, 1, 1
30. NAME AND ADDRESS O						ATT 7 77 1		D C	000	0.0	
David V.					ut Ave	,NW,Wash	ington	1,D.C	. 200	υ8	
31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATUR	مالا							
NOV 04 '91		The same	MIN AMERICA								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

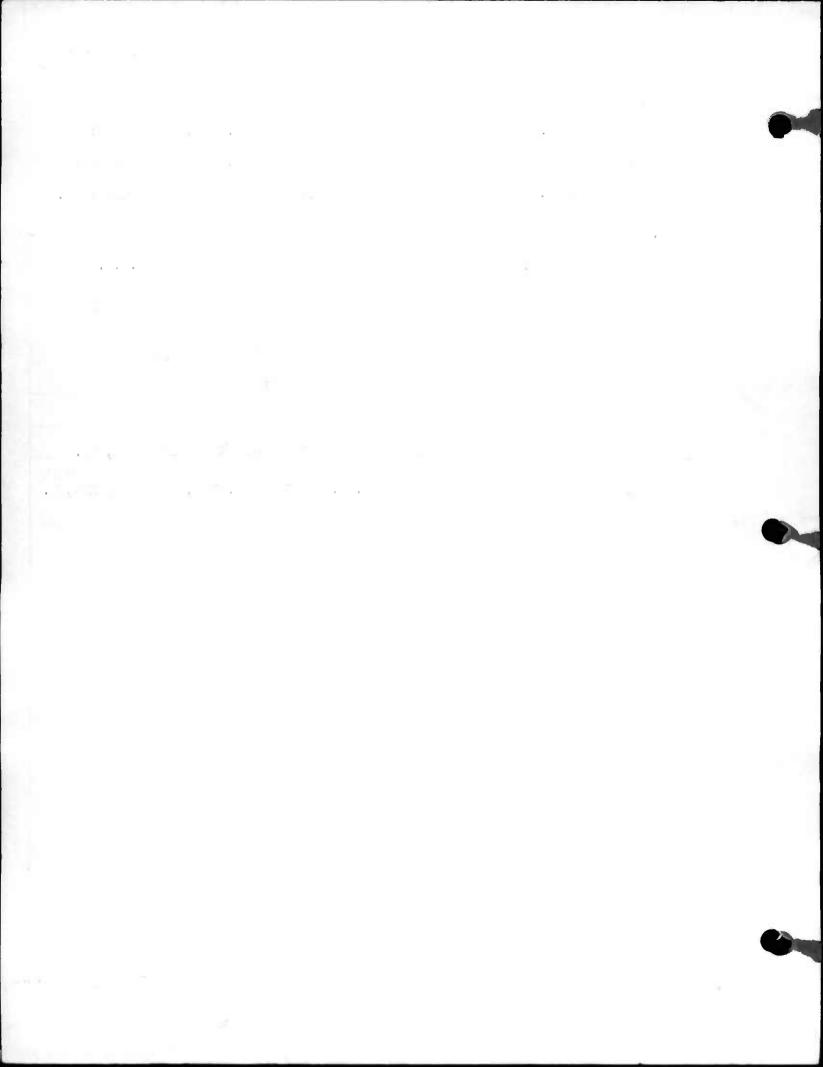
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within drs after death. Page 6 may be retained by the inhorities that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detected for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

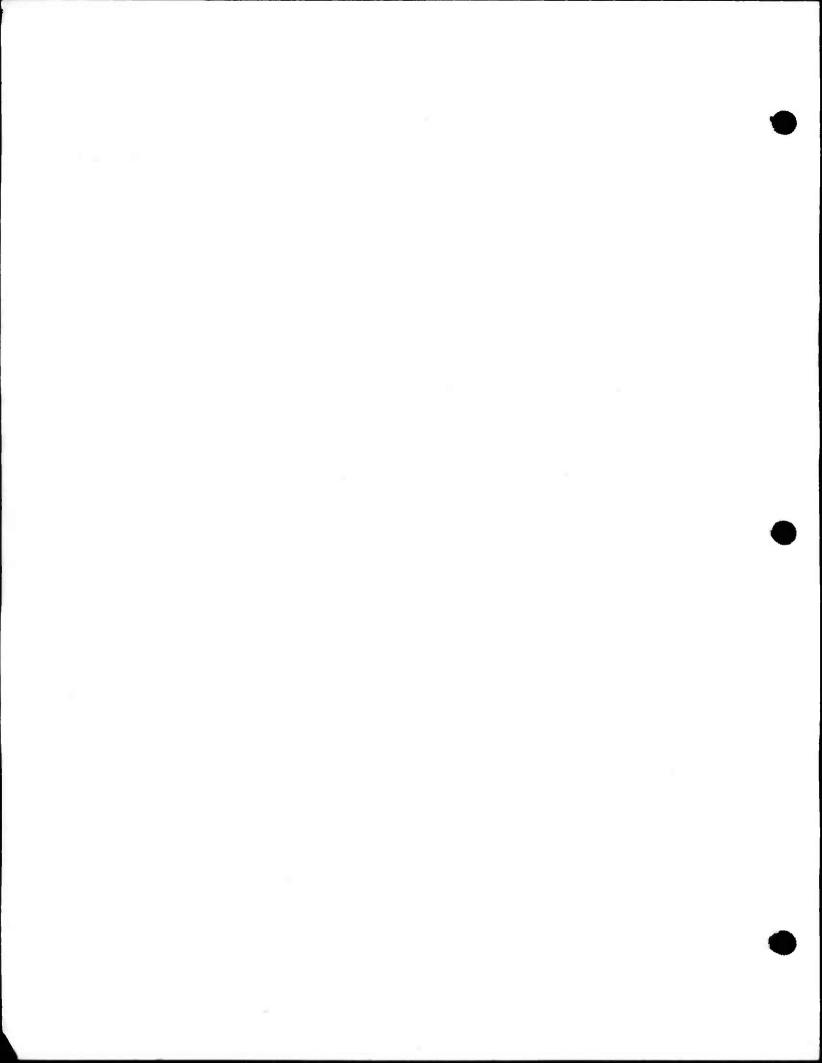
STATE	OF	MARYL	AND /	DEPAR	TMENT	OF	HEALTH	AND	MENTAL	HYGIEN	ΙE
			CE	RTIF	ICATE	O	F DEAT	TH		REG. NO).

	1 - FOR STATE REGISTRAR	STATE OF MAR			HEALTH AND	MENTAL HYGIENE REG. NO.						
	1. DECEOENT'S NAME (First, Middle, Last) LULA		SBURY			2. DATE OF OEATH MONTH DAY OCT. 29,	1991	3. TIME OF DEATH 7:45 A M				
	4. SOCIAL SECURITY NUMBER 229-14-9665A	1 🗆 M 2 🕁 F	GE (In yrs. lest birthday) 68 YRS.	MONTHS DAY	B HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vear) FEB. 22,19)23 Coun	VIRGINIA				
TOR	9e. FACILITY NAME (If not institution, give 14030 NORBECK RESIDENCE OF DECEDENT				OCKVILLE	EATH 9	MONTG	OMERY CO.				
DIRECTOR	10a. STATE 10b. COUN	ONIGOMERY	10c. CI	TY, TOWN DR LO	OCKVILLE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
FUNERAL	14030 NORBEC				10f. ZIP CODE 20853		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	res 2 XNO	13. WAS (If yes, 1 🔲)	Blac	5 — 14. RACE — American Indian, Black, White, etc. Specify:						
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) UT PATIENT ACCOUNT SUPERVISOR MEDICAL								
	17. FATHER'S NAME (First, Middle, Last) FREDRICK	mame)										
TO BE	FREDRICK COOPER 190. INFORMANT'S NAME (TyperPrint) SHARON SPITZER 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS ITEM #10											
	20e. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rei 4 Donation 5 Other (Specify)		20b. PLACE OF DISPO other place) CHAMBE	RS CRE	MATORY	10/29/91 R	TION — City or T	• • • • • • • • • • • • • • • • • • • •				
	21. SIGNATURE OF FUNERAL SERVICE L	mleuli	M00091		W. CHAMBE	RS CO. INC,	SILVER	20910 SPRING.MD.				
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in death) Due to (OR'AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF): Due to (OR AS a CONSEQUENCE OF):											
PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. Concerns Contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 VES 2 NO											
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100	HOSPITAL:	Outpatient 3 DOA	OTHER:	PLACE OF DEATH (C							
ву рну	27. MANNER OF OEATH 1			ME OF 28c.	INJURY AT WORK? YES 2 ND	28d. DESCRIBE HOW INJU						
	3 Suicide S Could not by 4 Homicide determined	Number or Rural	Route Number,									
COMPLETED	one) 2 MEDICAL EXAMIN	NER: On the basis of examin				e to the cause(e) and manner e time, date end piece, end d		(e) end manner as stated.				
TO BE	299. SIGNATURE AND TRUE OF CERTIFIE 30, NAME AND ADDRESS OF PERSON W	Done	F DEATH (ITEM 27) (Typ	oe, Print)	29c. LICENSE NU	MBER 2	ed. DATE SIGNE	D (Morth, Day, Year)				
	31. DATE FILED (Month, Day, Year)	32. BEGISTBAR'S	SIGNATURE .	C CM	9013	Bot gans	r Ofm	3M22C83				
	UU 31 '91	gruna vavide	The state of the									



STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN
	Ci	ERTIFICATE	OF	DEAT	ГН		REG. NO

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEATH		
ľ	KATHLEEN (NMN) S	ABADOSA				OCTO	BER 2		EAR 1	2:49 P M		
	4. SOCIAL SECURITY NUMBER 5	SEX 8. AGE (I	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	DE BIRTH	6.	BIRTHPLA	CE (State or Foreign		
1	200 20 0430	□ M 2 💢 F	66 YRS.	MONTHS DAYS	HOURS MIN.		07,		_	Polina		
E I	9a. FACILITY NAME (If not institution, give stree NIH, THE CLINICAL			BETHESI	TGOMI							
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I in terms					10d. INSIDE CITY				
E		a a		, TOWN OR LOCAT	ION					LIMITS?		
	N. CAROLINA Watau	ya	BO	ONE	ZIP CODE			100 CITIZEI		YES 2 X NO		
RA	RT. #6, BOX 332-F	ı		"	28607			USA				
FUNERAL		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN	? (Specify Yes		14. RACE — American Indian, Black, White, etc.			
BY FL	1 Never Married 2 Merried 3 Divorced	2 NO ATES	If yes, sp		white, etc. White							
	15. DECEDENT'S EDUCAT	TION	18a. DECEDENT'S 1	HEHAL OCCUPATION	MAI	166	KIND OF BUS	INECC/INDUS	TOV			
	(Specify only highest grade cor	mpleted)	(Give kind of w life. Do NOT use	ork done during mo	st of working	100.	KIND OF BUS	inc33/inD03	INI			
P	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	ker			Own H	ome				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	fiddle, Maiden	Surname)				
BE C	Thomas H	amilton M.	iller		Minni	e Be	ell S	chule	r			
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)											
۴	Jan Evans				36th St							
	20s. METHOD OF DISPOSITION 14 Burlel 2 Cremetion 3 Removel from State 20b. PLACE OF DISPOSITION (Name of connetery, cremetory or other piece) MOUNT Lawn Memorial BOONE, Park and Gardens 10/28/91 North Carolina											
	21. SIGNATURE OF FUNERAL SERVICE LICEN		ark and	22. NAME A	D ADDRESS OF FA	CILITY				colina		
	· Munealan	ulady			Pearsongton,		nera: 2220:		es			
	23. PART I. Enter the diseeses, or cor								t,	Approximate		
	shock, or heart failure. Lis IMMEDIATE CAUSE (Finel									Onset and Deeth		
	disease or condition resulting in death) a. ADULT RESPIRATORY DISTRESS SYNOROME DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions, Due to (or as a consequence of):											
ATI	if ery, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (OR AS A CONSEQUENCE OF): WLTI-DRUG CHEMOTHERAPY DUE TO (OR AS A CONSEQUENCE OF):											
잂	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	PEPIOI	TEACHT					-		
CERTIFICATION	reculting in death) LAST	LYMPHO	MA									
	DARW II ON THE INTERNATIONAL PROPERTY OF THE INTERNATIONAL PROPERT					I						
SAL	PART II. Other eignificant conditions		_	n the underlyin	g cause given in	Part I.	24s. WAS AN PERFOR	MED?	AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE		
MEDIC	SEARL SHOCK					- 1	1 KYES 2	□ NO	DF	DEATH?		
Σ	MYO PATHY, ET	TULDGY U	VKNOWA)		- 1			1 (YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 0	ACE OF DEATH (Ch	mak ook oo	al .					
PHYSICIAN:	EXAMINER?	HOSPITAL:	entlant 2 DOA	OTHER:	1.85-2	1						
ĔΙ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIM	E OF 28c. IN.	URY AT		CRIBE HOW I	NJURY OCCU	RED			
	1 Natural 5 Pending	(Month, Day, Year)	INJ		YES 2 NO							
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY		street, factory, offic	•		ATION (Street		Rural Route	e Number,		
国	4 Homicide determined	building, etc. (Spec	спу)			City	or Town, State)					
COMPLETED	29e. CERTIFIER (Check only	AN: To the best of my know	ledge, death occurre	ed at the time, date	and place, and due	to the ceu	ree(e) end mar	ner as stated				
N N	one) 2 MEDICAL EXAMINER:									d manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		29d. DATE S	SIGNED (MI	onth, Day, Year)		
BE	Dante Llu	-, MO			VT-10	_				-91		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)						-		
	DANTE LANOUEL	an,	9000 R	OCKVILLE	PIKE. B	ETHE	SDA. M	IARYLA	ND_2	0892		
31. DATE FILED (Month, Day, Year) 32. DEGISTRAB'S SIGNATURE												



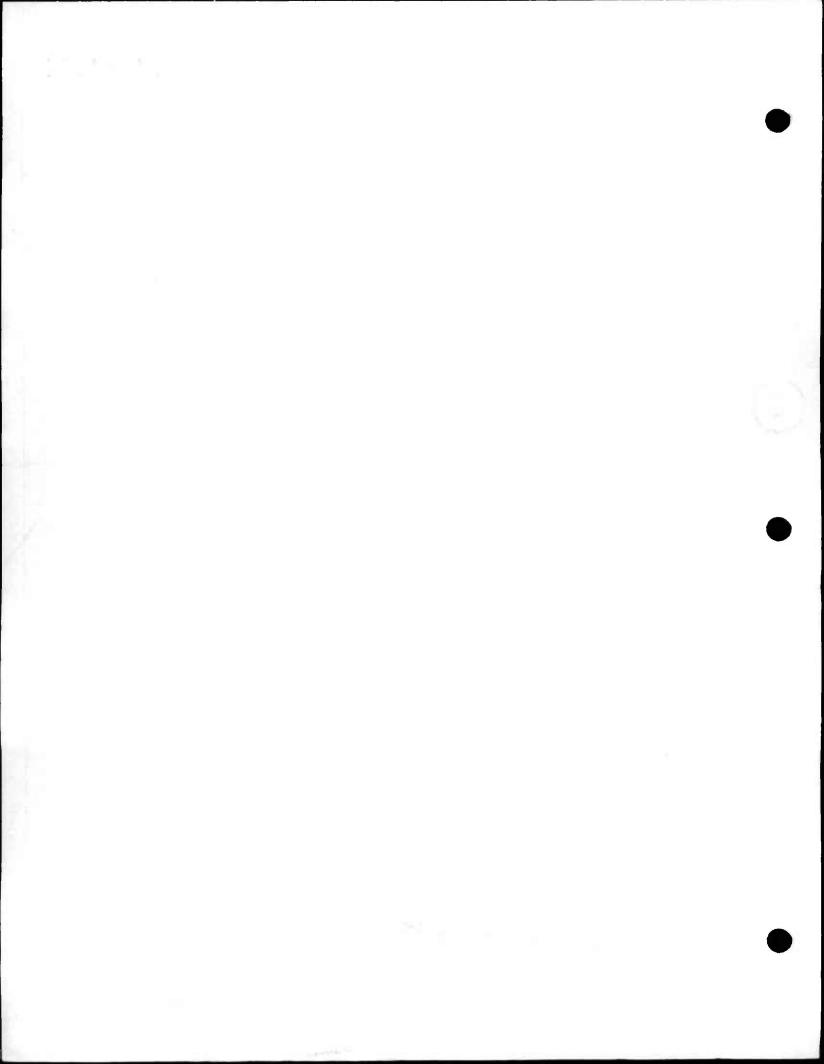
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10

MARYLAND 21215-0020

BALTIMORE

1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)				2. 0	DATE OF DEATH		3. TIME OF DEATH		
1 3		Lela Beli		Ltz			Ĩ, 199			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS		MATE OF BIRTH Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	579-46-1747 90. FACILITY NAME (If not institution, give a		74 YRS.		De	ec. 13,	1916 A	labama		
Œ	10727 St. Margar			9b. CITY, TOWN OR LOCATION			0c. COUNTY			
18	RESIDENCE OF DECEDENT	SC S Way		Silver Sprin	19		Mont	gomery		
DIRECTOR	10a. STATE 10b. COUNT			, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
		gomery	Silv	er Spring				1 TYES 2 X NO		
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE				OF WHAT COUNTRY?		
JNE.	10727 St. Margar	ET'S Way 12. WAS DECEDENT EVER H	NAME ADMICT	209				ted States		
	1 Never Married 2 XXMarried	FORCES? 1 YES	2X NO	13. WAS DECENDENT OF If yes, specify Cuben,	Mexicen, Pur	RIGIN? (Specify Year arto Rican, etc.)	e er No — 14.	. RACE American Indian, Black, White, etc.		
ВУ	3 Widowed 4 Divorced	IF TES, GIVE WAR ON D	AIES	1 TYES 2XXNO	Specify:			Specify: White		
TED	15. OECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S	USUAL OCCUPATION rork done during most of working		16b. KIND OF BU	SINESS/INDUS			
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +)	We. Do NOT us	e retired.)	i					
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)		Homen				n Home			
	William Dawson	Cobb				irst, Middle, Maiden				
BE	19a. INFORMANT'S NAME (Type/Print)	CODD	105 MAILING			phine C				
2	Albert O. Schmi	itz	10727	DRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code) t. Margaret's Way, Silver Spring, MD 20910						
	20e. METHOD OF DISPOSITION 1 Burlal 2 Coremation 3 Removed	200		F DISPOSITION (Name of				or Town. State		
1 1	1 ☐ Burial 2/L/Cremation 3 ☐ Remi	oval from State	etery, crematory or other	Crematory	1			ring, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS	OF FACILITY	,				
	Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring.									
	23. PAHI I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respired or respired to the control of the contr									
	Interval Between IMMEDIATE CAUSE (Finel									
	disease or condition resulting in death) a.									
	DUE TO (OR AS A CONSEQUENCE OF):									
N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
ATI										
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	NCE OF):						
CERTIFICATION	reaulting in death) LAST	4						į		
2	PART II. Other significant condition	a contribution to do at t								
I &	PART II. Other aignificent condition	s contributing to death be	ut not reaulting In	the underlying cause give	en in Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						t 🗀 YES 2	XNO	COMPLETION OF CAUSE DF DEATH?		
Σ								1 🗌 YES 2 🗍 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEAT	M (Chook on					
SIC	EXAMINER? 1 TYES 2XT NO	HOSPITAL: 1 Inpetiant 2 ER/Outp.	atlant 3 DOA	OTHER:						
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. INJURY AT		DESCRIBE HOW IF	JURY OCCUR	ED		
BY F	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M t YES 2 N						
ED E	3 Suicida 8 Could not be	26e. PLACE OF INJURY building, etc. (Spec	281.	LOCATION (Street e	nd Number or F	Rural Route Number,				
	4 Homicide determined					City or Town, State)				
COMPLET	29e. CERTIFIER 1X CERTIFYING PHYSIC	CIAN: To the best of my knowl	edge, death occurred	s at the time, date end place, en	d due to the	cause(s) end men	ner ee atated.			
ŏ	one) 2 MEDICAL EXAMINE	R: On the basis of examination	and/or Investigation	, in my opinion, dasth occured	at the time, o	data and plece, and	d due to the ce	puse(a) end manner ee atated.		
BE (29b. SIGNATURE AND TITLE OF CERTIFIER		Lan	29c. LICENS	E NUMBER	•	29d. DATE SIG	GNED (Month, Day, Year)		
0	M MOV X	NIM	11 ()	1010	96		Nove	ember 1, 1991		
	Merton White				VOT C					
	Merton L. White,	Fulla Vin ASIGN	T Georgia	a Avenue, 511	ver S	pring, N	עוי 2090	J2		
	NOV 04 '91	guna variable								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

5

use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deathed be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYL

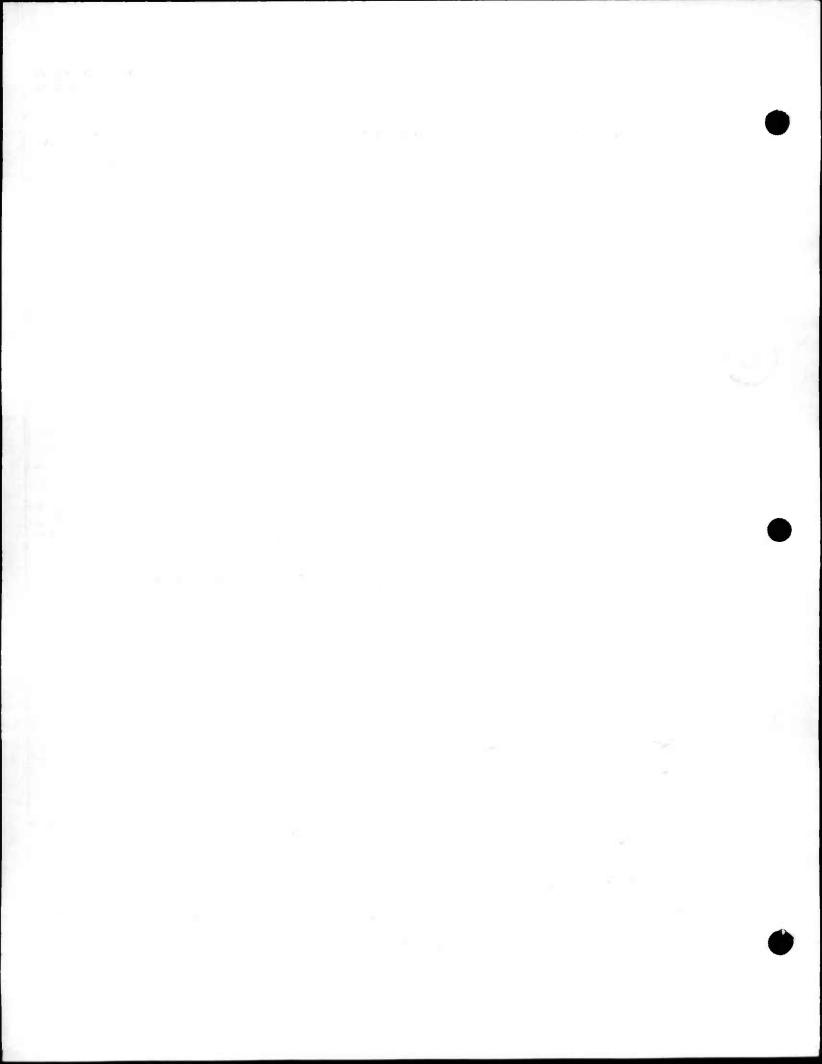
	1 - FOR STATE REGISTRAR	OF MARYLAND /	DEPARTME	NT OF HE	ALTH AND N	MENTAL HYGIENI REG. NO.	E) J J L		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Jean G. Silv	ver				November 1		2:00 A.M.M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las)	-	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTI	NPLACE (State or Foreign		
	137 03 7868 ¹□M²	44 / /	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year) Dec. 15,	11 Po	land		
	9a. FACILITY NAME (If not institution, give street and num	ber)	9b. 0	CITY, TOWN OF	LOCATION OF DE		9c. COUNTY OF			
OR	15401 Bramblewood Driv	re	S	ilver	Spring		Montgo	merv		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						11011080			
E				VN OR LOCATIO				10d. INSIDE CITY LIMITS?		
BY FUNERAL DIRECTOR	Maryland Montgome	ry	SITV	er Sp				1XXYES 2 □ NO		
RA				100	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
N.	15401 Bramblewood D		T		20906			SA		
F	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. ARM	D	It yes, spec	Ify Cuben, Mexicar	IC ORIGIN? (Specify Yaa n, Puerto Rican, etc.)		E — American Indian, k, White, etc.		
ВУ	3 🔀 Widowed 4 🗌 Divorced	GIVE WAR OR OATES		1 TYES 2	Specify.		Spec	White		
8	15. DECEDENT'S EDUCATION	18e. DEC	EDENT'S USUA	L OCCUPATION		18b. KIND OF BUS	INFSS/INDI ISTRY	MILLOC		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(Giv	e kind of work do Do NOT use retire	one during most	of working	Too. KIND OF BOS	ME33/MD03/M			
립	12		tract	Anal	vst	II.S. 6	overnm	ent		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	100	ora o			ME (First, Middle, Malden S		enc		
BE C	Charles Epstein					Slavatis				
8	19s. INFORMANT'S NAME (Specifing)	19b.	MAILING ADDR			loute Number, City or Town	pring.			
5	Frances Landers					a. Spring		VA 22150		
- 1	20s_METHOD OF DISPOSITION 1 G Burtel 2 C Cremetion 3 Removal/front St	20b PLACE AL	ND DATE OF DISI	POSITION /Nam	o of	DATE 200 LOC	ATION OIL - T			
- 1	4 Donation 5 Other (Specify)	King	natory or other pla	Mem (Garden	11/3 Fal	ls Chu	rch MA		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AND	ADDRESS OF FAC	CILITY				
	THE WALL	1. 10.				on Funera				
-	23 PART I. Enter the diseases, or complication	<u>xewer</u>	~	Fall	s Churc	ch, Virgi	<u>nia 2</u>	2046		
	atory arrest,	Approximata interval Batween								
IMMEDIATE CAUSE (Final										
	resulting in death) a.	cara	oc	an	200	inia				
_	Sequentially list conditions, first and list of the conditions, first and leading to immediate. Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIFICATION	Sequantially list conditions, b.	UE TO (OR AS A CONSEOL		1 "	crear	Des	ease.			
Ä	cause. Enter UNDERLYING									
필	CAUSE (Disease or Injury that initiated events	UE TO (OR AS A CONSEQU	JENCE OF):							
F	resulting in death) LAST									
	DARK III Oak and a life and a lif									
¥	PART II. Other significant conditions contribution	ing to death but not re	aulting In the	underlying	cause givan in F	Part I. 24a. WAS AN A		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă						1 - YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
¥ I						_	`	1 VES 2 NO		
ž.										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	V :			CE OF DEATN (Chec	ck only one)				
PHYSICIAN: MEDICAL	TES 2 NO 1 Inputin	nt 2 ER/Outpatient 3	DOA 4 1		Reeldence 6	3 ☐ Other (Specify)				
		ATE OF INJURY Conth, Day, Year)	28b. TIME OF INJURY	28c. INJUF WORK		28d. DEŞCRIBE NOW IN	JURY OCCURED			
Β¥	2 Accident Investigation		М	1 TYE	S 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	ACE OF INJURY — At homiliding, etc. (Specify)	e, tarm, street, t	lectory, office		28t. LOCATION (Street en City or Town, State)	d Number or Rural F	Route Number,		
E										
릴	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the I	beat of my knowledge, dast	h occurred at th	ne time, date er	nd place, end due t	o the cause(s) and menn	er se stated.			
COMPLETED	one) 2 MEDICAL EXAMINER: On the bee	le ot examination end/or im	restigation, in m	ny opinion, des	th occured at the ti	lme, date end place, end	due to the cause(e) and menner se stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			2	9c. LICENSE NUM	BER	29d. DATE SIGNED	(Month, Day, Year)		
	at Sant	a -	2		208	542	1114	-91		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH (ITEM	27) (Type, Print)							
	John Tack	28 ver	186	DIEC	ONSIA	ا م دو "	BYA	as on ha		
		SISTRAB'S SIGNATURE	.00	(0.03.4	3	rela	م کی در مر		
	NUV 04 '91 Fuha	Davidson-Hond						1		
	7-7									

			-
Y .			
		•	
,			
	(4)		
9			
Sad 1			
E.			
	•	•	
•	•		
×	2		

BALTIMORE, MARYLAND-21215-0020

	TO BE COMPLETED BY DHYSICIAN. MEDICAL CERTIFICATION
I examiner must be notified at	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 through
er death. Page 6 may be retained by	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained by
BALLIMORE, MAHYL	CHICAGO STATE OF STAT

	1 - STATE REGISTRAR		STATE OF M	MARYLAND C	/ DEPAR	ICAT	T OF H	DEAT	AND	MENT	AL HYGIEN REG. NO.		<i>)</i> 1	01000
	1. DECEDENT'S NAME (First			Sch	011kn	acht					E OF DEATH			3. TIME OF DEATH
		<u>e</u> d a		reller		cht				Mor	5-31		YEAR	4:08 BW
	4. SOCIAL SECURITY NUME		s. SEX	6. AGE (In yrs. I	**	IF UNDER	DAYS	IF UNDER	24 HRS.	(Mo	E OF BIRTH nth, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
1	109-20-7631		1 🗆 M 2 💢 F	93	YRS.			11939		Fe	b. 24,	1898	Ger	many
æ	9a. FACILITY NAME (# not in						r, TOWN O	R LOCATI	ON OF D	EATH		9c. COUN		
<u>ē</u>	Montgomery		at Hospit	ат		01	ney					Mont	gom	ery
DIRECTOR	10a. STATE	10b. COUN	ITY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Maryland	Mont	gomery		Si	lver	Spr	ing						LIMITS?
AL	10e. STREET AND NUMBER						10f.	ZIP COD	E			10g. CITIZ	EN OF W	THAT COUNTRY?
Ü	15424 Ayles	bury	Street							20	905	Unit	ted :	States
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	F HISPA	NIC ORIG	IN? (Specify Yea o Rican, atc.)			— American Indian, White, alc.
l Ma	3)(X) Widowed 4 Divo		IF YES, GIVE W	AR OR DATES	,		1 TES				o riigani, arc.)	- 1	Specif	y:
	15. DEC	EDENT'S ED	DUCATION	180.0	DECEDENT'S	USUAL O	CCUPATIO			-	The Marian of Maria			White
	(Specify only Elementary/Secondary (0		de completed) College (1-4 or 5 +		Give kind of the Do NOT us	work done	during mos	of working	g		5b. KIND OF BUS	ANESS/INDU	JSTRY	
鱼	8				Homem	aker					Own Ho	me		
COMPLETED	17. FATHER'S NAME (First, M	,						1a. MOTI	IER'S NA	ME (First	Middle, Malden	n Sumame)		
BE	(Unavailab	,	Fieber					Ma	ria	Her	ring			
0	19a. INFORMANT'S NAME (7										mber, City or Town			
-	Sonya S. D								tree	et,	Silver	Sprir	ng, f	MD 20905
	20e. METHOD OF DISPOSITI	n 3 🗆 Ras	moval from Stata	20b, PLACE cemetery, co	remetory or o	OF DISPOS	ITION (Nar	ne of		1		CATION — C		
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA		ICENSEE	1 2000	roan						-1 Silv	er Sp	orin	g, Maryland
	· Dec		1 /				NAME AN				vices,	P. A.		
			N. R	pp		9	33 G	ist	Aver	nue.	Silver	Spri	ing.	MD 20910
23. PART I. Enter the disease, or complicatione that caused the deeth. Do not enter the mode of dying, auch es cerdiac or reapiretory errest, ehock, or heert feliure. List only one cause on each line.										Approximeta Interval Batween				
	IMMEDIATE CAUSE (Findisease or condition			ardic					10	*				Onset and Death
	resulting in death)				_									
_	Sequentially the conditions to Coromony anteriosclerocis													
0	Sequentielly list conditione, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF:													
CAI	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	C.							İ				
F	that initiated events	· 1	DUE TO	OR AS A CONSE	EOUENCE OF	7:								
CERTIFICATION	resulting in death) LAS	' L	d											
	PART II. Other algolfica	nt conditio	ona contributing to	deeth but not	resulting i	n the un	derlylng	Ceuse a	Iven in	Part I.	24a, WAS AN	MITOPSY	24b	WERE AUTOPSY FINDINGS
MEDICAL											PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1 TYES 2	X NO		OF DEATH?
ž										_				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINEB?	MEDICAL					26. PL/	CE OF DE	ATH (Ch	eck only o	one)			
λSi	1 ES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		5 🗆 Red	aldenca	8 🗆 Oth	er (Specify)			
표	27. MANNER OF DEATH	-0.00	28e. DATE OF (Month, Da		28b. TIMI		28c. INJU WOR	RY AT		28d. DE	SCRIBE HOW IN	JURY OCCU	RED	
₩ I		Pending nvestigation				М	1 🗌 Y	ES 2 _	NO					
		Could not be	28a. PLACE OF building, a	INJURY — At he	ome, farm, a	trael, facto	ory, office			28f. LO	CATION (Street ar	nd Number o	r Rural Ro	ute Number,
Ē,														
d M	29a. CERTIFIER (Check only one)	FYING PHYS	SICIAN: To the best of a	ny knowledge, d	eath occurre	d at the H	me, data a	ind place,	and dua	to the ca	use(a) and men	er as stated	ı.	
COMPLETED	2 NWEDI		IER: On the basis of ax	mination and/or	Investigation	n, in my o	pinlon, de	eth occur	d at the	Jime, dat	a and place, and	due to the	cause(a)	end manner as stated.
BE (296. SIGNATURE AND TITLE	OF CERTIFIE			~			29c. LICE	NSE NUN	BER		29d. DATE	SIGNED (Month, Day, Year)
6	150		2 cirlle	- 0	w			20	250	25	18	D	-3	1-91
	30. NAME AND ADDRESS OF	PERSON WI	- /-									-		nd.
	31. DATE FILED (Month, Day,)	faari	and Des		518	w.	2	~	51	N	une	6	ett	racdo d
	NOV 01 'C		Julia Da	S SIGNATURE	plette									



8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

WHITE

1 X YES 2 | NO

CONN

2. DATE OF DEATH 10/29/91 3. TIME OF DEATH 10:50

9c. COUNTY OF DEATH

MONTGOMERY

109. CITIZEN OF WHAT COUNTRY? U.S.A

Specify:

914

MATH

7. DATE OF BIRTH

OCT.27

FOR STATE REGISTRAR

auid

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

049-01-7995

5

Se. FACILITY NAME (If not institution, give street and number)

1 -

1	음		2
-	4		121
Ĺ	S	1	9
	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diverse 100 S should	1	expenses it is
H	c	1	ĥ
	ŝ	ø	-
r	ē		2
	ल		Š
	9		E
	₽		Ä
	the	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	7
	5	rem	ij
١	-	ō	Ē
	fille	on,	į
	8	Jati	*
	let	Ten.	0
	Ë	0	2276
	8	100	
	2	ā	1
5	a	2	Ì
1	E C	50	į
	Sic	P	d
	듄	ne	ġ
	g	gie	1
	g	£	,
	Ite	123	
	93	E-	5
	=	2	3
ī	3	and	2
	Pag	£	6
	Ď	ea	1
-	S	Ξ	Š
	990	.:	3
	SE	Dept	22
	9	9	8
	cat	Sta	100
	rif	9	
	S	=	-
	this	*	7
	fter	eath	i
1	A	ō	0
i	OR.	ftel	0
3	5	S	٩
5	OIR	DOC	1
į	7	2 2	-
1	A	7	100
3	N	喜	-
=	료	*	į
H	뿦	per	5
	TC	4	-

DIRECTOR BROOKE GROVE NURSING HOME OLNEY RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION MD. MONTGOMERY SILVER SPRING FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 3522 TARKINGTON LA 20906 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Merried 2 Merried 1 TYES 2 NO Specify: В 3 Widowed 4 Divorced WWII COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) 4 MATHEMATICIAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) SHEPPARD a **JACOB** ETHEL BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 **ESTHER** SHEPPARD SAME AS ITEM #10 20e. METHOD OF DISPOSITION
1 ☐ Buriel 2 🗶 Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 4 Donation 5 Other (Specify) CHAMBERS CREMATORY 10/30/91 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00091 W. W. **CHAMBERS** CO. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, ehock, or heart fellure. List Dnly one cause on eech line IMMEDIATE CAUSE (Final diseese pr condition INFARCTION WOCARDIAL reculting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE DF): If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL PARKINSONS PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 ANursing Home 5 Residence 8 Other (Specify) Inpatient 2 - ER/Outpatient 3 - DOA 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 1 X Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 28 29e. CERTIFIER (Check only 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) end menner ee stated. IMPORTANT: 11 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D33700 M 2

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8100 30. REGISTBAR'S SIGNATURE

HOWE

'91

DAVID

hoppard

1 🔀 M 2 🗌 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

MARDEN LANE

DAYS

MONTHS

IE UNGER 24 HRS.

HOURS

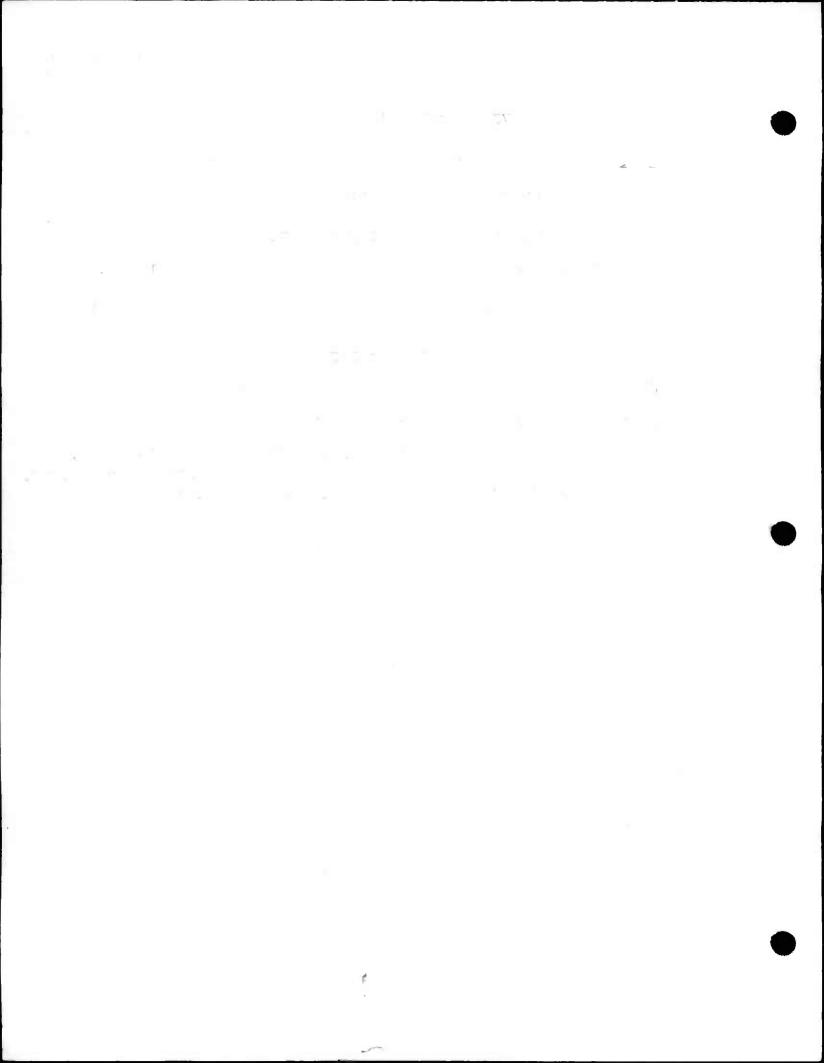
9b. CITY, TOWN OR LOCATION OF DEATH

SHEPPARD

YRS.

6. AGE (In yrs. last birthday)

CHWARZ 20c. LOCATION — City or Town, State RIVERDALE MD SILVER SPRING, MD 20910 INC Approximate interval Between Oneet end Deeth 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) 10-30-



notified at

å

examiner must

filled in by the flon, or removal. medicai

B

9

ò	_	Se .	लं	9
_	afte	y th	9	ca
_	55	d L	9	B
	ē	P	ŏ	Ě
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e
_	듄	tely	mat	7
Ó	W	용	Cre	E E
4	per	D00	, a	4
6	5	B	jū	을
_	8	T al	9	Ë
×	2	ciar	jo	를
2	ate	IS/E	ď	-
_	tific	d b	ene	#
Ó	Ce	din	Š	0 1
ď.	ath	tten	- E	0
	de	6	lem	3
S.	the	=	2	Ē
7	hat	5	an	J.
5	S I	Thec	att.	60
Ü	uire	Sig	£	1
Щ	9	Ben	ō	
_	MP	SP	ept.	23
7	190	ha	ă	E
_	F	ate	tate	ter
5	IAN	rtific	9	10
_	SIC	Se	£	£.
5	¥	this	¥	Ke
-	GF	ler 1	뜵	Jac
0	N	AH	de	69
Š	TEN	OR:	fter	00
ŧ.	A	EG	53	12
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	B	DIR	DOLL	ten
	A	A	2	Ξ
	II d	ER	Ξ.	Ë
	8	S	Y.	A
	ш	H	2	E
	F	F	-	7
	2	2	2	=

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 1150 FEYSA

4. SOCIAL SECURITY NUMBER EKSLER 7. DATE OF BIRTH (Month, Day, Year)
9 - 20 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN 1 M 2 KF 90 YRS. U.S.S.R. 217-92-6321 01 9e. FACILITY NAME (If not institution, give street and no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Shady Grove DIRECTOR ROCKVILLE MONTGOMERY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING 1 X YES 2 | NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10t. ZIP CODE 9 FEATHERWOOD COURT, APT. 44 20910 LEGAL ALIEN 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cubsn, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Married Specify: WHITE ВУ 3 ▼ Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8 HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) UNKNOWN GERSHEL DIVINSKY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 15508 QUAIL RUN DRIVE, DARNESTOWN, MD. 20878 MICHAEL VEKSLER 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Surial 2 Cremation 3 Removal from St JUDEAN MEMORIAL GARDEN Donation 5 Gitter (Specify) OLNEY, MARYLAND 21. SIGNATURE OF PANERAL SETURGE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL GARDENS, INC. Jary 1170 ROCKVILLE PIKE, ROCKVILLE, MD. 20852 23. PART i. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, euch as cerdiec or respiratory errest, shock, or heart sellure. List only one ceuse on each line. interval Between Oneet end Deeth IMMEDIATE CAUSE (Finel heart failure disease or condition DUE TO (OR AS A CONSEQUENCE OF): congestive resulting in death) PREMICIOUS traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: ន 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 28 is marked, Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide item 29s. CERTIFIER

Chank only

CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Day Year)

MD

Shady

Grove

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SIGNATUR

Filia Davidson

Julie

Neil 31. DATE FILED (Month, Day, Year)

0

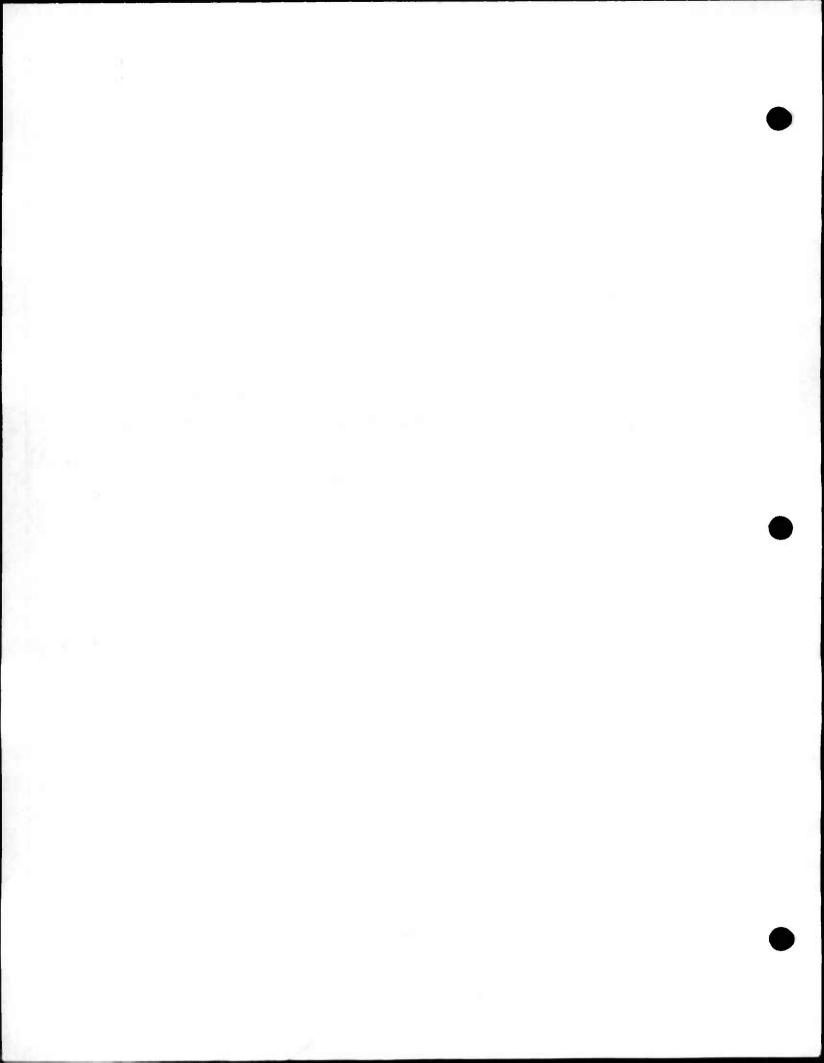
9

10/24/31

m Name of the second

BALTIMORE, MARYLANG	rurs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detacher removal.	redical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 STATE	STATE OF MARYL	AND / DEPA	RTMENT OI	HEALTH AND	MENTAL HYGIEN		91 31596				
	REGISTRAR				F DEATH	REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)	1 7				2. DATE OF DEATH		3. TIME OF DEATH				
	Joseph F Wie	edel				MOTT - 01-	91 '	4:25 P M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)			7. DATE OF BIRTH	8,	BIRTHPLACE (State or Foreign				
	578-26-0930	1 - M 2 - F 9	7 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year)		Country)				
	9e. FACILITY NAME (If not institution, give at	street and number)	-	9b. CITY, TOV	N OR LOCATION OF D		900	Nebraska OF DEATH				
8	Montgomery Ger	neral Hosp	ital	Olne	V			tgomery				
DIRECTOR	RESIDENCE OF DECEDENT						11011	regomery.				
문	10e. STATE 10b. COUNTY	۲	10c. Cl	TY, TOWN OR LO	CATION			10d. INSIDE CITY				
	Maryland Mont	gomery	S	ilver :	Spring			LIMITS?				
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?				
FUNERAL	3330 Gleneagle Dr:	ive			20906		USA					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		. RACE American Indian,				
	1 Never Merried 2 Merried	FORCES? 1 YES	ATES NO	It yes.	specify Cuben, Mexice	n. Puerto Ricen, etc.)		Black, White, etc.				
ВУ	3 Widowed 4 Divorced				ES 2 NO Specific	<i>y</i> .		Specify: White				
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDUS	TRY				
	Elementery/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	se retired.)	most or wonang							
d	8		CIA			U.S.	Gover	nment				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden						
BE	Joseph Wiedel				Cath	erine Will	v					
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Town		de)				
=	Agnes C. Wiedel					Silver Spr						
	20g, METHOD OF DISPOSITION 1	20b	PLACEAND DATE	OF DISPOSITION				or Town. State				
	4 Donetion 5 Other (Specify)		etery, crematory or c	other place)	lama ta sur. 1							
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	are or o	22. NAME	AND ADDRESS OF FA	1-4-91 Si1	ver Sp	ring, MD.				
	Hines/Rinaldi Funeral Home, Inc. 11800 New Hampshire Ave, Silver Spring, MD											
	CHANCE.	200		1180	O New Ham	pshire Ave	,Silve	er Spring, MD.				
	23. PART I. Enter tha diseeses, pr ci ahock, pr heert fellure. L	Emplications that caused List only one ceuse on e	tha death. Do o	not enter the	node of dying, suci	h ss cerdiac or respir	retory errest	, Approximata				
1 1	IMMEDIATE CAUSE (Final	~ 1						Interval Between Onset and Death				
	disease or condition resulting in death)	straka	-					3au				
		DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Due to (or as a consequence of): Classify the sequence of											
CERTIFICATION												
일	CAUSE (Diseese or injury	DUE TO (OR AS A	o def	any c	1000		1 wh					
Ē	that initieted events resulting in death) LAST	MILE TO (OR AS A					2.4					
点	resulting in death) LAST Remelial & soft agrit- 2 will											
_	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICAL						PERFORI		AVAILABLE PRIOR TO				
						1 YES 2	□ NO	OF DEATH?				
								1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL											
SICIAN:		HOSPITAL:		OTHER:	PLACE DF DEATH (Che							
РНҮ	27. MANNER OF DEATH	1 € Inpatient 2 ☐ ER/Output 28e. DATE OF INJURY			ome 5 - Residence							
- II		(Month, Day, Year)	28b. TIM INJ	URY	NJURY AT YORK?	28d. DESCRIBE HOW IN	JURY OCCUR	ED				
	1 Natural 5 Pending				YES 2 ND							
BY	2 Accident Investigation	20. 5/100 00 00	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, term, street, tectory, office building, atc. (Specify)									
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Speci	— At home, term, a	3 Suicide 8 Could not be determined City or Normal Route Number, Street, tectory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Norm, Stele)								
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, term, i		lice	City or Town, Stete)	10 Number or H	lural Route Number,				
ETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only	bulluing, arc. (Speci	TY)		8	City or lown, State)		lural Route Number,				
ETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only 1	CIAN: To the best of my knowle	edge, death occurre	ed at the time, di	ite end place, end due	to the ceuse(s) end menr	ner es ataled.					
COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only 1	CIAN: To the best of my knowle	edge, death occurre end/or investigatio	ed at the time, do	ite end place, end due death occured at the t	to the ceuse(s) end menr	ner es stated.	use(s) end menner ee steted.				
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowle	edge, death occurre end/or investigatio	ed at the time, do	ite end place, end due death occured at the t	to the ceuse(s) end menr	ner es stated.	use(s) end menner ee steted.				
COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER WARMAN	CIAN: To the best of my knowle	edge, death occurre end/or investigatio	ed at the time, do	ite end place, end due death occured at the t	to the ceuse(s) end menr	ner es stated.	use(s) end menner ee steted.				
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowle	edge, death occurre end/or investigatio	ed at the time, do	ite end place, end due death occured at the t	to the ceuse(s) end menr	ner es stated.	use(s) end menner ee steted.				
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER WALL 30. NAME AND ADDRESS OF PERSON WHO	CIAN: To the best of my knowless: On the best of examination COMPLETED CAUSE OF DEA 3 PRIGISTRAM: SIGNA	edge, death occurred and/or investigation. ITH (ITEM 27) (Type, Let Su b. 1704.	ed at the time, do	ite end place, end due death occured at the t	to the ceuse(s) end menr	ner es stated.	use(s) end menner ee steted.				
BE COMPLETED BY	2 Accident 3 Suicide 4 Homicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER WAY ADDRESS OF PERSON WHO	CIAN: To the best of my knowle	edge, death occurred and/or investigation. ITH (ITEM 27) (Type, Let Su b. 1704.	ed at the time, do	ite end place, end due death occured at the t	to the ceuse(s) end menr	ner es stated.	use(s) end menner ee stated.				



	ages 1, 2, 3 should
	9.
	permi
physician.	burial-transit
ing.	the
ttendi	Se
9	nSe
0	od for use as t
hospita	ached
the	de
B.	ã.

TO BE COMPLETED BY FUNERAL DIRECTOR

RYLAND 21203-3146

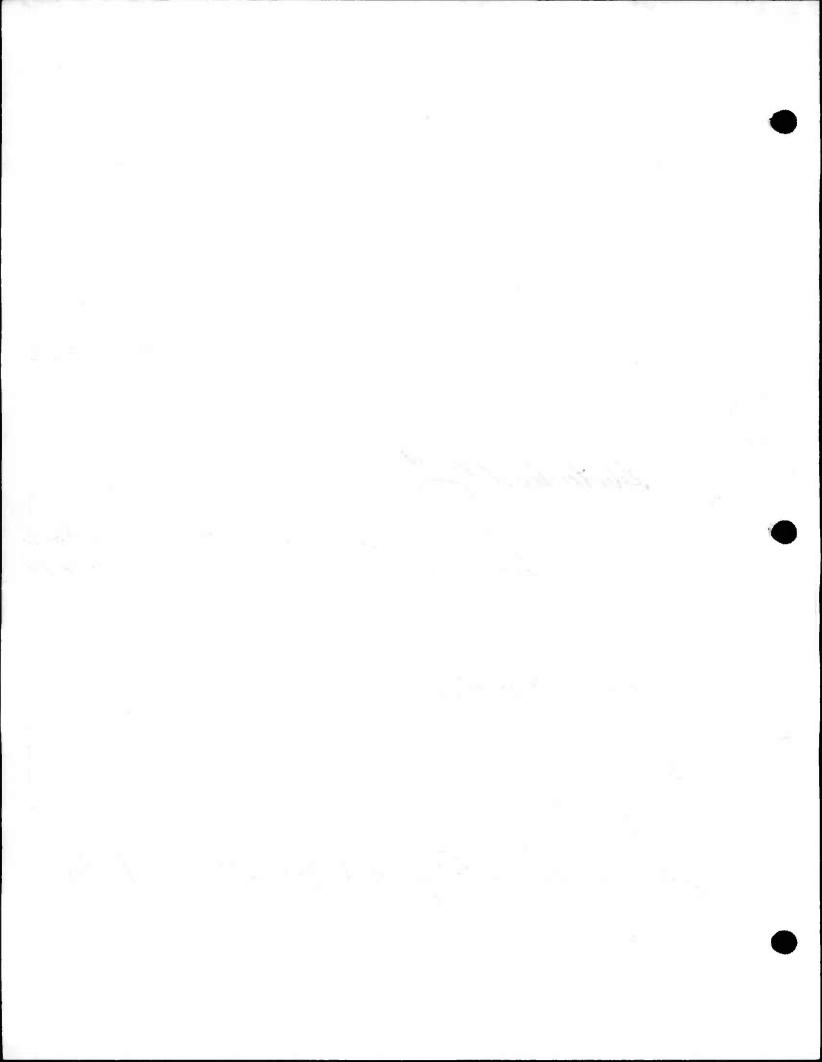
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

8	Đ	è
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Purp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis- has find within 29 hours after death with the State Dest, of Health and Mental Motere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner
after	y the	cal
SINC	in b	nedi
24 (10	filled on. o	he
within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill and within 75 hours after death with the State Dest, of Health and Mental Hydiene prior to burial cremation, or removal.	ent, t
rted	COM	8
exect	n and	mati
e pe	Sicial	in
rtifical	ng phy	other
th ce	HVC	10
dear	e att	ury,
t the	by th	Ē
s tha	th a	an)
equire	en sig	hows
3W	s be	23.8
The	te ha	E
AN:	tifical Sta	il it
SICI	the ce	d, o
E	this with	arke.
DING	Afte	E
EN S	TOR:	88
R AT	REC	E
AL 0	700	=
SPIT	NER/	Ė
S H	F. F.	MA
王	TH	5
2	2 2	3 3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH															
Murrav E	. W	ard		1					11	5		91	3:30 A M		
4. SOCIAL SECURITY NUMB	IER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	EAR AYS	IF UNDER	24 HRS.	7. DATE OF BI (Month, Day,			Somerset 10d. Inside city 1 1 1 1 1 1 1 1 1			
214- 32-	2077	1) M 2 F	98	YRS.	MONTHS D	AYS	HOURS	MIN.	April		.893		**		
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			96. CITY, TO	WN OF	LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH		
Alice By	rd Ia	wes Nur	sing H	ome	Cri	sfi	eld,	MD			Son	nerse	et		
10a, STATE	10b. COUNTY				TOWN OR I	LOCATIO	ON						10d. INSIDE CITY		
Maryland	S	omerset					fiel	Ld					LIMITS?		
10e. STREET AND NUMBER						101.	ZIP COOE				10g. CIT	IZEN OF V	WHAT COUNTRY?		
Jacksonvi1	1e Roa	.d					21	1817			J	J.S.A	A.		
11. MARITAL STATUS			T EVER IN U.S. AF						NC ORIGIN? (Sp n, Puerto Ricen,		or No—	14. RACI	E — American Indian, k. White, etc.		
1 Never Married 2 3 124 Widowed 4 Divo		IF YES, GIVE V			1 [YES :	2 NO	Specify	rumto moun,	, 6100)			effy:		
	SV /												White		
	EDENT'S EDU y highest grade		16a. De	CEDENT'S L	ISUAL OCCU	JPATION ing mos	N t of workin	ng	16b. KINI	OF BUS	INESS/IN	DUSTRY			
(Specify only highest grade completed) College (1-4 or 5+) Grade 6									- 1 D1 ' 00						
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Edvand Uland															
Edward Ward Sally Dize 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)															
Thomas E.		Grandson							- Cri				21817		
20e. METHOO OF DISPOSIT 1	on 3 🗆 Rem	oval from State	20b. PLACE other p	OF DISPOSI	TION (Name	of cem	etery, cren	natory or		20c. LOC	CATION —	City or To	own, State		
21. SIGNATURE OF FUNERA		CENTER)	10	1	22 NA	MF ANI	ADDRE	SS OF FA	CILITY						
- Esh	11/	W NO	elet							ra1	Home	2			
	ehock, or heart feilure. List only one cause on each line.														
ehock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. Consequence on: Ague TO (OR AS A CONSEQUENCE OF):															
disease or condition resulting in deeth)		Cens	bul 1	me	2/2	,)	L	co	ales	1			6 hours		
resulting in death)	,	QUE TO	OR AS A CONSE	QUENCE OF):		11				-				
		· HS	CVD										Year		
Sequentielly list condit If any, leading to imme		DUE TO	(OR AS A CONSE	QUENCE OF):										
ceuse. Enter UNDERLY CAUSE (Disease or Inju		c													
that initiated events		DUE TO	(OR AS A CONSE	QUENCE OF):										
resulting in death) LAS	" (d													
PART II. Other algolitics	ent condition	ns contributina to	death but not	resultina ir	the unde	rivina	cause	given in	Part I. 24a	. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS		
1		\	_//			,	PERFORM				MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
10.	Vo	Don.	ant.			1 TES 2 NO					DF DEATH?				
ser	ur	1-6110	- June										1 TES 2 NO		
DE WAS CASE DEFENDED.	D MEDICAL	1				00 00	10E 0E =	FATIL ACT							
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	Este de mos		OTHER:		1.11		eck only one)						
1 YES 2 NO			ER/Outpatient		-	_		esidence	6 Other (Sp.						
27. MANNER OF DEATH	Pending	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIME INJU	JRY	WOI	RK?	7	28d. DEŞCRIE	SE HOW II	NJURY O	CUREO			
2 Accident	investigation	00 77 15	OF IN HIRT				ES 2	_ NO		1 (0)					
3 Suicide 6 4 Homicide	Could not be datermined	286. PLACE (building	OF INJURY — At h , etc. (Specify)	ome, term, si	creet, factory	r, office				N (Street a wn, State)		er or Rural	Route Number,		
29a. CERTIFIER	TIF YING PHYS	ICIAN: To the best o	f my knowledge. d	eath occurre	d at the time	e, date	and place	, end due	to the causele) end man	iner ee st	ated.	· · · · · · · · · · · · · · · · · · ·		
COLOCK OTHY													(a) and manner as stated.		
29b. SIGNATURE AND TITLE		1	110	77		, 1		ENSE NU		. / 1			(Month_Dan/Masr)		
Acoin	1 /	4. 1	Tell	en ,	M	//	7	10	214		290. DA	///	5/9/		
30. NAME AND ADDRESS O	F PERSON W	IO COMPLETED CAL	ISE OF DEATH (IT)	27) (J/pe,	Print)		//	1					-//		
James A.				0 W. 1	Main S	St.	- C	risf	ield, l	MD	2181	7 ′	/		
-\$1. DATE FILED (Month, Day,	8 '91	32. REGUSTA	Mar Davidoo	n Mand	200										



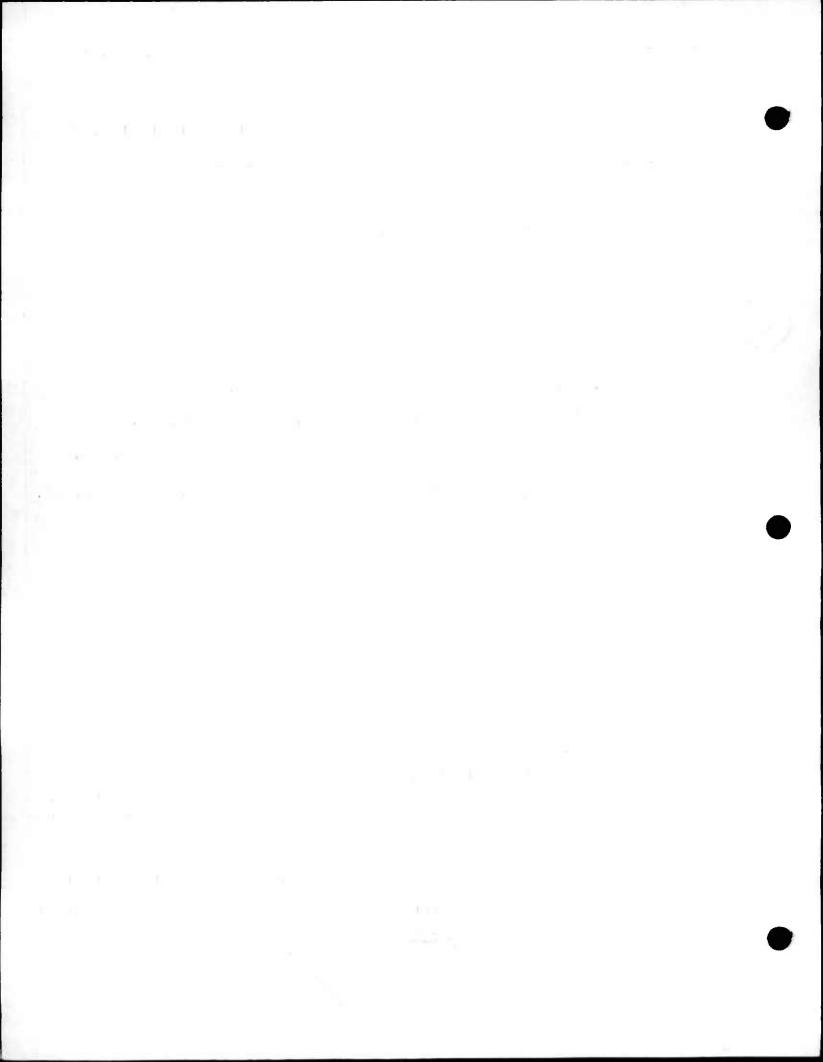
rial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

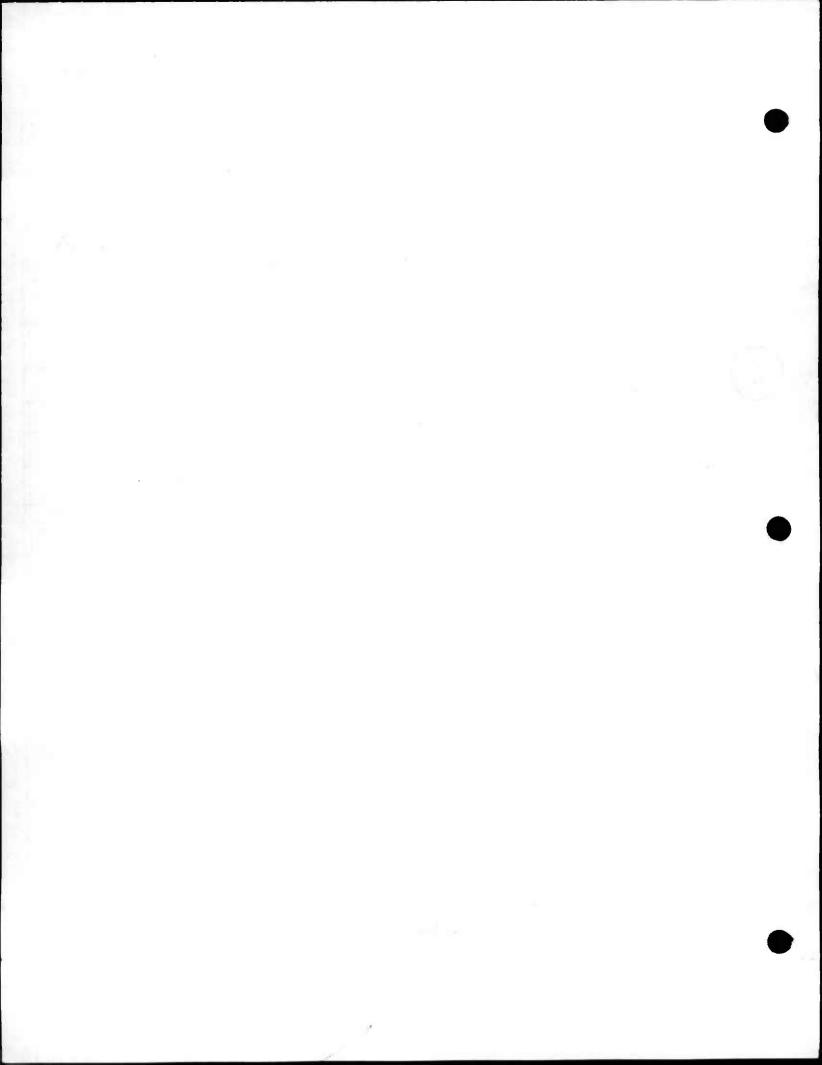
_	STATE REGISTRAR DECEDENT'S NAM	AE (First, Middle, Last)	 CERTIFICAT	E OF DEATH	2. DATE O	REG. NO.
1	FOR STATE		G-685 3/4/92 Ryland / Departmei	NT OF HEALTH AND	MENTAL	HYGIENE

	1 - REGISTRAR		CLITI	FICATE O	r DEALD	REG. N).							
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DE	ATH				
	MARGIE	ANN		WILKIN	ISON		0 19	9 9 1	3:37	ам				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthde			7. DATE OF BIRTH		6. BIRTH	PLACE (State or					
	216-90-0914	1 □ M 2 및 F	19 YRS	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-31-19	72	Countr	w yland					
	9e. FACILITY NAME (If not institution, give stree			9b. CITY, TOW	OR LOCATION OF D		9c. COUN							
8	PENINSULA GENE	FRAI HOCD	ፐጥለ፤	CATI	SBURY		111,000,000							
5	RESIDENCE OF DECEDENT	JKAL HOST	TIAL	JOALI	SBURI		I WI	COM	100					
DIRECTOR	10n. STATE 10b. COUNTY		10c. 0	CITY, TOWN OR LOC	CATION	_			10d. INSIDE CIT	Υ				
	Maryland Wico	mico	Sa	lisbur	У				1 X YES 2	NO				
₹.	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF W	HAT COUNTRY?					
Ü	401 Newton Terr				21801			USA						
FUNERAL		12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)	e or No-	14. RACE	- American Inc.	lien,				
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		ES 2 NO Specific			Whi						
ED E								Wni	te					
I	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KIND OF BUSINESS/INDUSTRY													
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Stud			Colle	200							
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Doug	CITO										
	Dohomb D III 131													
BE	THE GIVE RE HOPKING													
임	Tool, minute Na About 255 (Subert and Number of Nural Floure Number, City of John, Stelle, Zip Gode)													
8	20s. METHOD OF DISSESTITION 20s. PLACE AND DATE OF DISSESTITION													
	M Burtal 2 Ofemation 3 Temove 4 Donation 5 Other (Specify)	al from State	in PLACE AND DAT in Place, crematory o	r other place)	Name of	k11/2 Sa	DCATION — C	ity or To	wn, State					
	21. SIGNATURE OF UNERAL SERVICE LICEN	ISEE /	Comic	O Memoi	AND ADDRESS OF FA	K11/4 Sa	lisb	ury	, Md.					
	6 110	6	V/											
	- Xleidia C	Monune	1/8	Bour	nds Fune	ral Home	, Sa	lis	bury,	Md.				
	23. PART I. Enter the diseases, or con	nplications that cause	ed the deeth. Do	not enter the n	node of dylng, suc	h es cerdiec Dr ree	iratory erre	st,	Approxim	nata				
	ehock, or heart fallure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition reaulting in deeth) a. HEAD AND NECK INTURIES													
	disease or condition reauiting in deeth)	HEA1) AND	NECL	- INJ	URIES								
		DUE TO (OR AS	A CONSEQUENCE	OF):					1					
Z	Sequentially list conditions, b.													
Ĕ	If any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):										
2	CAUSE (Disease or injury													
Ë		DUE TO (OR AS	A CONSEQUENCE	OF):	thet initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	d	resulting in deeth) LAST												
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
	PART II. Other significent conditions of	ontributing to deeth	but not regulting	g in the underly	ng cause given in	Part I. 24a. WAS A		24b.	WERE AUTOPSY	PINDINGS				
	PART II. Other significent conditions of	contributing to deeth	but not reculting	g in the underly	ng cause given in	PERFO	RMED?		WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF	TO				
	PART II. Other significent conditions of	contributing to deeth	but not resulting	g in the underlyl	ng cause given in	PERFO			AVAILABLE PRIOF COMPLETION OF DF DEATH?	CAUSE				
	PART II. Other significent conditions of	contributing to deeth	but not reculting	g in the underlyl	ng cause given in	PERFO	RMED?		AVAILABLE PRIOF COMPLETION OF	CAUSE				
	25. WAS CASE REFERRED TO MEDICAL	contributing to deeth	but not resulting			PERFO	RMED?		AVAILABLE PRIOF COMPLETION OF DF DEATH?	CAUSE				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (Ch	PERFO 1 YES	RMED?		AVAILABLE PRIOF COMPLETION OF DF DEATH?	CAUSE				
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	tOSPITAL: Inpatient 2 XER/Out 28e, DATE OF INJURY	tpetlent 3 □ DOA	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (Ch	PERFO 1 YES eck only one) 8 □ Other (Specify)	RMED? 2 NO		AVAILABLE PRIOF COMPLETION OF DF DEATH?	CAUSE				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 NANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: Inpetient 2 XER/Out 28e. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA	26. OTHER: 4 Nursing H	PLACE OF DEATH (Ch	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW	RMED? 2 NO INJURY OCCU	URED	AVAILABLE PRIOF COMPLETION OF DF DEATH?	CAUSE				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 X Accident Investigation	HOSPITAL: Inpetient 2 XER/Out 286. Month, Day, Year) 10 / 30 / 15 286. PLACE OF INJURY	tpetient 3 DOA 28b. T	OTHER: OTHER:	PLACE OF DEATH (Ch me 5 Reeldence NJURY AT ORK? YES 2 X NO	eck only one) 8 Other (Specily) 28d. DESCRIBE HOW DRIVER	RMED? 2 NO INJURY OCCI	URED TO	AMALABLE PRIOF COMPLETION OF DE THIS 1 - YES 2 -	NO bject				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 NANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: Inpetient 2 XER/Out 28e. DATE OF INJURY (Month, Day, Year)	tpettlent 3 DOA 28b. T 9 9 1 2 : Y — At home, ferm scf(y)	26. IME OF NJURY 28c. III	PLACE OF DEATH (Chimne 5 Reeldence NJURY AT JORKY 1 YES 2 [X] NO	PERFO 1 YES ack only one) B Other (Specify) 28d. DESCRIBE HOW DRIVER 26f. LOCATION (Street City or Town, State	IN AU	TO Surat Po	AMAILABLE PRIOF COMPLETION OF DF DEATH! 1 YES 2 U FIXED OF MYMPM A IMPACT	no bject				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 NANNER OF DEATH 1 Netural 5 Pending Investigation 2 X Accident Investigation 3 Suicide 8 Could not be determined	10SPITAL: Inpettent 2 XER/Out 286. DATE OF INJURY (Month, Day, Year) 10 / 30 / 10 286. PLACE OF INJUR building, etc. (Spe	tpetient 3 DOA 28b. T 28b. T 2 : Y — At home, ferm	OTHER: 4 Nursing He IME OF 28c. II NURY 0 0 Am 1 In, street, factory, off	PLACE OF DEATH (Ch Prime 5 ☐ Reeldence NJURY AT VORK? VES 2 [X] NO ice	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW DRIVER 26f. LOCATION (Street City or Town, State SOMERSE	IN AU ROUTE	TO/	AMAILABLE PRIOF COMPLETION OF DF DEATH! 1 YES 2 U FIXED OF MYMPM A IMPACT	no bject				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSICIA	HOSPITAL: inpetient 2 XER/Out 28e. DATE OF INJURY (Month, Day, Year) 10/30/15 28e. PLACE OF INJUR building, etc. (Spo	tpertient 3 DOA 28b. T 28b. T 2 : Y — At home, ferm scrity) PUB1	OTHER: 4 Nursing He IMBOF 28c. If NURY O Am 1 In, street, factory, of	PLACE OF DEATH (Ch mme 5 ☐ Reeldence NUURY AT VORK? YES 2 ▼ NO ice DWAY te end place, end due	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW DRIVER 26f. LOCATION (Street City or Town, State SOMERSE to the cause(e) end me	INJURY OCCI	TO/	AMALABLE PRIOF COMPLETION OF DF DEATH? 1 YES 2 DEET STANDARD STAN	no bject RION				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER: (10SPITAL: Inpettent 2 XER/Out 286. DATE OF INJURY (Month, Day, Year) 10 / 30 / 10 286. PLACE OF INJUR building, etc. (Spe	tpertient 3 DOA 28b. T 28b. T 2 : Y — At home, ferm scrity) PUB1	OTHER: 4 Nursing He IMBOF 28c. If NURY O Am 1 In, street, factory, of	PLACE OF DEATH (Ch The S Residence NJURY AT YES 2 X NO Ice DWAY te end place, end due death occured at the	eck only one) 8 Other (Specify) 28d. DESCRIBE HOW DRIVER 26f. LOCATION (Street City or Town, State SOMERSE to the cause(e) end me time, date end place, e	INJURY OCCI	TO/	AMALABLE PRIOF COMPLETION OF DF DEATH? 1 YES 2 DEET STANDARD STAN	no bject RION				
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only) CERTIFYING PHYSICIA	HOSPITAL: inpetient 2 XER/Out 28e. DATE OF INJURY (Month, Day, Year) 10/30/15 28e. PLACE OF INJUR building, etc. (Spo	tpertient 3 DOA 28b. T 28b. T 2 : Y — At home, ferm scrity) PUB1	OTHER: 4 Nursing He IMBOF 28c. If NURY O Am 1 In, street, factory, of	PLACE OF DEATH (Ch The S Residence NJURY AT YES 2 X NO Ice D W A Y te end place, end due death occured at the	PERFO 1 YES 8 Other (Specify) 28d. DESCRIBE HOW DRIVER 26f. LOCATION (Street City or Town, Steet SOMERSE to the cause(e) end me time, date end place, e	INJURY OCCI IN AU COUNTY TO TO TO TO TO TO TO TO TO TO TO TO TO	TO INTY	AMALABLE PRIOR OF DEPARTMENT OF DEATH? 1 YES 2 DEATH OF DEATH? I MPACT WORN NUMBER AR MAR end menner ee (Month, Day, Year)	no bject RION				
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only onle) 296. SIGNATURE AND TITLE OF CERTIFIER	tOSPITAL: Inpettent 2 XER/Out 28e. DATE OF INJURY (Month, Dey, Year) 10 / 30 / 1 28e. PLACE OF INJUR building, etc. (Spo	tpatient 3 DOA 28b. T 2 : 2 : Y — At home, ferm scify) PUBI wiedge, death occu on end/or investigat	OTHER: 4 Nursing Ho Nursing Ho 0 Am 1 , street, factory, of LIC ROA	PLACE OF DEATH (Ch The S Residence NJURY AT YES 2 X NO Ice DWAY te end place, end due death occured at the	PERFO 1 YES 8 Other (Specify) 28d. DESCRIBE HOW DRIVER 26f. LOCATION (Street City or Town, Steet SOMERSE to the cause(e) end me time, date end place, e	INJURY OCCI IN AU COUNTY TO TO TO TO TO TO TO TO TO TO TO TO TO	TO INTY	AMALABLE PRIOR OF DEATH? 1 YES 2 TIMPACT MAR and manner see	no bject RION				
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only one) 296. SISMATURE AND TITLE OF CERTIFIER 296. SISMATURE AND ADDRESS OF PERSON WHO C	tOSPITAL: Inpettent 2 XER/Out 28e. DATE OF INJURY (Month, Dey, Year) 10 / 30 / 1 28e. PLACE OF INJUR building, etc. (Spo	tpatient 3 DOA 28b. T 29 1 2: Y — At home, ferm p U B I wiedge, death occur on end/or investigation	OTHER: 4 Nursing Ho IME OF 28c. If NURY O O Am 1 In, street, factory, off LIC ROA med at the time, da tion, in my opinion,	PLACE OF DEATH (Ch. The 5 Residence NJURY AT TORK? I YES 2 X NO Ice DWAY te end place, end due death occured at the 29c. LICENSE NUI O. C. M	PERFO 1 YES 8 Other (Specify) 28d. DESCRIBE HOW DRIVER 28f. LOCATION (Street City or Town, State SOMERSE to the cause(e) end metime, date end place, e	INJURY OCCI	TO Y RUTH PC JNT) d. ceuse(e) signed) / 3 C	AMALABLE PRIOR OF COMPLETION OF DEATH? 1 YES 2 IMPACT FUND Mymber MA MAR end menner ee (Month, Dey, Year)	NO RION YLAN stated.				
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only onle) 296. SIGNATURE AND TITLE OF CERTIFIER	tOSPITAL: Inpettent 2 XER/Out 28e. DATE OF INJURY (Month, Dey, Year) 10 / 30 / 1 28e. PLACE OF INJUR building, etc. (Spo	tpetient 3 DOA 28b. T 29 1 2: Y — At home, ferm scrity) P U B 1 wiedge, death occurrence on end/or investigate EATH (ITEM 27) (7)	OTHER: 4 Nursing Ho Nursing Ho 0 Am 1 , street, factory, of LIC ROA	PLACE OF DEATH (Ch. The 5 Residence NJURY AT TORK? I YES 2 X NO Ice DWAY te end place, end due death occured at the 29c. LICENSE NUI O. C. M	PERFO 1 YES 8 Other (Specify) 28d. DESCRIBE HOW DRIVER 26f. LOCATION (Street City or Town, Steet SOMERSE to the cause(e) end me time, date end place, e	INJURY OCCI	TO Y RUTH PC JNT) d. ceuse(e) signed) / 3 C	AMALABLE PRIOR OF COMPLETION OF DEATH? 1 YES 2 IMPACT FUND Mymber MA MAR end menner ee (Month, Dey, Year)	NO RION YLAN stated.				



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 if	NECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director	
death.	funeral	ĺ.
after	by the	EVOM:
hours	ul pa	07 70
24	1	ion,
Within	pletely	cremai
cuted	по р	unial,
900	L an	to b
ite be	sicial	prior
Title	nd ph	giene
5	tendii	H
e dea	ne at	Nent
=	50	Du
T)	pa	th a
ures	sign	Heal
9	Deen	0
e ISW	has t	Dept
5	cate	State
2	ertif	the th
H.S	this c	WITH
DING	After	its after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
EN	TOR:	after
4	3	55

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DI Cer	EPARTI	MENT OF H CATE OF	DEAT	AND ME	NTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)		DOR		1	ARD	2.	DATE OF DEATH MONTH DAY	4 9	YEAR	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 221-09-2832	5. SEX	6. AGE (In yrs. last bir		F UNDER 1 YEAR ONTHS DAYS	#F UNDER :	MIN	DATE OF BIRTH (Month, Day, Year)	8.		LACE (State or Foreign
	9e. FACILITY NAME (If not institution, give s	treet and number)	81	V. I.	b. CITY, TOWN (N OF DEATH	ec.16,190	9c. COUNTY		
DIRECTOR	PENINSULA GENERAL	HOSPITAL			SALIS	BURY	, MD		WICO	MICO)
REC	10e. STATE 10b. COUNTY			-	TOWN OR LOCAT						10d. INSIDE CITY LIMITS?
10	DELAWARE 100. STREET AND NUMBER	Sussex	/	RA	WKFU.	ZIP CODE			100 CITIZEI		1 /ES 2 NO
FUNERAL	(ROXANA) RO	#2 Box	239				1994	+5	US		IAI COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMED YES 2 NO AR OR DATES		If yes, sp	ENDENT OF ecity Cuben 2 X NO	, Mexican, Pr	ORIGIN? (Specify Yee ouerto Ricen, atc.)		Black,	- American Indian, White, elc. White
COMPLETED	15. DECEDENT'S EQUATION (Specify only highest grade completed) 18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY										
AP.E	None College (1-4 or 5+) Him. Do NOT use relired.)										
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
H	Dora W. Ward 190. INFORMANT'S NAME (Type/Print)		196 M	All ING A	ODBESS (Street a			Number, City or Town,	Canal Tin Co		
5	George D. West							ord, Dela			45
	20a. METHOD OF DISPOSITION Y Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) OATE 20c. LOCATION — City or Town, State										
	4 Donation & Other (Specify)	ENSE	Koxana	Ceme		O ADDRESS	10/2 s of facilit	Services,	ana, I	Dela	ware
1	· March	5 Much			Frank	ford,	erai Dela	services, ware 1994	, Lta. 45	•	
	23. PART I. Enter the diseases, pro- shock, or heart failure.	omplications that List only one cau	caused the death	. Do not	antar tha mo	da of dyin	ig, such aa	cardiac or respira	tory arres	t,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Pul	OR AS A CONSEQUE	Cu	1 6	o ce	6	len			Onset and Death
z		DUE TO	(OR AS A CONSEQUE	NCE OF):							
ATIO	Sequantially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO	OR AS A CONSEQUE	ICE OF):							
IFIC	CAUSE (Disease or Injury that initiated events	OUE TO	OR AS A CONSEDUE	ICE OF):							
CERTIFICATION	resulting in death) LAST	J									
ICAL	PART ii. Other significant condition	s contributing to	daath but not resu	iting in I	the underlying	cause gi	ven in Pari	1. 24s. WAS AN AI PERFORM			VERE AUTOPSY FINDINGS
MEDI								1 YES 2	NO	٥	OMPLETION OF CAUSE OF DEATH?
N.										1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	28 PL	ACE OF DE	ATH (Check o	nly one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF		b. TIME O		JRY AT		Other (Specify) I. DESCRIBE HOW INJ	URY OCCUR	RED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Da		INJUR	M 1 🗆 Y	RK7					
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At home, etc. (Specify)	farm, stre	et, factory, office	•	281	. LOCATION (Street end City or Town, State)	d Number or i	Rurai Rou	ite Number,
COMPLETED			my knowledge, death o							-	
8	2 MEOICAL EXAMINE		amination end/or inves	tigation, i	in my opinion, de	eth occured	d at the Jime	, date end place, end	due to the co	euse(e) e	end menner ee stated.
O BE	1996. SIGNATURE AND TITLE OF CHATIFIER	en, 1	4			1) 2	SE NUMBER	74	29d. DATE SI	IGNEO (A	Aonth, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEATH (ITEM 27		int)	Po	100	· C · / ·	- 0	- () (1
0	31. DATE FILED (Month, Day, Mar)	SE REGISTRAL	1's signature	(, ,		~ 4 V	7	-	7 2



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	TICATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		1 6			2. DATE OF D	EATH	WEAR	3. TIME OF DE	ATH	
		THOMAS	EARL V	VEBSTER		10	29	91	12:09	A.	u
	4, SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE OF BI	RTH	8. BIRTH	IPLACE (State or		\neg
	213-16-8552	1 X M 2 - F	70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 04-2)					
	9a. FACILITY NAME (If not institution, give atm	eet and number)		9b. CITY, TOWN	OR LOCATION OF DE			c. COUNTY OF D	EATH		T
DIRECTOR	Box 24 - Hobson V	White Road	d (Home)	Dame	s Quarter			Somers	et		
<u></u>	10a. STATE 10b. COUNTY		10c. CF	TY, TOWN OR LOCA	ATION				10d. INSIDE CI	ITY	П
뚬	MD Some	erset		Dame	s Quarter					ON 🕽	
	10e. STREET AND NUMBER			1	Of. ZIP CODE		1	log. CITIZEN OF V	WHAT COUNTRY	7	
FUNERAL	Box 24 - Hobson V	White Road	d		21821			8. BIRTHPLACE (State or Foreign County) Maryland 9c. COUNTY OF DEATH SOME SET 10d. INSIDE CITY LIMITS? 1 YES 2X NO 10g. CITIZEN OF WHAT COUNTRY? USA 4 NO— 14. RACE—American Indian, Black, White, atc. Specify: White NESS/INDUSTRY 1. White State, Zip Code) State, Zip Code) State, Zip Code) ATION — City or Town, Slata 2. Quarter, MD Home Field, MD 21817 Approximate Interval Between Onset and Death UTOPSY 124b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMMETTION DE CAMES			
5	11. MARITAL STATUS	12. WAS DECEDENT		13. WAS DE	CENDENT OF HISPAI	NC ORIGIN? (Sp	ecify Yea or	No- 14. RACI	E — American Ir	ndlan,	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAF	¥YES 2 □ NO FOR DATES		pecify Cuban, Mexica S 2 ND Specifi		, etc.)		Maria.)	
요	15. DECEDENT'S EDUC	ATION	18a. DECEDENT	S USUAL OCCUPAT	ION	18b. KINI	OF BUSIN	ESS/INDUSTRY			٦
COMPLETED	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of	work done during nuse retired.)	nost of working						
립	Grade 8		Water	rman		Sea	afood				
<u>8</u>	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle	, Maiden Sui	mame)			
	Jabez Webster	Moll	ie Abb	ott							
出	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, Ci	ity or Town, S	State, Zip Code)			
ᄋ	Mary V. Webster ((wife)	Same	as # 1	Dabcd	efg					
	20a. METHOD OF DISPOSITION 11 C		20b. PLACE OF DISPO	OSITION (Name of c	emetery, crematory or	Ť	20c. LOCAT	TION — City or To	own, Slate		\dashv
	1 Surial 2 Cremation 3 Flored 4 Donellon 5 Other (Specify)	val from State	other place) Ford	Cemetery		1	Dame	s Quart	er. MD		
	21. SIGNATURE OF EMMERAL SERVICE LICE	ENSEE		22. NAME	AND ADDRESS OF FA						
	> Kaluly	1. Ben	Lleen		dshaw & S W. Main				D 218	317	
CERTIFICATION											
빙											\exists
PHYSICIAN: MEDICAL	PART ii. Other eignificent conditions	s contributing to d	esth but not resulting	in the underlyl	ng ceuse given in		PERFORME YES 2	ED?	AVAILABLE PRI COMPLETION D DF DEATH?	OR TO OF CAUSE	i
×	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			-	PLACE OF DEATH (C)	neck only one)					\exists
S	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	oma 5 Residence	s 🗆 Other (Spi	ecify)				
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day		NJURY V	NJURY AT WORK? YES 2 NO	28d. DEŞCRIB	BE HOW INJ	URY OCCURED			Ī
red BY	2 Accident Investigation 3 Suicide s Could not be 4 Homicide detarmined	28a. PLACE OF building, at	INJURY Al home, farm tc. (Specify)			281. LOCATION City or Tox		Number or Rural	Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER		ry knowledge, death occu mination and/or investiga						s) and manner a	na stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	1000			29c. LIÇENSE NU	MBER	1 2	29d. DATE SIGNE	O (Month, Day, Ye	er)	
BE	Mano	$\Lambda \lambda M J$			02	0507		D 10/3	0/91		
٥	30. NAME AND ADDRESS OF PERSON WHO		- 145 E. C			_	, MD	21801	1.		
	31. DATE FILED (Month, Day, Year) NOV - 4 91		S SIGNATURE							•	

and the second s J50 0 and the first term of the firs THE PROPERTY CANADA THE CANADA THE PARTY OF res a trace of the second seco X

Part I. Maria S. C. Maria I. Santa Del S. E. Land, all California

(BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be comed by the hospital or attending physician	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the label the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR		OTATE OF I									9		31601
	1 - STATE REGISTRAR		STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	DEAT	AND N	MENTA	REG. NO.			
	1. DECEOENT'S NAME (First,	, Middle, Last)	WOL	65						MONT	-	W	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	SER S	5. SEX	6. AGE (In yrs. las	et hirthday)	IF UNDER	1 VEAD	- INDER	24.490	10		0	91	12 NOON
	212-09-12 9e. FACILITY NAME (If not in:	232	13€3M 2 ☐ F	93	YRS.	MONTHS	DAYS	# UNDER	MIN.	JAN	Day Year)	898	PEN	PLACE (State or Foreign VNSYLVANIA
E C	NATIONAL		,	ME				KVII		ATH			NTY OF O	MERY CO.
5	RESIDENCE OF DEC	CEDENT		TIL			INOC	I(V	7111			PIOI	NIGO	MERT CO.
DIRECTOR	MARYLAND	106. COUNTY	v LTIMORE	у Сттү		BALT								10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER		DITIONE			ייייי		f. ZIP CODE				40 017		XIX YES 2 NO
ER/	600- LIG	HT ST	REET				10.	212				10g. CI I	USA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 SXXWidowed 4 Divor	Married	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	☐ YES 2N ZNN	MED NO	1 '	If yes, spe	CENDENT O	F HISPANI	n, Puarto F	? (Specify Yea Rican, atc.)	or No—	14. RACE	E — American Indian, k, White, atc.
6	15, DECI (Specify and	EDENT'S EOUC	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b.	KIND OF BUS	INFSS/INC	PIRTRY	
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5+	+ (Gi	live kind of a Do NOT us	work done is retired.)	during mo	ost of workin	g			NOWI		
COM	17. FATHER'S NAME (First, Mic				NOI	TI V ZI	TILL	18. MOTH			Aiddle, Maiden	Surname)	N	
H	ALBERT		F. F.	140	* ****						IE DO			
임	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) REV.DR.REICHARD 9701 - VEIRS DR., ROCKVILLE, MD.													
	20a. METHOD OF DISPOSITION 1X Surfact 2 Cremetton 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of complex), cremetcy or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of complex), cremetcy or other place)													
	4 Donation 5 Other	(Specify)		LOU	DON	PAR								RE,MD.
	21. SIGNATURE OF FUNERAL	mil	Your	6			HYS	ONG	CO.	,IN	TI ATTAT	Taj 2	CII	50
	23. PART I. Enter the dis	seases, or c	ompic morn that	caused the de	ath. Do r	not enter	the mo	de of dyle	ng, such	as card	T, NW lac or respir	atory arr	ASH.	Approximate
	IMMEDIATE CAUSE (Fine	out fullate. E	7	ROLAC /									,	Interval Between Onset and Death
	resulting in death)		DUE TO ((OR AS A CONSEC	DUENCE OF	F):								
ON	Sequentially list condition		ATH	EROSCLE (OR AS A CONSEC	EKOT DUENCE OF	70	HE	PART		215	EASE			
CERTIFICATION	if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or Injur	NG												
E I	that initiated events reauiting in death) LAST		DUE TO ((OR AS A CONSEO	UENCE OF	F):								
E C		d	l											-
SAL	PART II. Other significant	hyvold	contributing to	death but not re	eaulting i	n the un	deriying	j cause gi	iven in P	Part i.	24a. WAS AN A PERFORM			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
SICIAN: MEDICA	1.11	19.00	17"							-	1 TYES 2	∑ но		COMPLETION OF CAUSE OF DEATH?
ž										-				1 TYES 2 NO
CIA	25. WAS CASE REFERRED TO EXAMINER?	_	::CORITAL.					ACE OF OE	ATH (Chec	ok only one)			
	1 TYES 2 NO		HOSPITAL:		□ 00A	OTHER WWw.		a 5 □ Ree	idenca 6	□ Other	(Specify)			
PHY	27. MANNER OF DEATH 1 X Natural 5 P	Pending	26a. OATE OF I (Month, Day		28b. TIME INJU	E OF URY	26c, INJU WOF	RK?		26d. DE\$0	CRIBE HOW IN	JURY OCC	URED	
à là	2 Accident In	nvestigation Could not be	28a. PLACE OF	F INJURY — At hom	me, ferm, s	nreat, facto		ES 2 [28f. LOCA	TION (Street an	ort Mumber	Pural Re	array Marambaga
	4 Homicide	letarmined	building, a	atc. (Specify)						City o	r Town, State)	U NUMBE.	Dr muier in	oute Number,
COMPLET	29e. CERTIFIER (Check only one)	FYING PHYSIC	CIAN: To the beat of r	my knowledge, dez	ith occurre	d at the tir	me, date i	and place,	and dua to	o the caus	e(e) end menn	or an state	d.	
	2 MEOIC	/1	: On the beals of ax	amination and/or in	rveatigation	n, in my op	Hnlon, de	inth occure	d at the ti	lme, data a	and place, and	dua to the	cause(s)	and manner ae stated,
	mana	n VU	My W	D				29c. LICEN	38 NUMB	58	9	≥ Oct	SIGNEO	(Month, Day, Year) 21, (99/
	JO VATHAN	PLOT:	COMPLETED CAUSE	E OF OEATH (ITEM	27) (Type,	M Ra	11691	161	ter	briu	PR	ocki	rille	. Marylana
	OCT 31 '9	1	A 0. K .	R'S SIGNATURE	لمعك				7					/

the country of the same of the

FOR

Mr. Vemury Bestaul es

Body released by Medical Lyanning Dr. Jauper per

retained by the hospital or attending physician.
5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

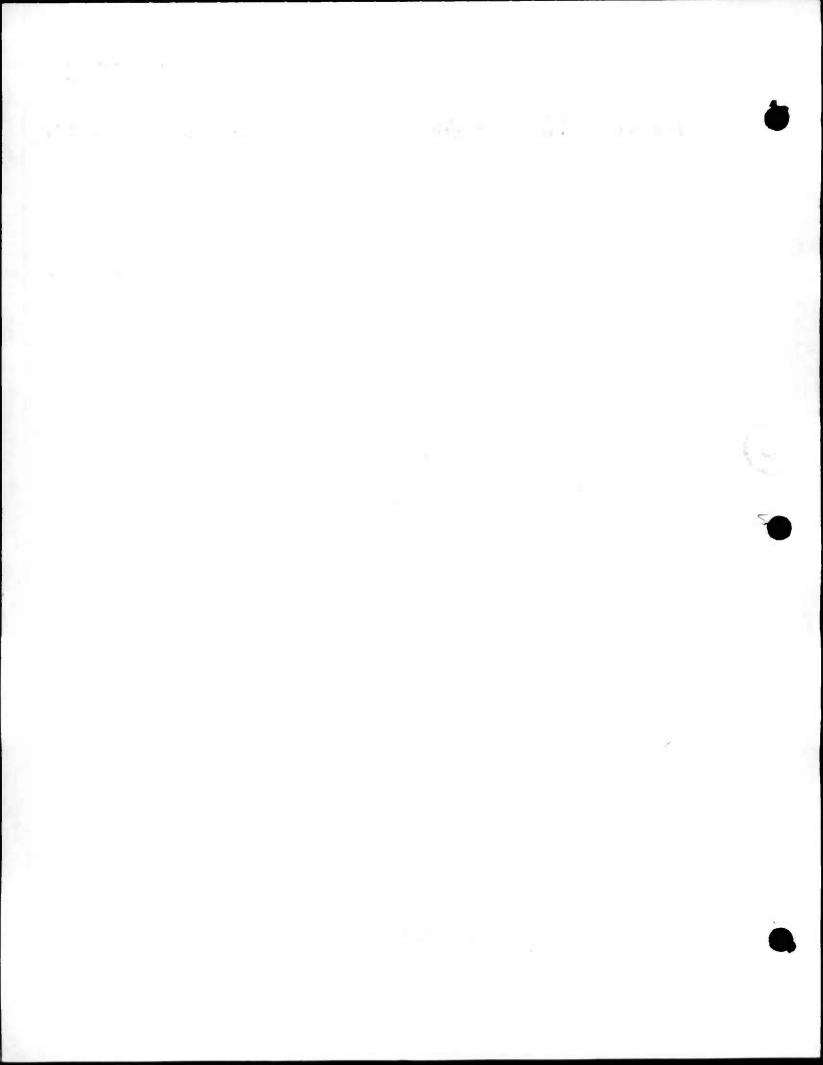
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 trous after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by, the funest be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	SIAIE UF N			ICATE				MENIAL HYGIENI REG. NO.	E		
			RMAN						2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE		YEAR 3. TIME OF DEATH	M
		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH 9/14/1912	a.	BIRTHPLACE (State or Foreign Country) NEW YORK	
	9a. FACILITY NAME (If not institution, give atree	**			9b, CITY.	TOWN O	R LOCATI	ON OF DE			NEW IUKK	_
OR	SUBURBAN HOSPITAL						THES				TGOMERY	
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			40- 017	Y, TOWN O					11011		_
DIRECTOR		GOMERY		NOC. CIT		CKVI					10d. INSIDE CITY LIMITS?	
AL	10e. STREET AND NUMBER				RO	_	ZIP CODE			10g. CITIZEI	1 X YES 2 □ NO	_
FUNERAL	6121 MONTROSE ROAD						20	852		U	.S.A.	
ВУ	A C Norma Manufact on C at a case of	FORCES? 1	EVER IN U.S. ARM X YES 2 No. AR OR DATES 8/27/4.	0		I yes, spe	cify Cube	F HISPANI n, Mexicen Specify:	C ORIGIN? (Specify Yea i, Puerto Ricen, etc.)	or No 14	. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) SALESMAN 18b. KIND OF BUSINESS/INDUSTRY TIRES											
Ö	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	ELIAS WASSERMAN								DRUSS			
7	190. INFORMANT'S NAME (Type/Print) HARRIETTE SACKLER								oute Number, City or Town GAITHERSBU			
	20a, METHOD OF DISPOSITION 1		20b. PLACE AI cemetery, crem MT . AR						10/28 FAR		ALE, NY	
	21. SIGNATURE OF PUNERAL SERVICE LICEN	SEE			DAI	NZAN	SKY-		BERG MEMOR	IAL CI	HAPELS, INC.	
	23. PART i. Enter the diseases, or con	npilcations that	caused the dea	th. Do n	ot enter	the mod	le of dyi	ng, such	PIKE, ROC	KVILLI atory arrest	E, MD 20852	_
	IMMEDIATE CAUSE (Final	conly one caus	PULME OR AS A CONSEQU			,	1	ES,			Interval Betwee Onset and Deat	
CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): MASSIVE MAYOCANDIAL INFRACTION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions of HVPERTEN HONOR INSUL	SION	ABET				cause g		art I. 24e. WAS AN A PERFORN 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	S
Sici	EXAMINER?	OSPITAL:			OTHER	:			k only one)			
XH.	27. MANNER OF DEATH	28a. DATE OF		28b. TIMI	OF	ing Home 28c. INJU			Other (Specify) 28d. DESCRIBE HOW IN.	IURY OCCUP	FD	_
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	(, Year)	INJ		WOR			ave. orgonise from fix	JOHN OCCOM		
- 1	3 Suicide 8 Could not be determined	28s. PLACE OF building, e	INJURY — At hom tc. (Specify)	e, lerm, s	treet, lacto	ry, office			281. LOCATION (Street an City or Town, State)	d Number or f	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL (Check only one)	N: To the beal of n	ny knowledge, dest	h occurre	d at the tin	me, data a pinion, der	nd place, ath occurs	and dua to	o the ceuse(a) and mann	er as atated.	luse(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Melyn Vem	unit	UD. Pr	1451	CIA			S S			GNED (Morth, Day, Year) O 26 9	
	30. NAME AND ADDRESS OF PERSON WHO C MERLYN VEMURY.	M.D.	HEBRI	27) (Typo,	Print)	ME	K	OCK	VILLE,	40		
	31. DATE FILED (Month, Day, Year)	32 PREGISTRAR	S SIGNATING									_



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTINOSE MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

7861 OLD 12 31. DATE FILED (MONTH, DBy, Ybar) NOV 04 '91

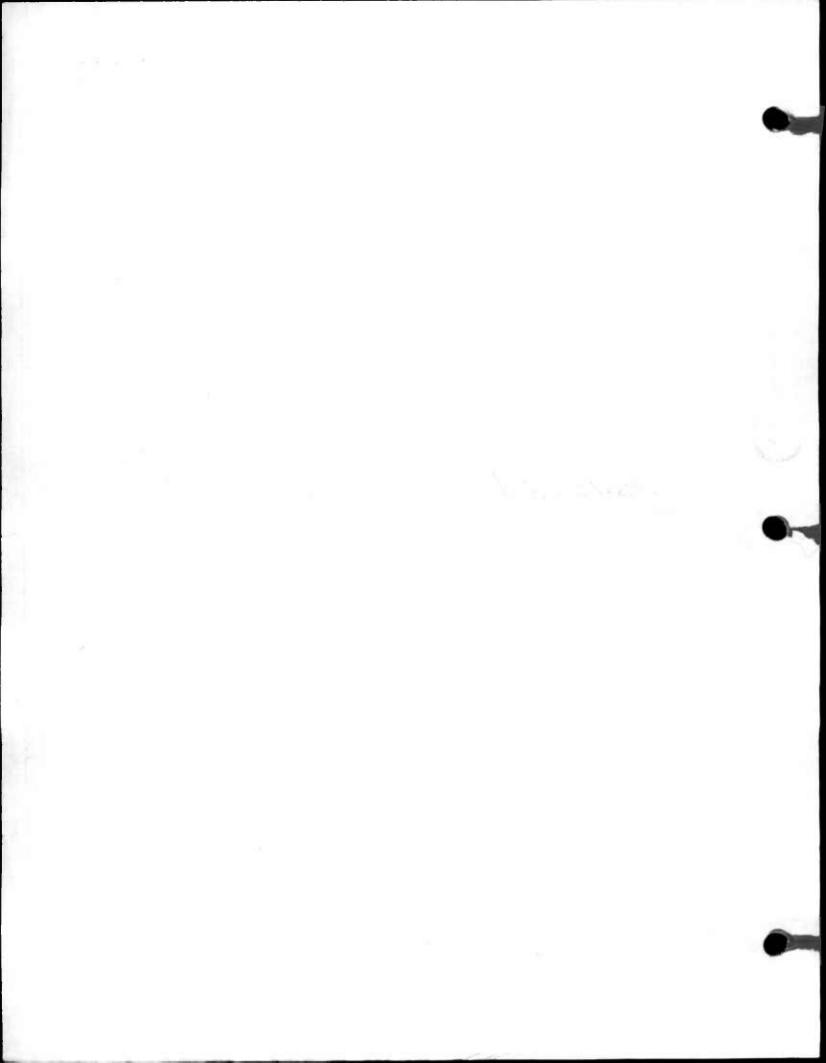
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 STATE		STATE OF I	MARYLA	ND / DEPAR	RTMENT	OF H	IFAITH A	ND 1	MENTAL HYGIE			31603	3
REGISTRAR				CERTIF	ICATE	OF	DEATH		REG. NO				
1. DECEDENT'S NAME (Firs.	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEAT	н
EDNA		C.		WASHI	NGTON	1			NOV. 2,	19	991	7:20	Δ м
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 I	HRS.	7. DATE OF BIRTH	- 12		HPLACE (State or For	mian
578-52-291	4	1 M 2 F	80	YRS.	MONTHS	DAYS	HOURA M	AIN.	Oct 14,	1911	Coun	ryland	o.g.,
9a. FACILITY NAME (If not in	nstitution, give at	reet and number)			9b. CITY.	TOWN C	R LOCATION	OF DE		_	UNTY OF		
3526 Dunla	n Stre	o†					Hills			100	rince George's		
RESIDENCE OF DE	CEDENT				1011	ipic	, 112773	3		1 111	ice c	eorge s	
10a. STATE	10b. COUNTY				Y, TOWN OF					· -		10d. INSIDE CITY	
Maryland		e George	'S	Te	mple	Hil	.ls					1 X YES 2 []	NO
10a. STREET AND NUMBER						101	ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?	
3526 Dunla	p Stre	et					20748			Uni	ited	States	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	U.S. ARMED	13. W	AS DEC	ENDENT OF H	IISPAN	IC ORIGIN? (Specify Ve		_	E — American India	in,
1 Never Married 2 3 X Widowed 4 Divo		FORCES? 1					ecify Cuben, M 2 ⊠ NO S		n, Puarto Rican, atc.)		Spec		
	21241										-	Black	
15. DEC (Specify onl)	EDENT'S EDUC ly highest grade o	ATION completed)		16a. DECEDENT'S (Give kind of	work done du	CUPATIO	N st of working		16b, KIND OF BL	SINESS/IN	DUSTRY		
Elementary/Secondary (I		College (1-4 or 5		Me. Do NOT us	se retired.)								
4				Housewi	fe				Own H	ome			
17. FATHER'S NAME (First, M	·						18. MOTHER	'S NAR	ME (First, Middle, Maider	Sumame)			
Pleasant	Mobi.	le	Brow	vn			Edna		S.	Wa	alter	rs.	
19a. INFORMANT'S NAME (19b. MAILING	ADDRESS (Street a	nd Number or I	Rural R	loute Number, City or Tox	vn. State, Z	ip Code)	-	
Claudia A.	Washir	ngton							ngton, DC	200			
20a. METHOD OF DISPOSIT	ION		20b. P	PLACE AND DATE						CATION -	City or T	mun State	
1 Donation 5 Other	(Specify)	val from State	cemet	tery, crematory or o	ther place)	ato	T \/		1		-	•	
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE		dbarbar	22. N	AME AN	D ADDRESS C	OF FAC	HITY	TVET	2hI1	ng, MD	
• 7	11 0	0.1			Ra	pp	Funera	al	Services,	P.A.			
, Dil	1- 05	· CM		100827	93	3 G	ist Av	∕e,	Silver S	oring	, ME	20910	
23. FART I. Enter the d	iseeses, or co	omplications the	t ceueed t	the deeth. Do r	not enter ti	he mo	de of dying,	auch	ea cerdiec or reap	iratory ar	rest,	Approxima	ta
IMMEDIATE CAUSE (Fir		or only one cer	ise on eac	on nine.								Interval Be	
diseese or condition resulting in death)	→ .	Breas	t Can	ner wit	h met	act	acie t	-0	Brain				
To carring in Goatti)				CONSEQUENCE OF		asc	0313 (DIGIN				
												ĺ	
Sequentielly list condition of the sequential sequentia		DUE TO	(OR AS A C	CONSEQUENCE OF	F):					_			
cause. Enter UNDERLY	NG												
CAUSE (Diseese or Inju thet initieted events	LIV	DUE TO	(OR AS A C	CONSEQUENCE OF	F):								
resulting in deeth) LAS	T d												
												- +	
PART ii. Other eignifice	nt conditione	contributing to	deeth but	t not resulting i	n the und	erlying	ceuse give	n in i	Part I. 24s. WAS AN		246	. WERE AUTOPSY FIN	
									1 _ YES :			AVAILABLE PRIOR TO COMPLETION OF CA	
										yst		DF DEATH?	
									_			T TES 2 N	,
25. WAS CASE REFERRED TO	O MEDICAL					28. Pt	ACE OF DEATH	H (Cho	Ck only one)				
EXAMINER?		HOSPITAL:	ER/Outpot	lent 3 Doos	OTHER:								
27. MANNER OF DEATH		28a, DATE OF	INJURY	28b, TIM		g Home 8c. INJL		_	28d, DESCRIBE HOW I	Million an	O I DC		
	Pending	(Month, D	ay, Year)	INJ	URY	WOI	RK?	- 1	200, DESCRIBE HOW	NJUHY OC	CURED		
3 Sulaido	Investigation	28a PLACE O	F IN II IOV	At home form				\rightarrow					
_ 。 _	Could not be determined	building,	etc. (Specify	At home, ferm, s	ereet, Tactor	y, orrica			281. LOCATION (Street City or Town, State)	and Number	r or Rural I	Route Number,	
29a. CERTIFIER													
(Check only	IFYING PHYSIC	AN: To the best of	my knowled	dga, death occurre	d at the time	e, data	and place, and	due t	o the cause(a) and made	nner aa sta	ted.		
2 MEDI	CAL EXAMINER	On the bests of so	saminetion a	Investigation	n, in my opid	nion, de	ath occured at	t the ti	ime, data and place, ar	d dua to ti	he ceuse(s	e) and mannar as ata	ned.
196 MENTUNE AND TITLE		10	-/	1			29c. LICENSE					(Month, Day, Year)	
moval	no	Terra	m	0			DZC						001
	-						+ -	1	7 ノ	- 11		ber 2, 19	プブー

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FEGISTBAR'S SIGNATURE

#409



as the burial-transit permit. Pages 1.2.3 should		
100	7	1
tached	J	9
should be	_	otified at on
page 5		be n
lirector, 3		r must
funeral (xamine
y the	moval.	cai e
ed in	or re	ie medi
efy fille	nation,	, the
omplet	I, cren	or other traumatic event, the medical exa
and c	pnuia (natic
Sician	rior to	traun
	iene p	ther
endin	I Hyg	0 0
ne an	Menta	inny
ned by th	and	ny In
signer	-leaith	E SM
Deen	bept. of Health	sho
nas	Dep	n 23
Ticate	State	rked, or item 23 shows any injury, or
Cert	th the	d, 01
INIS C	¥	#e

BALTIMORE, MARYL, MD 21815-0020 ours after death. Page 6 may be retained by the filling physician. DIVISION OF VITAL RECORDS PO. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to the property of the 28 is marked, or item 23 shown.

20

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

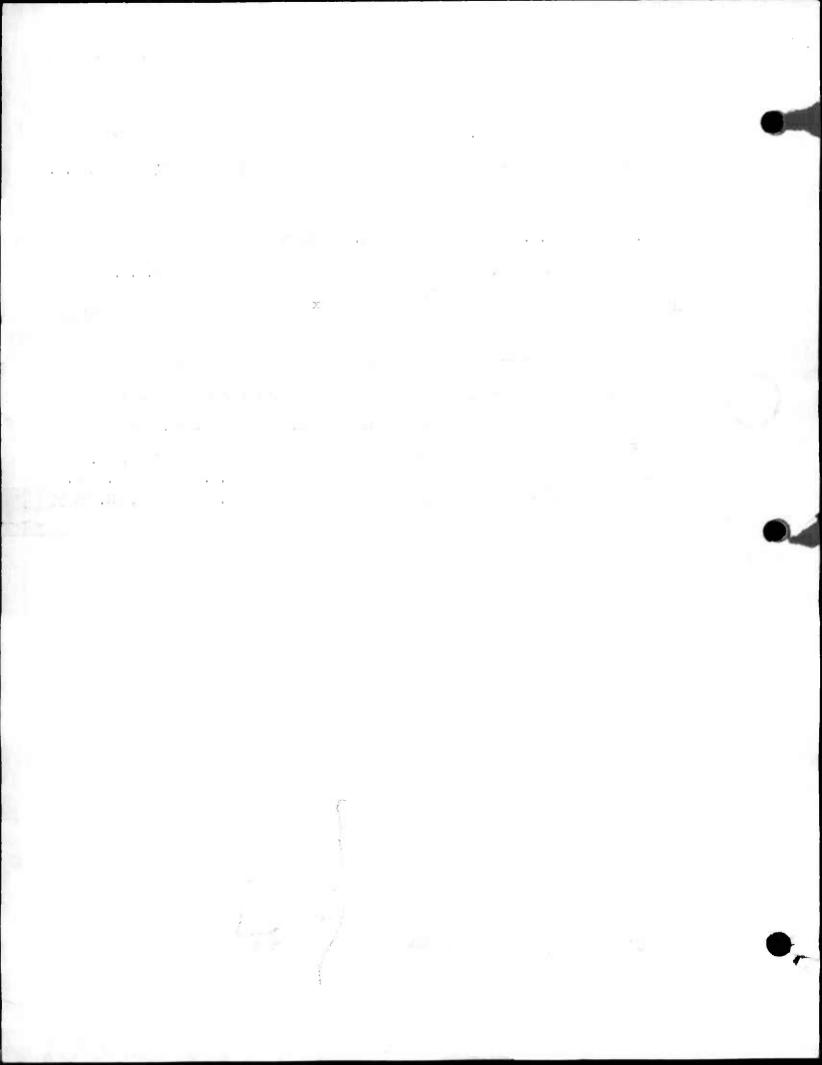
	REGISTRAR		CERTIFIC	ATE OF DEAT	TH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) -Eugene	EUGENE	ile L.	WALLE	2	DATE OF DEATH DATE OF DEATH DATE	0/31/91	3. TIME OF DEATH 7:51 7:51 P M			
	4. social security number 362-24-8867	13 M 2 🗆 F		F UNDER 1 YEAR IF UNDER DAYS HOURS	24 HRS. 7. MIN.	DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry) TCHTGAN			
TOR	9a. FACILITY NAME (If not institution, give s SUBURBAN HOSP RESIDENCE OF DECEDENT		9	BETHESDA		Н	9c. COUNTY OF	N. C. S. C.			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	TGOMERY	10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CITY LIMITS?			
]	10e. STREET AND NUMBER	IGOMENI		CHEVY CHA			1 X YES 2 NO				
NER	4609 MORGAN	DR.		20	815			U.S.A.			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDENT O	1, Mexicen, P	ORIGIN? (Specify Yea Puarto Rican, etc.)	Bla	CE — American Indian, ck, White, etc. ccity: WHITE			
ETEC	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION done during most of working	g	16b. KIND OF BUS	16b. KIND OF BUSINESS/INDUSTRY				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	SPEECH	PATHOLOGI		PATU		NSTITUTE			
BECC	ALF WALLE MARGARET PETERSON										
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number				110011			
ř	ELIZABETH T.	WALLE	4609	MORGAN DR				0815			
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND DATE OF I cemetery, cremetory or other CHAMBERS	PISPOSITION (Name of place)	J.	DATE 20c. LOC	ATION — City or	Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE	CHAMBERS	CREMATORY 22. NAME AND ADDRES		+/91 RI	VERDALE	MD.			
	· March	umleralle	Z M00091				STIVE	20910 R SPRING, MD.			
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): CARDIAC ARREST Due to (or as a consequence of): CORONARY ARTERY DISEASE Due to (or as a consequence of): Due to (or as a consequence of): HYPERTENSION CAUSE (Disease or Injury that initiated events resulting in death) LAST CARDIAC ARREST CORONARY ARTERY DISEASE Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): CORONARY ARTERY DISEASE Due to (or as a consequence of): Due to (or as a consequence of): CORONARY ARTERY DISEASE Due to (or as a consequence of): Due to (or as a consequence of): CORONARY ARTERY DISEASE										
EDICAL	manie degreesiert dévarder 1 → YES 2 DE NO OF							b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	28. PLACE OF DE	ATH (Check o	only one)					
PHTSICIAN: M	1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 Inpstient 2 ER/O 28a. DATE OF INJUR (Month, Day, Year	utpstlent 3 DOA 4	Nursing Home 5 Rea	28	Other (Specify) d. DESCRIBE HOW IN.	JURY OCCURED				
ED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJU building, atc. (S	PRY — At home, farm, street pecify)	1 1E3 2		t. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,			
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION ON 1 DESCRIPTION OF THE CHARGE OF TH	IAN: To the best of my kn	owledge, death occurred a	the time, data and place,	and due to ti	he cause(a) and mann	er es stated.	a) and manner as stated			
	29b. SIGNATURE AND TITLE OF CONTINER	1	- 1		ISE NUMBER			O (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CHIEF AT	DEATH STEM AT STATE	De	811	2	11-2-	91			
	David V. Va () 31. DATE FILED (Month, Day, year)	32. DEGISTRAR'S SI	4530 C	nn-Ave	N.W	. Was	h. p. c	. 20008			
	NUV 04 '91	Gulia David	son-Roodelle								

FFT AND 21215-0020

BALTIMORE, IN

BALT	ter death.	the funeral	si examin	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral he fled within 72 hours after death with the State Dent of Health and Mental Horison entire in hurial examples now removed	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin	

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	D MENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) LORETT	TA L.	WALK		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH	-			
	578-30-4515	1 M 2 🔀 F	64 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year) August 20	. BIRTHPLACE (State or Foreign Country) Wash. D.C.	-			
DIRECTOR	90. FACILITY NAME (If not institution, give street and number) SOUTHERN MARYLAND HOSPITAL CENTER CLINTON PRINCE GEORGES									
		.G.		wh or Location Ft. Washingto	n	10d. INSIDE CITY LIMITS? UXX YES 2 ☐ NO				
FUNERAL	12021 Livingsto			10f. ZIP COOE 20744		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEOENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENOENT OF HISE If yes, specify Cuben, Mex 1 YES 2 NO Spe	icen, Puerto Ricen, etc.)		-			
COMPLETED	15. DECEDENT'S EQUICA (Specify only highest grade co Elementary/Secondery (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEOENT'S USUA (Give kind of work of life. Do NOT usa retin	done during most of working red.)	SINESS/INDUSTRY					
	17. FATHER'S NAME (First, Middle, Last)		Пошещел		Home 18. MOTHER'S NAME (First, Middle, Meiden Surname)					
BE	Louis 19e. INFORMANT'S NAME (Type/Print)	Lombardy	10h MAILING AOC	RESS (Street and Number or Run	atherine	Weiner				
임	Frances Melvin				al Route Number, City or Town, Riverdale, h					
	20e. METHOD OF DISPOSITION 1	rai from State cernet	PLACE AND DATE OF DIS	SPOSITION (Nama of	DATE 20c. LOC	CATION - City or Town, State Verdale, Md.	_			
	21. SIGNATURE OF FUNERAL SERVICE LICEN		1	22. NAME AND ADDRESS OF	FACILITY W.W.Chs	embers Co. Inc.				
	23. PART I. Enter the diseases, or con	mplications that caused	tha death. Do not a	nter the mode of dying, se	nd Ave. Kive	erdale, Md. 20737	-			
	immediate Cause (Final disease or condition resulting in death) a. foute Cardio Pulm mary Appress oue to (or as a consequence on: True Virsi ple Shock 24 by									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CER	resulting in death) LAST					,	_			
MEDICAL	Cardio Vasculu	Fallave, Fallave,	Arterios e, Chr.	e underlying cause givan is scienatic Obstruction	PERFORM	MED? AMAILABLE PRIOR TO				
SICIAN:	25 WAS CASE REFERRED TO MEDICAL EXAMINER?	Dianetes	Mellytu	S Periphi V	U.S.C. Theck only one) P. M. J.	artatins.				
PHYS		Impatient 2 - ER/Outpati		Nursing Home 5 - Residence	The state of the s					
I I	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Near)	BUURY	28c. INJURY AT WORKY 1 YES 2 NO	18d. DESCRIBE HOW INJURY OCCURED NO					
- 11	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUNY — building, etc. (Specify)	At home, farm, street,	factory, office	od Number or Rurel Route Numbec					
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piace, end due to the ceuse(s) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner as stated.									
N N	29b. SIGNATURE AND TITLE OF CERTIFIER	Ess son M	77)	29c. LICENSE NO	237 Md.	29d. DATE SIGNEO (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO C					Wesh. Md 20744				
	31. DATE FILED (Month, Day, Year) NOV 01 '91	32. REGISTRAR'S SIGNATURIA DAMANA	URE	25 0/2 PBY	-1 Nd.77.0	NRS M. 1118 20149				



AND/21215-0020

BALTIMORE, MARY

ĕ	5	
'n.	8	按
ē	3	Ē
5	5	=
2 5	filled	DH, 04
on Street, or the state of the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tun	nours after death with the State Dept, of Health and Mental Hyglene prior to bunal, cremation, or removal.
g	8	B
מאברת	and	o bur
į.	ם	7
וכמוב ח	physici	e prio
100	nding	Hygier
חבמו	atte	ental
2	the	ž
5	5	and
2011	signed	Health
3	Ben	6
AAD A	has b	Dept.
	ate	tate
7	150	S
5	P.	Ĕ
2	this c	WIE
2	After	death
3	38	ter
-	E	95
5	DIRE	HOURS

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAI	RTMEN	T OF H	DEAT	AND	MEN		BIENE			
	1. DECEDENT'S NAME (First, Middle, Las	4					DEA			ATE OF DEA		_	MT 40	3. TIME OF DEATH
1	Florence A.		Yanni				October 29, 1991			9:10 A.M				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDER	24 HRS.	7. D/	ATE OF BIRT	'H			IPLACE (State or Foreign
1	96. FACILITY NAME (If not institution, give	1 M 2 X F	83	YRS.					00	t. 5,	190	8		Maryland
2	Suburban Hospita				96, CITY		OR LOCATIO		EATH		9	c. COUNT	TY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT	1				Bet	hesd	a				Мо	ntg	omery
8	10e. STATE 10b. COUNTY			10c, CI	Y, TOWN	OR LOCAT	ION							10d. INSIDE CITY
	Maryland 10e. STREET AND NUMBER	Montgome	ту		С		Cha							1 YES 2 X NO
RA						101	. ZIP CODE	E			10	g. CITIZI	EN OF V	WHAT COUNTRY?
FUNERAL	8100 Connecticus	12. WAS DECEDEN	T EVER IN ILS A	DMED	142		2081				I	Jnit	ed	States
BY FI	1 Never Married 2 Merried 3 XWidowed 4 Divorced	Married 2 Merried FORCES? 1 YES 2X			ARMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexics 1 YES 2 X NO Specify				en, Pue	n, Puerto Rican, etc.) Black,				E — American Indian, k, Whita, alc. Hy: White
	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	CUPATION 16b. KIND OF				F BUSINE	SS/INDU	STRY	MILLE
19	Elementary/Secondary (0-12)	College (1-4 or 5+		Give kind of b. Do NOT u	work done se retired.)	during mo	st of workin	g						
COMPLETED	12	_	Se	cret	ary					U.S.	Gove	ernm	ent	
	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NA		st, Middle, M				
R	John Bartolomio 190. INFORMANT'S NAME (Type/Print)						Ros	se I	ore	nzo				
유	Louis A. Yanni, J	[r								lumber, City o				
	20a METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Rec		20h PLACE	AND DATE	ETIMI	ITION	Driv	7e,	Bet	hesda	, Ma	ryl	and	20814
	1 & Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from Stata	Gate											ng, Marylan
	21. SIGNATURE OF EUNERAL SERVICE L	ICENSITE	10000	OL III	22.	NAME AN	D ADDRES	S OF FA	CILITY	Rober	t A.	Pur	nphi	cev Funeral
	21. SIGNATURE OF FUNERAL SERVICE LICENSOF Wisconsin Avenue, Bethesda, Maryland 20814													
	23. PART I. Enter the diseases, or shock, or heart failure	complications that	caused the d	aath. Do i	not enter	tha mod	da of dvli	ng. suc	th as c	ardiac or i	raenizato	a, I	nar y	Approximate
	IMMEDIATE CAUSE (Final													
	disease or condition resulting in death) a. Biventries day heart failure OUE TO (OR AS A CONSEQUENCE OF):									6 wh				
Z	antec stenosis													
Ĕ	if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE OF	F):			0	1					han
은	CAUSE (Disease or Injury	c. Colr	OR AS A CONSE	cler	odes	2, fe	uer	oly	rd					year.
CERTIFICATION	that initiated avents resulting in death) LAST		ON AS A CONSE	OUENCE OF	·):	0		0						
	DARY II On a state of	d											-	
CAL	PART II. Other significant condition	esprentitions to	death but not	resulting	n tha un	dariying	cause g	ivan in	Part I.	24a. WA PEI	S AN AUTO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	Cara	esneggo	-							1 🗆 YE	s 2XXI	OP		COMPLETION OF CAUSE DF DEATH?
Σ		-												1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 DI /	ACE OF DE	ATM (Ch.					<u></u>	
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	L DOA	OTHER	1:				ther (Specify)				
¥	27. MANNER OF DEATH	26a. DATE OF	NJURY	26b. TIM	E OF	28c. INJU	RY AT	idence		DESCRIBE H		Y OCCUI	RED	
BY F	Netural 5 Pending 2 Accident Investigation	(Month, Da	/, rear)	INJ	URY M	1 N	RK? ES 2 🗌	NO						
A CO A LLA								lumber or Rural Route Number,						
COMPLETED														
MPL	(Check only one)	ICIAN: To the best of r	ny knowledge, de	eth occurre	d at the ti	me, date a	and place,	end dua	lo the o	ceuse(e) end	manner i	a stated.		
O D D MEDICAL EXAMINER: On the basis of examinstion and/or investigation, in my opinion, death occured at the lime, data and place, and due								ue to the cause(a) and manner as stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	400	10 1.				29c. LICEN	ISE NUN	MER		290	. DATE S	IGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CANO	DE DENTIN	W 077 77	0:-1		1)	250	156	>		ac	10	1991
	LEWIS N CANI	L MD	5411 W	N 21) (Type,) CE/	Print)	N	SET	HE.	SOA	MD	20	£14	,	
	NOV -1 1991		'S SIGNATURE	ndelle										

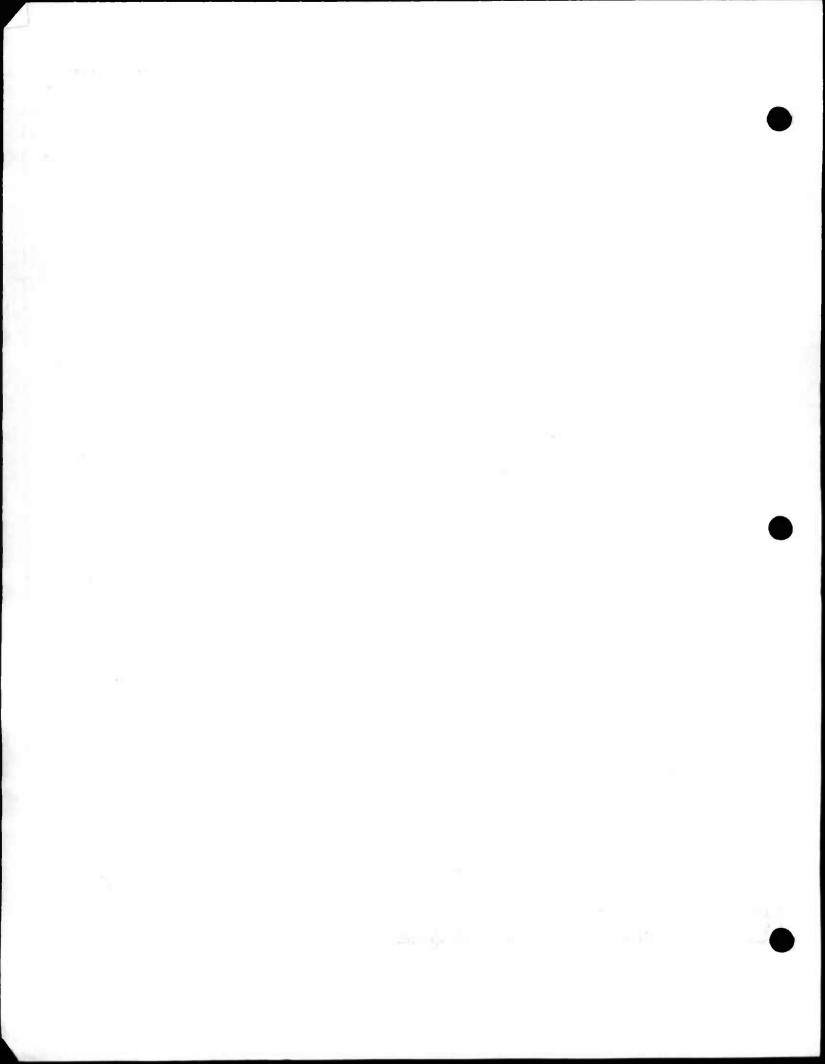
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH										
	RACHEL L	A(ACREE			5 91	12:11 PM M				
	4. SOCIAL SECURITY NUMBER 215 24 4721	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 13,	1 922 NO	HPLACE (State or Foreign orth Carolina			
	9a. FACILITY NAME (If not institution, give st	reet and number)	09	Bh CITY TOWN	OR LOCATION OF DE						
CTOR	99. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH A.A. COUNTY RESIDENCE OF DECEMENT										
DIRECTOR	Maryland Anne Arundel			Pasadena 10d. INSIDE LIMITS?							
FUNERAL	10e. STREET AND NUMBER 282 Creek Blvd.				t. ZIP COOE 21	122	10g. CITIZEN OF	WHAT COUNTRY? States			
B	11. MARITAL STATUS 1 Never Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 K NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— It yes, apecity Cuban, Maxican, Puerto Rican, etc.) 1 UYES 2 X NO Specify: White						
	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S US	SUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INDUSTRY	S/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	life. Do NOT use	(Give kind of work done during most of working life. Do NOT use retired.) Homenaker			Domestic					
N O	17. FATHER'S NAME (First, Middle, Last)		HOME	akei	I MOTHER HALL	ME (First, Middle, Maiden					
BE C	Emmitt	I	Price		Minnie	Le	e H	i11			
2	19a. INFORMANT'S NAME (Type/Print) Glenwood E. Acre	e	19b. MAILING A 282	DDRESS (Street I	nd Number or Rurei F Blvd., Pa	Sadena, MD	7, State, Zip Code)	.2			
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complete), cremetary of other place) Meadowridge Memorial Park 11/18/91 Elkridge, MD										
	21. SIGNATURE OF YUNERAL SERVICE LICE	ENSEE A		MCCu.	nd address of fac	al Home of Rd., Pasa	Pasaden	ıa			
7	23. PART I. Enter the diseases, or co	omplications that course	od the death. Do not								
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory erreat, ehock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Acude Myocardia Traforda										
ATION	disease or condition resulting in death) a. Acude Myocardie Information OUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic landio vas cular Disace Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
_	PART ii. Other significant conditions	contributing to death i	but not resulting in	the underlyin	Cause cheep in I	Part I Day und au	with the same				
DICA	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? PERFORMED? AMILIABLE PRIOR TO COMPLETION OF CAUSE OF CREATION OF CAUSE PERFORMED?										
E E	Previous C	Myocar	dial 7	napo	ctions-	1981		DF DEATH? 1 YES 2 NO			
Z V	25. WAS CASE REFERRED TO MEDICAL	Taktecto	my for	brece		1970					
PHYSICIAN:		HOSPITAL: CILETON	PEF C	THER:	ACE OF OEATH (Che						
	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME C	OF 26c. tNJ	e 5 N Rasidenca (5 Other (Specify) 28d. OESCRIBE HOW th	LIURY OCCURED				
6	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? res 2 No						
COMPLETED	3 Suicide 6 Could not be determined	26a. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, stre	et, factory, offic	tory, offica 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	viedge, death occurred	st the time, date	and place, and due t	to the cause(s) and man					
5	Certifying Physician: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
2	29b. SIGNATURE AND TITLE OF CERTIFIER	-1/12	1 /		29c. LICENSE NUM		29d. DATE SIGNED				
	The hard 2	11-1	70		D625	19	Nov.				
	30. NAME AND ADDRESS OF PERSON WHO RICHARD E. FISHE	R, M.D./471	O PENNING	ON AVE	NUE/BALT]	IMORE, MAR	YLAND 21	226			
	NOV 1 9 1991	32 REGISTRAB'S SIGN									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

MARYLAND 21215-0020

pe must examiner filled in by the lon, or removal. medical 6 the and completely fi to burial, cremation traumatic event, inding physician an Hygiene prior to b other t the attending p this certificate has been signed by the vith the State Dept. of Health and riked, or item 23 shows any in marked, After the DIRECTOR: /

BY

COMPLETED

BE

2

28

Hem

MPORTANT

FUNERAL within 72 h =

물물을

223

2 Accident

3 Suicide

4 Nomicide

(cella

notified at

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ALMA VIVIEN BYROADE 11.50 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 218-22-0637 1 M 2 TYF DAYS HOURS 02-02-1913 78 Pennsylvania 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Scott Key Medical Center Baltimore City 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3338 Wallford Drive 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Ric 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Wildowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 Years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Joseph Riffle BE Ida Mae Shupe 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Watt 2812 Overland Avenue, Baltimore. MD 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Grand View Cemetery 11/18 Southmont. PA MERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or hear full ure. List only one cause on each line. interval Between Onset and Death ASPIRATION IMMEDIATE CAUSE (Fine) disease or condition PNEUMONIA resulting in death) DIE OCE TOP CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF). EXPOSCUEROTIC CHROI OVASCULAR DISABE if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events PEPENDENT DIABETES MELLITUS resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the MEDICAL 24b. WERE AUTOPSY FINDINGS 24e. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO OF DEATN? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 1 -Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

OSSIL 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

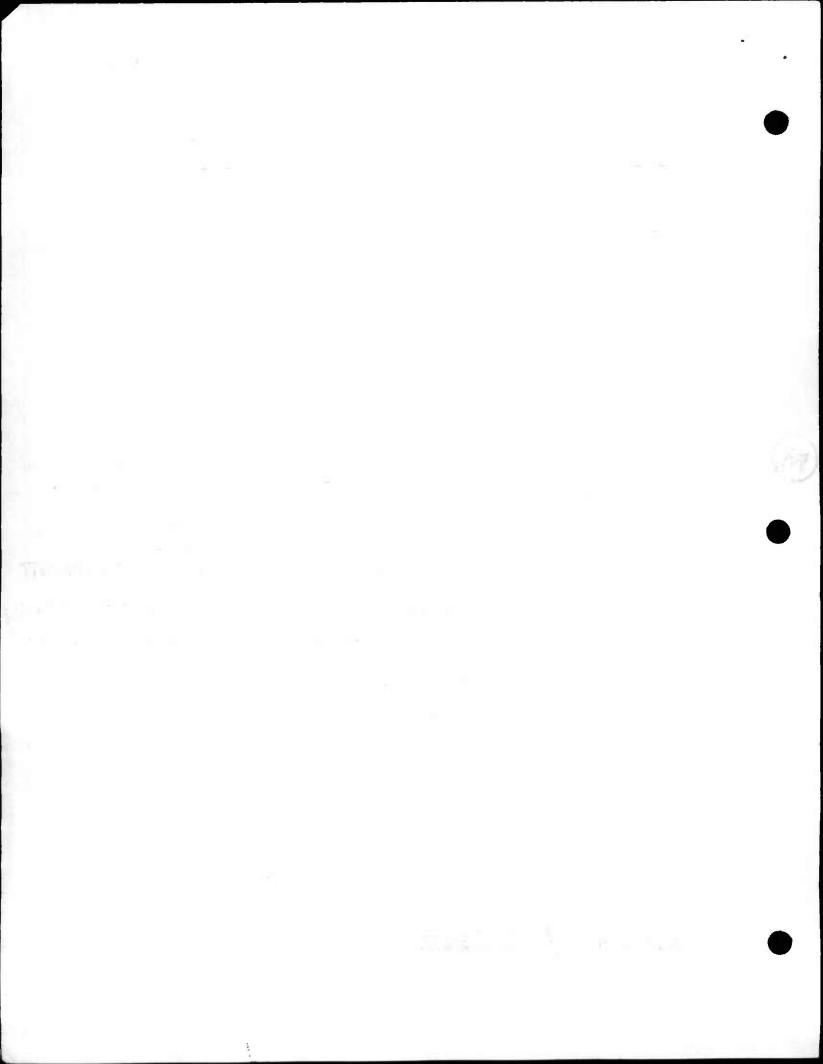
NOELLA MIS anum Dent Mediuno

31. DATE FILED (Month, Day, Year) 1991

6 Could not be

32. REGISTRAN'S SIGNATURE

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)



-	9	
	death.	
ב	after	
	hours	
,	24	
5	within	
	executed	
	pe	
	certificate	
	=	
5	dea	
)	the	
	that	
	requires	
	MP.	
	The	
	CIAN:	
	HYS	
	9	
	N.	
	E	
	ATTENDING !	
	R	
	0 1	
	ITAL DR	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Mide 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 10:45 BM 99) 4. SOCIAL SECURITY 6. AGE (In vrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 0 HOURS page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME // 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR CEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 408 21229 age 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: ΒY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Stre 2 latilda 20a. METHOD OF DISPOSITION pe must 20b. PLACE IND DATE OF DISPOSITION (No DATE 20c. LOCATION City director, 3 🗆 A Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral 4 by the femoval. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final **Onaet and Death** and completely fille burial, cremation, the disease or condition resulting in death) Japas event, DUE TO (OR AS A CONSEQUENCE OF) M25T m other traumatic CERTIFICATION Sequentially list conditions, 9 DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to Metatin CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST Chron 10 Un any injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? and be signed b 1 TYES 2 THO Shows OF DEATH? 1 TES 2 NO t. of I has be Dept. (PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO ient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 50 DIRECTOR: After this cer hours after death with th item 28 is marked, o 27. MANNER OF DEATH 28c. INJURY AT WORK? this c 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural ВУ 1 YES 2 NO 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) COMPLETED 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 🔲 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If item 2' 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee atated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) RESIDENT MUSICIAN 11-15-91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TANJUATCO

32. REGISTRAR'S SIGNATURE



AUGUSTO

199

31. DATE FILED (Month, Day, Year)

0

JOSE

MD 21229

Rulyo

am

900 Citm

1, 2, 3 should

Ć,
2
X 6876
00
20
~
BOX
\circ
\simeq
щ
0
ď.
α.
S
~
<u></u>
O
RECORDS
ĬĬ.
2
u.
_
7
-
5
OF VITA
ш
0
-
Z
0
\simeq
S
==
>
~

	it permit. Pages		
Yolchan. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Par		
spital or atten	ed for use as		
ned by the ho	ouid be detact		led at once
may be retail	tor, page 5 shi		ust he notif
death. Page 6	e funeral direct	-	1.28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at non-
24 hours after	filled in by th	ion, or remova	the medical
xecuted within	and completely	burial, cremat	natic event
certificate be e	ding physician	lygiene prior to	other traun
mar the death	d by the atten	and Mental H	ny injury, or
saw requires	nas been signe	Dept. of Health	23 shows a
HYSICIAN: IN	his certificate I	with the State	ked, or item
A I LENDING PHTS	RECTOR: After 1	irs after death	m 28 Is mar
TO THE PUSHTIAL OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	d within 72 hou	FTANT: If ites
2	TO THI	pe filed	IMPO

91 31610 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH GARY MONTH GAR BROWN 10:46 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 212-84-7109 1 M 2 F MONTHS DAYS 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN DIRECTOR 424 FONTHILL AVENUE BALTIMORE CITY 10a. STATE 10b. COUNTY 10c. CITY, JOWN OR LOCATION 10d. INSIDE CITY HIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 204 887 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 LIND 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cubarr, Maxican, Puerlo Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ack ETED. 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. OECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4,or 5+) Anchouse COMPL MA 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, inton OWL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number er, City or Town, State, Zip Code 2 20a. METHOO OF DISPOSITION
1 Burlal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State cemetery, crametory of other place 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Service Freneral 3405 Welley M 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate sheck, or heart failura. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onaet and Death disease or condition DUE TO (OH AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 4 \square Nursing Home 5 \square Residence 8 Xi Other (Specify) S \bullet W \bullet DISTRICT POLICE STATION 1 X YES 2 □ NO 1 Inpatient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. OEŞCRIBE NOW INJURY OCCURED 28c. INJURY AT 1 Natural 5 Pending 11/11/91 10:467 BY 1 YES XXNO Subject hanged self 2 Accident Investigation 3 M Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number 8 Could not be determined COMPLETED 4 Homicide 424 FONTHILL AVENUE W.DISTRICT POLICE STATION 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and manner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF BERTIFIER 8 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ► 11/12/91 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



A. KORE

1991

MARGAMAD

31. DATE FILED (Month, Day, NOV 19

111 PENN STREET, BALTIMORE MARYLAND 21201

and the second

1 Y 12

14

i i gigyay

... 6

E 10

STATE OF MARYLAND / DEPARTMENT OF HEALTH

9		3	6	

	1 - STATE REGISTRAR	CEI	RTIF	ICATE OF	DEAT	H.	IENIAL HYGIEN REG. NO		•	01011
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
	L.E.O.N 4. SOCIAL SECURITY NUMBER 5. SEX			BAKER			11 12		991	8:45 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. last b	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS :	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)	01	1110.	9b. CITY, TOWN C	R I OCATIO	N OF DE		12	NTY OF DE	myland
R	MARYLAND SHOCK TRAU	MA		BALTI			0,/4	96. 0001	NIT OF DE	AIR
נַל	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY						1			
DIRECTOR	monuland	1	loc. CIT	y, town or Locat	non mor	· p)				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE			10o, CITA	ZEN OF W	1 VES 2 NO
FUNERAL	2877 Booker	1 1)	2		21	22	5	4	1.5	A.
J.		T EVER IN U.S. ARME	D	13. WAS DEC	ENDENT OF	HISPANI	C ORIGIN? (Specify Yes, Puarto Rican, atc.)	or No-	14. RACE Black.	- American Indian, White, atc.
B⊀	3 Wildowed 4 Divorced IF YES, GIVE V	WAR OR DATES			2 (Z.HO		, , , , , , , , , , , , , , , , , , , ,		Specify	lank
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECE	DENT'S	USUAL OCCUPATIO	N .		16b. KIND OF BU	SINESS/IND	USTRY	MCK)
	Elementary/Secondary (0-12) College (1-4 or 5		o NOT us	rork done during mo. e retired.)	st or working	,				
N N	17. FATHER'S NAME (First. Middle. Last)	4//	cm	player						111-1
S	George BAKE	11		0	16. MOTH	ER'S NAM	E (First, Middle Meiden	Surneme)	4-1	1/
TO BE	9a. INFORMANT'S NAME (Type/Print)		WAILING	ADDRESS (Street a	nd Number o	or Rugal Ro	gute Number, City or Tow	n, state, Zip	Code)	
F	Mrs. Alma BAK	er 2	87	1 Box	Ker	FI	e. BAI	15.	Mod	21235
	20a, METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Removal from State	20b. PLACE AND cemptery, crema		FOISPOSITION (Na	me of	1	DATE 20c. LO	CATION -	City or Tow	n State
	4 Donation 5 Other (Specify) 21. SECRATURE OF FUNERAL SERVICE LICENSEE	1 2023	10	22. NAME AN	D ADDRES	EM	116 /	14/1	0,0	o. md
	kland 16	2000		2059	ONZ	10	USS 1-41	repp	11	1x6
\neg	23. PAPI I. Enter the diseases, or complications that	t caused the deat	Do o	200	2 10	11/12	orin H	e.	DAI	10.md.212
Ĭ	ahock, or heart fallure. Liet only one cau IMMEDIATE CAUSE (Final	ise on each line.		or enter the mor	ae or ayın	ig, auch	are ceraled or respi	ratory arr	eat,	Approximate Interval Between
		nshot	W	nunds	at	CA	bdomen			Onset and Deeth
	DUE TO	(OR AS A CONSEQUE	ENCE OF	7:	_ O t		Dacontes			
NO NO	Sequentially list conditions,	(OR AS A CONSEQUE	ENCE OF							
CAT	cause. Enter UNDERLYING	(OIL NO A CONSECUT	ENCE OF	1.						
CERTIFICATION		(OR AS A CONSEQUE	ENCE OF):						
H	resulting in deeth) LAST									
- 11	PART II. Other eignificent conditions contributing to	death but not res	ulting l	n the underlying	ceuse gi	ven in P				WERE AUTOPSY FINDINGS
DICAL							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME			_				_ ^			YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL									
BY PHYSICIAN: ME	EXAMINER? HOSPITAL:	ER/Outpetient 3 🗆	DOA	OTHER:	ACE OF DE					
높	27. MANNER OF DEATH 26a. DATE OF (Month, D.	INJURY 2	6b. TIME		JRY AT		Other (Specify) 26d, OESCRIBE HOW II	NJURY OCC	URED	
<u>₹</u>	1 Natural 5 Panding		: 23		ES 2	NO	SUBJECT	SHO	Т	
	3 Suicide 6 Could not be detarmined 28e. PLACE Obuilding,	FINJURY — At home, atc. (Specify) VAC	, farm, st	treet, factory, offica		1	281. LOCATION (Street a			
COMPLETED	DO. OFFICE						600BLKO			Y HILL RD
MP	(Check only T CERTIFYING PHYSICIAN: To the best of	my knowledge, death	occurre	d at the time, data	and place, a	and due to	the cause(s) and men	ner as state	ed.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	Camillation und/or invi	Pintigation	i, in my opinion, de						
B	Dennis 1. Chus	to us		1	29c. LICEN	C . M				Month, Dey, Year) 2 1 9 9 1
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS					_				
	-	111	N.	PENN S	STRE	ET I	BALTIMOR	E,MA	RYLA	AND 21201
	31 NOVE 1 9 1991 Gul 32 DEPRISO	KE SHOWING	A. S. Poljon							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

Y = 2 - - 1

62

The part of the second

2 70 DE WE

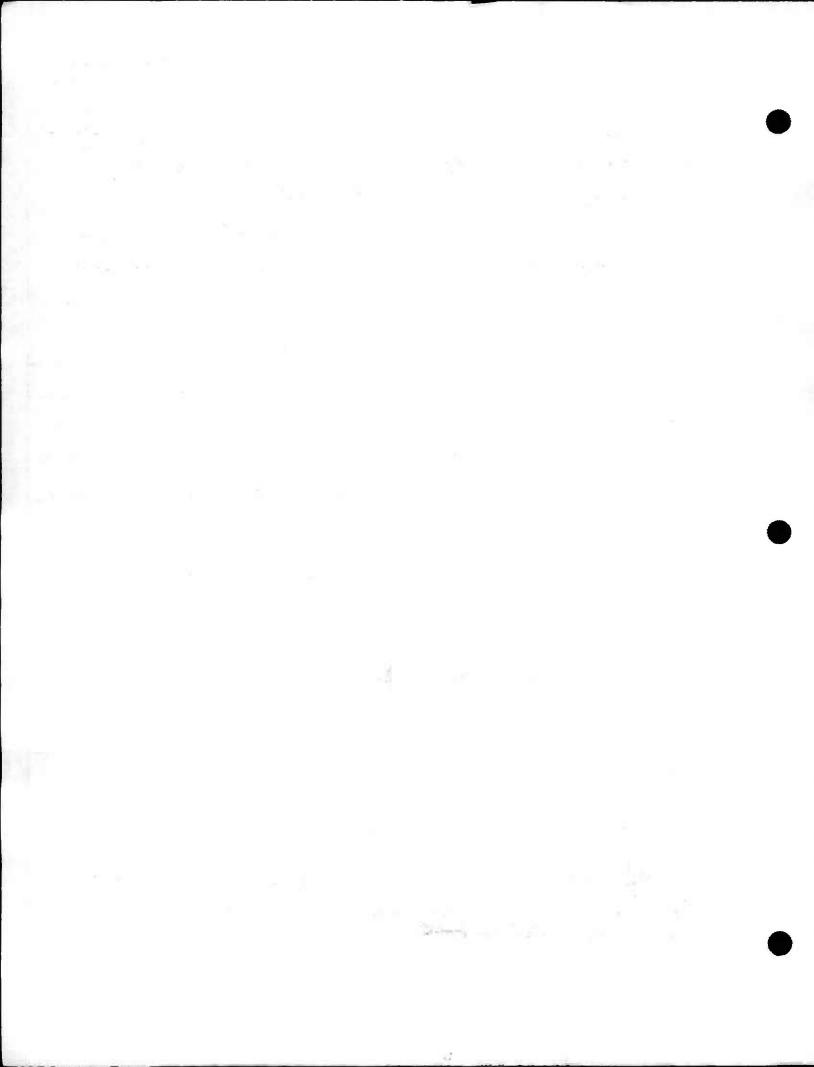
1 - FOR STATE REGISTRAR

	٠
	1
_	
-	3
0	•
BOX 68760	
-	-
8	•
Ö	
Ξ.	
×	
$\overline{}$	
U	
m	
	-
0	
	A second of the
σ.	4
_	1
'n	4
~	
	1
œ	- 1
=	
0	-
1	
9	
ш	
~	
_	
- 1	
7	
⋖	
_	ı
_	
>	1
	-
ш	- 3
$\overline{}$	3
U	-
-	
~	1
\circ	:
\simeq	
70	i
~	1
<	
DIVISION OF VITAL RECORDS, P.O. 8	
$\overline{}$	- 1
_	
	-

	1. DECEDENT'S NAME (First, Middle, Last). PAUL BOSCUELL		2. DATE OF DEATH MONTH DAY YEAR 1247 PA				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. let 1	PR. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year) 9c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION	10d. INSIGE CITY LIMITS?				
	104. STREET AND NUMBER 4005 BEIVIEU AVE	DALT/MO	1 N YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 FYES, GIVE WAR OR DATES	IND IS A SPECENDENT OF HISPA If yea, specify Cuben, Mexic 1 YES 2 THO Spec					
COMPLETED	(Specify only highest grade completed) (0	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working . Do NOT use retired.)	16b. KIND OF BUSINESS/INOUSTRY				
	17. FATHER'S NAME (First, Middle, Last) ALLYCO BOS (UP) 1994, INFORMANT'S, NAME (Type/Frint)	CAri	IAME (First, Middle, Maligen Surname)				
TO BE	MYS. ROSETTA Floyd 200. METHOD OF DISPOSITION 200. DIACO	ib. MAILING ADDRESS (Street and Number or Rura (C) 4 F. 3 STR E AND DATE OF DISPOSITION (Name) (Conditions or other planet	eet BAITO M. 21218 Daffe 20c. LOCATION - City or Town, Staye				
Xaminer musi	4 Donetion 5 Other (Specify) WE 21. SHURATURE OF FUNERAL SERVICE LICENSEE	Steph 221 NAME AND ADDRESS OF F	MUSS FUNERAL HOME				
ivent, the medical examiner	23. PART I. Enter the diseases, or complications that caused the dahock, or heart failure. List only one cause on each lin IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSE	d.	ch as cardiac or respiratory srrest, Approximate Interval Between Onset and Dasti				
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUENCE OF):	sund harret				
MEDICAL	PART II. Other aignificant conditions contributing to death but not	resulting in the underlying cause given in	IN Part I. 24a. WAS AN AUTOPSY PERFORMED? YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26. PLACE OF DEATH (C					
D BY PH	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Injury M 1 YES 2 NO 28b. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 28d. OESCRIBE HOW INJURY OCCURED						
LET 18	4 Homicide determined 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, d						
TO BE COMP	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NI	UMBER 29d. DATE SIGNED (Month, Day, Year)				
4 4	30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)	EM 27) (Type, Print)					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.





	Sages		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 included by the hospital of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If them 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91 31613 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 13,1991 5:00 P.M. Margaret E. Black 7. DATE OF BIRTH (Month, Day, Yber) March 16,1929 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER a. AGE (in yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 414 34 8658 62 1 🗌 M 2 💢 F YRS. Tennessee 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 899 Longview Ave. DIRECTOR Pasadena Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 899 Longview Ave. 21122 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No—
If yee, specify Cuban, Mexican, Puarto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES t4. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married specify: White ВУ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 165 KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) Elamentary/Secondary (0-12) College (1-4 or 5+) Homemaker Domestic 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Washington Otey Duffey **Irene** Cornette BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Andrew J. Black 899 Longview Ave., Pasadena, MD 21122 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 M Cremation 3 ☐ Ramoval from State
4 ☐ Conation 5 ☐ Other (Specify) _____ 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stata Metro Crematory, Inc. 11/15/91 Catonsville, MD 21. SIGNATURE OF FUHERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD mann 21122 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, **Approximate** shock, or heart fallure. List only one cause on each line. Interval Between **Oneet end Deeth** IMMEDIATE CAUSE (Final resulting in death) static CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAR ARI E PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 THO t TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 TYES 2 MINO rsing Home 5 Rasidence 6 - Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nu 27. MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide a Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 / MEDICAL EXAMINER: On the basis of exemination and/or sured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE 30

40

Caven

32. REGISTRAR'S SIGNATURE Davidson

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

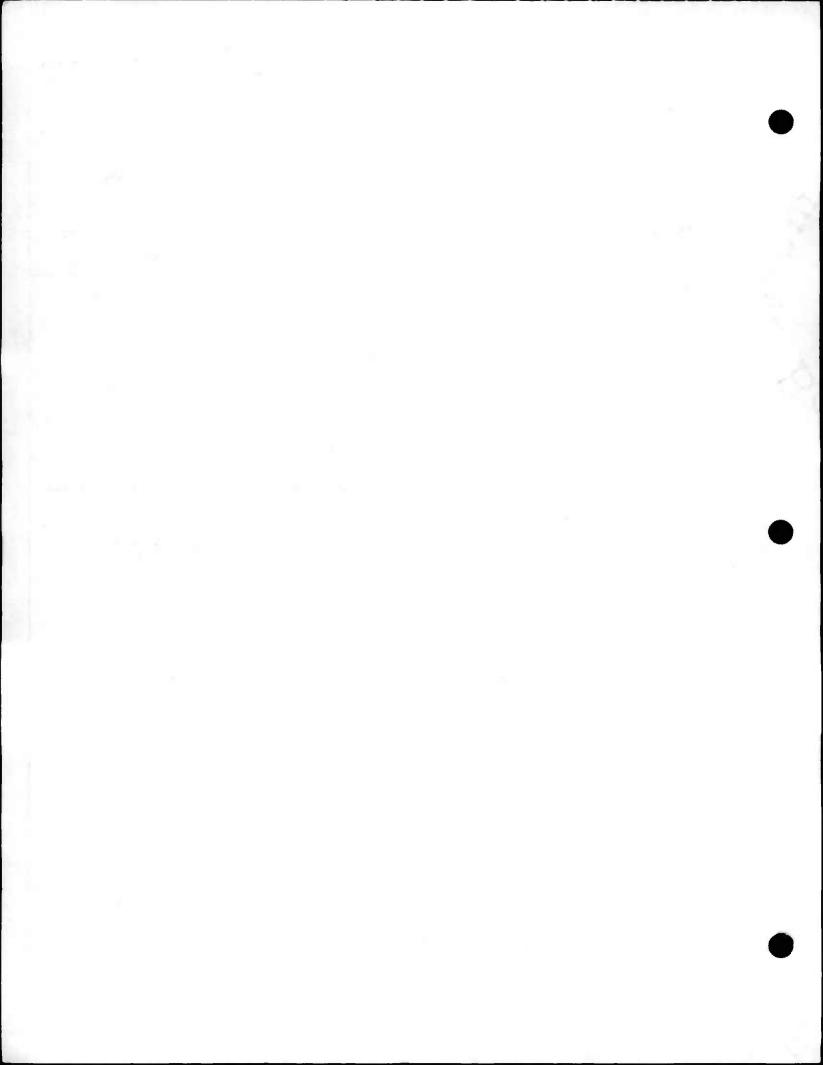
OCV

1991

31. DATE FILED (Month, Day, Year)

NOV 1 a





TO BE COMPLETED BY FUNERAL DIRECTOR

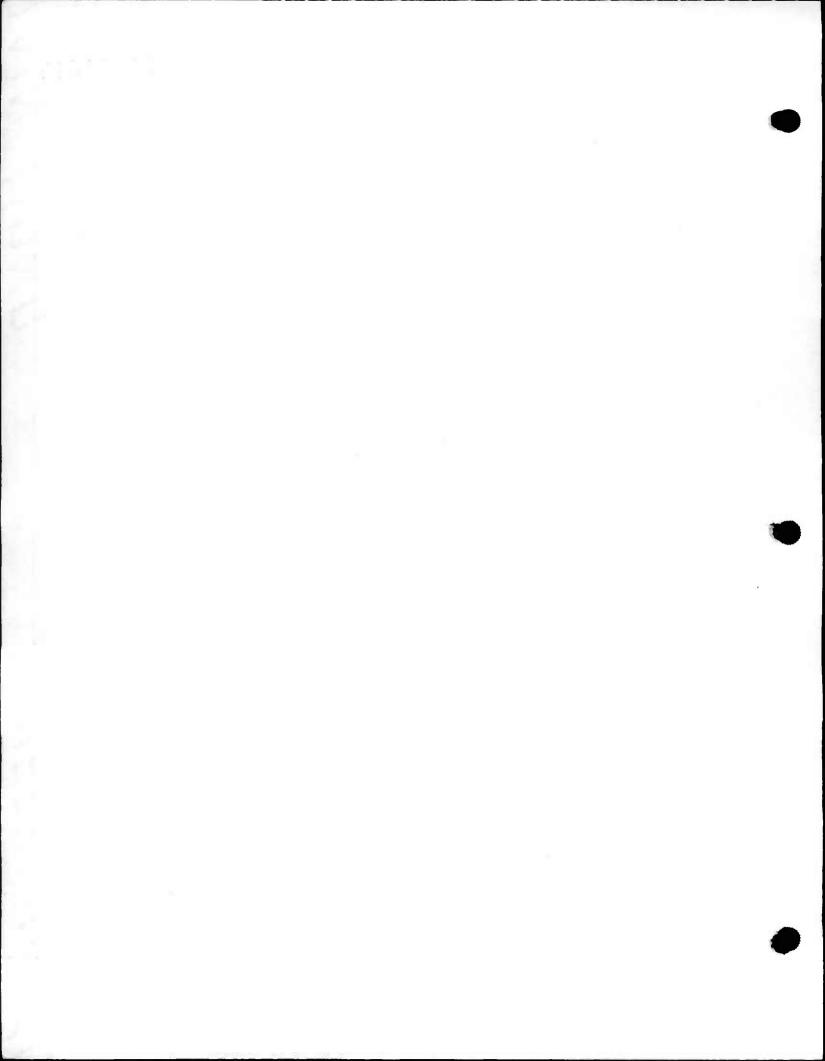
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After th	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	Ĺ		,

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN		1 01014
1. DECEDENT'S NAME (First, Middle,	Lest)		7112 01		2. DATE OF DEATH		3. TIME OF DEATH
Katherine	' L.	Bricke	tt		Nov. 17	-	250 pm
4. SOCIAL SECURITY NUMBER	the state of the s	in yrs. last birthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	HATHPLACE (State or Foreign
216-05-1561	1 □ M 2 X F 78	YRS.	ONTHS DAYS	NOURS MIN.	Apr. 3 1	913	Maryland
9e. FACILITY NAME (If not institution,	_			R LOCATION OF DE	HTA	9c. COUNTY	
Glen Mead	ows Nursing H	ome (Glen A	rm		l Ba	Itimore
	OUNTY	10c. CITY, T	OWN OR LOCAT	ION	•		10d. INSIDE CITY
Maryland Ba	ltimore	/ Gler	Arm				LIMITS?
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
11630 Glen Ar	m, Road L-24			21057		USA	4
11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No- 14.	RACE — American Indien, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specify			Specify: White
15. DECEDENT		16e. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUST	
(Specify only highest Elementary/Secondary (0-12)	t grade completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	k done during mo etired.)	st of working			
		Volun	teer		Social	Work	
17. FATHER'S NAME (First, Middle, La	st)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
George Sa	muel Lopez			Harr	iet Ellen	Druery	
190. INFORMANT'S NAME (Type/Print					Route Number, City or Tow		
Robert D. Bri	ckett, Sr.	11630	Glen	Arm Rd.	. L-24, GI	en Arn	n, Md.21057
20e. METHOD OF DISPOSITION 1 Description 2 Cremetion 3 C	Removal from State	other place)				CATION — City	
4 Donation 5 Other (Specify 21. SIGNATURE OF FUNERAL SERV		Dulaney V		/IEMOTIAI	Gardens	Imonit	ım, Md.
D/1/0/2	1) Lary				hell-Wiede	feld	
Bry	an W. Clary						n, Md.21093
	a, or complications that cause flure. List only one cause on a		enter the mo	de of dying, suc	h aa cardlac or resp	iretory srrest,	Approximate interval Between
IMMEDIATE CAUSE (Final					1		Onaet and Desth
disease or condition resulting in death)	· Cardi	CONSEQUENCE OF):	navy	Arres	1		
	DUE TO (OR AS	CONSEQUENCE OF):			and and		
Sequentially list conditions,	1 /19h	CONSEQUENCE OF:	o vosce	104 ac	cident		d days
if any, leading to immediate cause. Enter UNDERLYING			COP	(1)			1.00
CAUSE (Disease or injury that initieted events	C. DUE TO (OR AS A	STA 65 CONSEQUENCE OF):	01				y tang
resulting in death) LAST		nary an	./	d 1 52902			year.
							1
	nditional contributing to deeth t	The state of the s			Part I. 24e. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
(O x 4 6 6,	r dependent /	Teroi ci	GEPPHO	Jew	1 _ YES :	RO	COMPLETION OF CAUSE OF DEATH?
						(-	1 TES 2 NO
AL 1990 CLOS DESERVED TO MEN	 1						
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
1 VES 2 NO	1 Inpatient 2 ER/Out	26b, TIME	/-	URY AT	6 Other (Specify) 28d, DESCRIBE HOW	IN ILIDA OCCID	ED.
1 Natural 5 Pendin	(Month, Day, Year)	INJUR	RY WC	PRK?	zoa, promor non		
2 Accident Investig	28a. PLACE OF INJURY	' — At home, ferm, str			28f. LOCATION (Street	and Number or F	Rural Route Number,
4 Homicide determi		cffy)			City or Town, State)	
290. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my know	riedge, death occurred	at the time date	end place, and the	to the causalet and me	Pateta es seno	
CONSON ONLY	CAMINER: On the basis of examination						euse(e) end manner as stated.
29b. SIGNATURE AND TITLE OF CE			A STATE OF	29c. LICENSE NU			QNED (Month, Day, Year)
9	- M			0279	7.5	> //	1/12/91
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	11/0//	, 0	1 ((14 ()
DAVID /	NeclureMD	1131	Bel	Ain Re	nd cell	in A	d 21014
31. DATE FINEDTIMOPHY Day, Year O	91 32. PEGISTAR'S SIGI	MATURE					



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARY CANNOLES

1 -

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospit	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached bed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	
the	deta	
d by	od b	
taine	shou	
De re	6 5	
Tay	pad:	
9 9	ector	
Pag	al dir	
eath.	funer	
ter d	the yal	
Sa	re Jy	
DOL	led i	
in 24	ely fil	
With	crem	
uted	l con	
ехес	to be	
e pe	Sicial	
iffical	phy ene	
Cer	Hydin	
death	affe	
the	y the	
that	ed by	
uires	sign	
beJ /	been t. of	1
e law	has	-
E	Cate	
CA	the	
PHYS	this (with	
ING	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the led within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crenation, or removal,	
JENG TENG	DR:	,
RAT	RECT Urs a	
4F 0	2 Po 2	i
SPIT	NER/	1
P 19	E F	i
T	I	-

NOVEMBER 18,91 Mary A. Cannoles 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) 212018061 1 M 2 XF MONTHS DAYS HOURS 82 YRS. 02/02/09 the burial-transit permit, Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. Harford Edgewood FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 1367 Harford Square Drive 21040 or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If wea. specify Cuban, Mexicen, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 27 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexicen, Puerlo Rican,

1 YES 2 NO Specify: 1 Never Married 2 Merried В 3 Widowed 4 Divorced for use as 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade con 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) 12 Home Maker Home once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) je. John George Etzel BE Christine Fulda notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 1367 Harford Square Drive George K. Cannoles Edgewood, MD. 21040 be 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place).

Gardens of Faith Cemetery 20c. LOCATION - City or Town, Stata examiner must 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify) Buriel 2 Cremation 3 Removal Irom State Baltimore, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Dippel Funeral Home, Inc. 7110 Belair Road Baltimore, MD. the medical 23. PARTA. Enter the ions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, IMMEDIATE CAUSE (Final disease pr condition HBART BALLURGE
DUE TO (OR AS A CONSEQUENCE OF): event, reaulting in death) traumatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 23 shows any 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Hem 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED (Month, Day, Year) 1 Natural 5 Pending Investigation 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, Ierm, streel, lactory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) S 8 Could not be COMPLETED 28 4 Nomicide Hem 29e. CERTIFIER

(Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner es stated. TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occursed at the time, date and place, and due to the ceuse(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 017322 NO oveni D11/18 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHURCH HOSPITAL CORDORATION 100 N. BROADWAY BALTIMORE, MARYLAND

DR. ATAOLLAH NAZEMI, M.D.

31. DATE FILED (Month, Day, Year) NOV 1 9 1991 122. REGISTRAR'S SIGNATURE Tuna Davidson-Mandall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9

2. DATE OF DEATN

3. TIME OF DEATH

6. BIRTNPLACE (State or Foreign

Maryland

10d. INSIDE CITY

14. RACE — American Indien, Black, While, etc.

White

21206

Onset and Death

Approximate Interval Between

BARS

24b. WERE AUTOPSY FINDINGS

AWAIL ARL F PRIOR TO

OF DEATH? 1 YES 2 NO

PLETION OF CAUSE

U.S.A.

Specify:

1 VES 2 NO

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	ay be retained by the hospital or attending physician.	page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should	be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH MARIE L. YEAR **CUNNINGHAM** NOV. 12,1991 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 520-28-1498 59 DAYS HOURS MAY" 5, 1932 1 M 2 X F YRS. WYOMING 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH FUNERAL DIRECTOR 1573 CURTIS AVE. GLEN BURNIE. ANNEARUNDEL RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS 7

1 YES Z NO MD. ANNE ARUNDEL GLEN BURNIE 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1573 CURTIS AVE. 21060 U.S.A. 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 XNO Specify: 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ▼ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. 1 Never Married 2 Merried
3 Widowed 4 Diverced ΒY SpecifyWHITE 1950-1951 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest 2YRS. Elementary/Secondery (0-12) HOUSEWIFE HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) notified at GEORGE F. **BAHR** ALBERTA SADLER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 **JEROME** 1573 CURTIS AVE. GLEN BURNIE, MD. 21060 Н. CUNNINGHAM 30a, METHOD OF OISPOSITION be 20b. PLACE AND DATE OF DISPOSITION (Name of 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 11/13/91 GLEN BURNIE, MD. must METHOD OF OISPOSITION

Burlai 2 Cremation 3 Removal from State

Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 237 E. PATAPSCO AVE. · Stanley M. oewner McCULLY FUNERAL HOME BALTO. MD. 21225 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallura. List only one cause on each line. intarvai Batween **IMMEDIATE CAUSE (Final Onsat and Death** the disease or condition resulting in death) Mulignant 4 nos event, DUE TO (OR AS A CONSEQUENCE OF): e-chral item 23 shows any injury, or other traumatic cdema CERTIFICATION Sequantially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING he-niatusa CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES Z NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, streel, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide determined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee steled. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Ad In Newson 35310 2 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) S. 6 rene 101 trus

Julia Davidson-Handall



NOV19

Y

A (-)

nal-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending on	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
ING PHYSIC	After this co	leath with t	marked,
ATTEND	ECTOR: /	s after o	7 28 Is
AL OR	AL DIRI	2 hour	If Item
HOSPITA	FUNERA	within 72	TANT: 1
TO THE	TO THE	pe filed	IMPORT

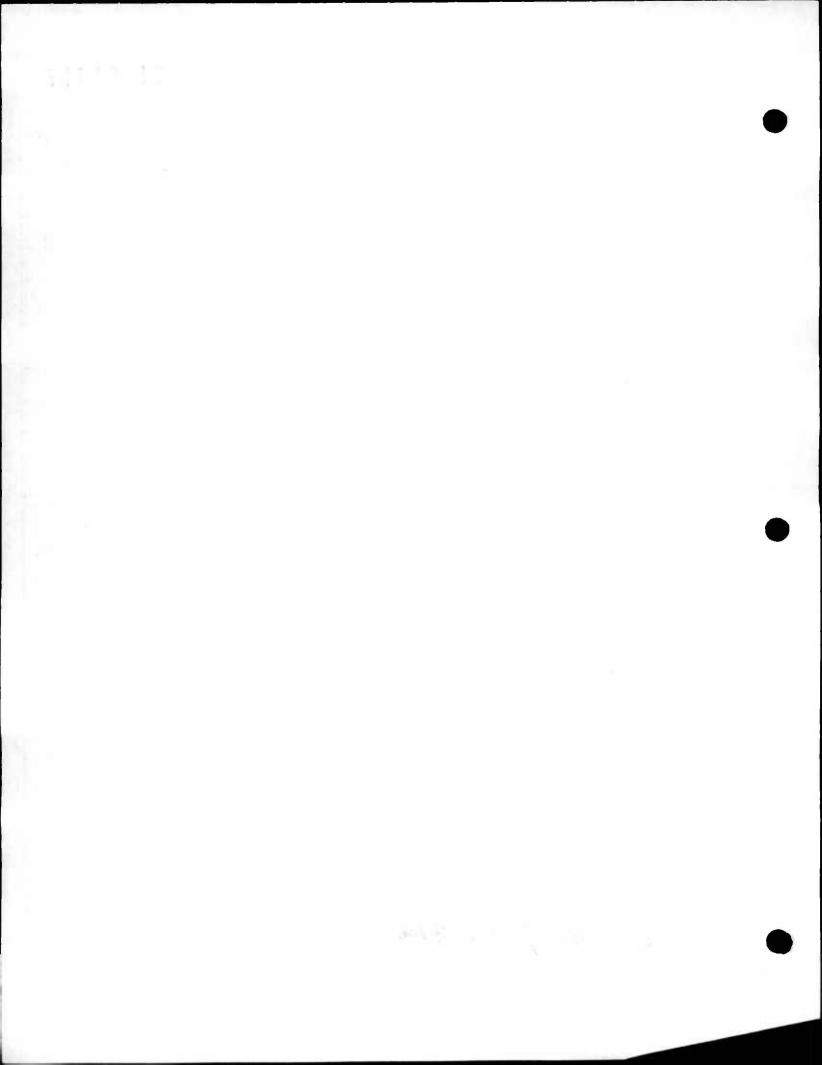
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) L.CURLEY 2. DATE OF DEATN MAR 14.48 pm 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 6. BIRTHPLACE (State 216-18-3692 1 - M 2 F fonth, Day, Ye 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hovebox HOSPITAL CENTRE DIRECTOR BACTIMORE City RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IOc. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Bk.Balto.Md. 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1336 Cambria St. 21225 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yas or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 TES TONO Specify: Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION
[Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th.Grade Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE James Gallagher Seheing Margaret 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr.William R.Curley, Sr. 1336 Cambria St.Balto.Md.21225 20s. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 DiDiter (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State emetery, crematory or other place)
Holy Cross Cemetery 11/19 A.A.Co.Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 Vaner McCully Funeral Home. 130 E. Fort Ave 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, abock, or heart fallure. List only one cause on each line. Approximata interval Batween **IMMEDIATE CAUSE (Final** Onset and Death disease or condition reaulting in daath) 2 wke CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? PERFORMED? 1 TES 2 NO 1 - YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL:
1 Sinpatiant 2 ER/Outpatiant 3 DOA 1 YES 2 NO OTHER:
4 | Nursing Home 5 | Rasidenca 6 | Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation INJUR 1 Natural N BY N 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY - At home, farm, 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED a Could not be 4 Nomicide N A 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) Munees inteen m.D. 91 11/15 2 NAME (AND ADDRESS) OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print)
18038 HUNCEN. 7896 LIALL PINES COURT. GILEN

The Sunday - Pandale



A 68038

BURNIE MD-21061



FOR

	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMENT (OF DE	TH AND	MEN'	TAL HYGIEN			. 0	
	1. DECEDENT'S NAME (First, Middle, Last)	-						2. 0/	ATE OF DEATH		1	. TIME OF O	EATH
	Sam . David		S					mr.	1/16/9			4:46	AM.
	4. SOCIAL SECURITY NUMBER	2000	i. AGE (In yrs. les	7. DA	TE OF BIRTH lonth, Day, Year)	8. BIRTHPI Country)	LACE (State o						
	413-74-5541 9a. FACILITY NAME (If not institution, give s	1 TM 2 F 46 YRS. MONTHS DAYS HOURS MIN.							/7/45			ness	е
OF.	ancis Scott Ke						CATION OF	EATH		9c. COUN	TY OF DEA	тн	
DIRECTOR	RESIDENCE OF DECEDENT	y nos.			Bali	timo	re						
H	10a, STATE 10b, COUNTY	TY 18c. CITY, TOWN OR LOCATION									1	Od. INSIDE C	SITY
	Md.	Baltimore									1	X YES 2	
RA	10e. STREET AND NUMBER	C+				10f. ZIP				10g. CITIZ	EN OF WH	AT COUNTRY	17
FUNERAL	336 S. Macon		EVED IN ILE AD	MEO	40.000	_	Md.		224	US			
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO If YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HI If yea, specify Cuban, M 1 ☐ YES 2 ☑ NO S						an, Puar	GIN? (Specify Ya to Rican, atc.)	s or No	14. RACE - Black, 1 Specify:	- American I Whita, atc. Whi	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCU	PATION	7.1		16b. KIND OF BU	ISINESS/INDU	JSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 1		ork done duri e retired.)								
8	Unkno	own	I	Dept	. Of					lto.	Cit	. У	_
	17. FATHER'S NAME (First, Middle, Last)	a m a						AME (Firs	sl, Middle, Maiden	Surname)			
8	Beecher Clemo	ons	100	MAHINO	10000000		Ruth						
2	19a. INFORMANT'S NAME (Type/Print) Wallace W. Grogg Jr. 338 S. macon St Balto. Md. 21224												
	20a. METHOD OF DISPOSITION 1 XBurtal 2 Cremation 3 Ramo		205 PLACE A	MODATEO	E DISPOSITIO	M (Mama of						. Stata	
	4 Donation 5 Other (Specify)		Oak	Law	n Cen	nete:	ry 1	1/	19/91	Bal	to.	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAN	AE AND AD	ORESS OF FA	CILITY	n Fune				
	Willet								oring				C.
	23. PART I. Enter the diseeses, or control ehock, or heert failure.	omplications that c	eused the de	eth. Do n	ot enter the	mode of	dying, aud	h aa c	ardiec or reep	iratory erre	st,	Approx	
	IMMEDIATE CAUSE (Final disease or condition										Batween and Death		
	resulting in death)	DUE TO (O	R AS A CONSEQ	UENCE OF	PIIC	91	10 CI						
Z									12d	lay s			
AŢ	If any, leading to immediate cause. Enter UNDERLYING			UENCE OF	: 0							1	•
E E	CAUSE (Disease or Injury that initiated events	DUE TO (OF	R AS A CONSEO	UENCE OF	٥							unk	now
CERTIFICATION	resulting in death) LAST	TV	DA									luni	Know
CC	PART II. Other eignificant conditions	e contributing to de	eth hut not re	aultina ir	the under	tutus and						1	
CAL	PCP POPUMO							Pert I.	24a. WAS AN PERFOR		A	ERE AUTOPSY AILABLE PRIC	OR TO
MEDI	Costritis	Duodeni		1 6	100	140	ett,		1 X YES 2	NO 🗆		DMPLETION OF DEATH?	F CAUSE
2	The parties of	240000111	113		177.	7 17					1	YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	6. PLACE C	OF DEATH (Ch	eck only	one)				
Sic	1 TYES 2 NO	HOSPITAL:	R/Outpetient 3		OTHER:	Home 5	Realdenca	8 🗆 Ot	her (Specify)				
F	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN. (Month, Day,	JURY Ybar)	28b. TIME INJU		. INJURY A	т	28d. D	ESCRIBE HOW I	NJURY OCCU	IRED		
ΒY	2 Accident Investigation	1000			M 1	YES	2 🗌 NO						
TED	3 Suicida 8 Could not be 4 Homicide detarmined	28a. PLACE OF II building, atc	NJURY — At hom. (Specify)	ne, farm, st	reat, factory,	offica		28t. LC	CATION (Street a ty or Town, State)	and Number of	r Rural Rout	e Number,	
COMPLET	29a. CERTIFIER (Check only	DAN: To the best of my	knowledge, des	th occurred	st the time,	deta and p	laca, and dua	to the c	cause(a) and mar	ner as stated	1.		
ON	2 MEDICAL EXAMINER	t: On the basis of axam	ination and/or in	vestigation	, In my opinio	on, death o	ccured at the	time, de	He and place, an	d dua to the	cause(a) ar	nd manner as	a stated,
ш	29b. SIGNATURE AND TITLE OF CERTIFIER						LICENSE NUI					gnih, Day, Yea	
TO B	160g 4 Dr	cue-				1	194	18		•	11/16/	91	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре, Р	Print)								
	31. DATE FILED (Month, Day, Year)	32 FOISTDANE	SIGNATION :-										
	NOV 1 9 1991	Silva Day	reson-Ro	ndell									



DHMH-16 Rev 1/89

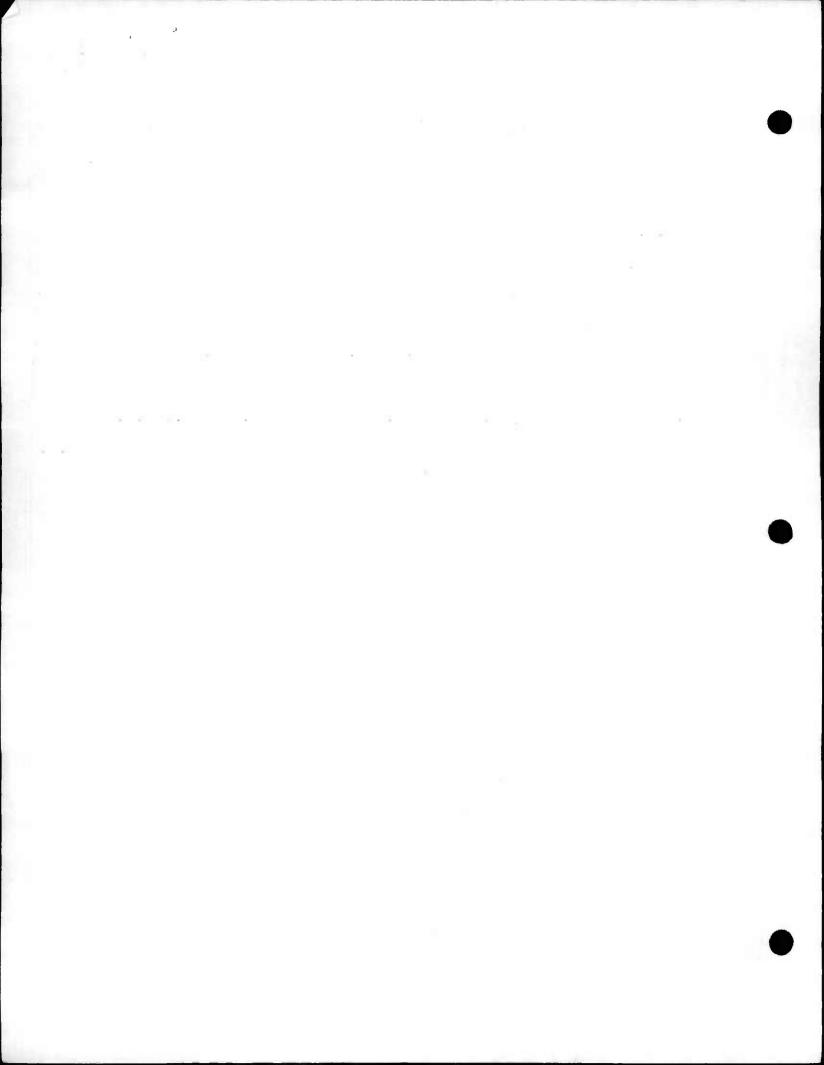
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Deat of Health and Mempal History to hurial companion or companie.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Deat of Health and Mental Hickien and to burial command.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other transactioneur; consoning examiner must be notified at once

	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH 3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. lest high-day) IE INDEED 1 VEAR IE INDEED 1 VEAR	11/16/91 YEAR 6:26 AM							
		RS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)							
	The.	(Month, Day, Tear) 1/23/13 S. Carolina							
_	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION O	F DEATH 9c. COUNTY OF DEATH							
P	Francis Scott Key Hos. Baltimore								
E C	The China	10d. INSIDE CITY							
DIRECTOR	Md. 106. COUNTY 106. COUNT								
BY FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE	1 ☐ YES 2X NO							
ᄪ	117 Williams Ave. 2122								
15	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HIS	SPANIC ORIGIN? (Specify Yee or No. 14. RACE - American Indian							
<u>×</u>	S → Never Married 2 → Merried FORCES? 1 X YES 2 NO If yes, specify Cuben, Me IF YES, GIVE WAR OR DATES 1 YES 2 X NO St	oxicen, Puerlo Rican, etc.) Bleck, White, etc. Specify: White							
1 11	(Specify only highest grade completed) (Give kind of work done during most of working	166. KIND OF BUSINESS/INDUSTRY							
P	Conege (1-4 of 5+)	Will Dath a.							
COMPLETED		Mill Beth. Steel NAME (First, Middle, Meiden Surneme)							
BE C		Herron							
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Ri								
유	Anna W. Cook 117 Williams A								
	20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION — City or Town, State							
	Cemetery or other (Specify) Cemetery C	1/16/9 Balto. Md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF	FACILITY							
	Isradiey-A	shton Funeral Home, Inc. ow Spring Rd. 21222							
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying								
	shock, or heert failure. List only Dne ceuse on each line. iMMEDIATE CAUSE (Final	Approximate interval Batween Onset and Death							
	disease or condition								
	resulting in death) e. / / / C/TE DJ - L J N - / TKC J J DUE TO (OR AS A CONSEQUENCE OF):								
z	GIT BLEEDTNG	ZWEEKS							
일	Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury)	IALYSIS DEPENDENT YEARS							
Ė	that initieted events DUE TO (OR AS A CONSEQUENCE DF): resulting in death) LAST								
CERTIFICATION	d								
CAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given								
	CORONARY ARTERY DISEASE	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS							
MEDI		0F DEATH? 1 □ YES 2 NO							
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH	(Check only one)							
YS!	1 YES 2 ND HOSPITAL: 1 YES 2 ND HOSPITAL: 1 OTHER: 4 Nursing Home 5 Redden	ce 8 🗆 Other (Specify)							
H	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c, INJURY AT	28d. DEŞCRIBE HOW INJURY OCCURED							
B	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 No								
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify)	281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)							
E									
릴	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end	due to the ceuse(e) end menner ee stated.							
COMPLETED	one) 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, death occurred at	the time, date end piece, end due to the ceuse(e) end menner se stated.							
BE C	29b. SIGNATURE AND TITLE OF CERTIPLER 29c. LICENSE	NUMBER 29d. DATE SIGNED (Month, Day, Year)							
10	Kallet (. Decline 1) D42	210 11/16/91							
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	21224							
	ROBERT DECKMANN 4940 EASTE	RN AVENUE. BALT MO							
	31. DATE FILED (Month, Day, Year) 32. REGIST RAP'S SIGNATURE								
	1///0/14/12								

DALLIMONE, MANIEAND 21203-3140	after death. Page 6 may be retained by the hospital or attending physician.	y the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	cal examiner must be notified at once.
DIVISION OF VITAE RECORDS, T.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a not made from a fee from the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		SIAIE UF M		ERTIF	ICATI	E OF	DEAT	ANU M	ENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Midd	die, Last)		1	<u> </u>	10/		L		2. DATE OF	DEATH			. TIME OF DEATH
	Edith	L	LAPE	MAH	et					нтиом	DA		EAR	20:30 M
	4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	6.	BIRTHPL	ACE (State or Foreign
	217-24-3994	1	□ M 2 F	63	YRS.	MONTHS	DAYS	HOURS	MIN.	7 - 23	192	8	Country)	PA.
	9a. FACILITY NAME (If not institution	ion, give stree	t and number)			9b, CITY	Y, TOWN O	R LOCATIO	ON OF DEA	тн		9c. COUNT	OF DEA	тн
DIRECTOR	MERCY MEDIC		ENTER			BAL	TIM	ORE						
5	RESIDENCE OF DECEDI 10a, STATE 10b.	V TOWN	001001	ION .										
Ĕ I	M.D.	- 111	ry, town on location LTIMORE								Od. INSIDE CITY LIMITS? YES 2 NO			
	10e, STREET AND NUMBER				DAI	17 777		ZIP CODE	F.	-		100 CITIZEI	_	AT COUNTRY?
¥	702 E. COL			100		218				S	AI COUNTAIT			
FUNERAL	11. MARITAL STATUS		2. WAS DECEDENT		U.S. ARMED 13, WAS DECENDENT OF					C ORIGIN?	Specify Yes			- American Indian
	1 Never Married 2 Marri	ried	FORCES? 1 [YES 2	NO		If yes, spe	city Cube		Puerto Ric			Black, \ Specify:	- American Indian, White, etc.
B	3 Widowed 4 Divorced		,	on ballo			1 103	X	арвину.					LACK
COMPLETED	15. DECEDEN (Specify only high	NT'S EDUCAT	TION mpleted)	184.	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	N at of workin	107	16b, K	IND OF BUS	SINESS/INDUS		
91	Elementary/Secondary (0-12)		College (1-4 or 5+)		Me. Do NOT u	se retired.)		or working		1				
₹ I	12		4	E.	XEC.	ASS	Т.					OF ED	UCA	TION
8	17. FATHER'S NAME (First, Middle,									E (First, Mid	idle, Malden	Surname)		
B	HARRY E, BR								CATR					OWDEN
2	19a. INFORMANT'S NAME (Type/P		ADM TD									n, State, Zip Co	,	01010
	J. MARTIN C									-N.	_			21218
	20a. METHOD OF DISPOSITION 1 Disposition 3	3 🗆 Remove	al from State	20b. PLAC	RISON	SITION (N				7 A A C		CATION — CH		
	4 Donation 5 Other (Special Street, Special St		ieste) /] -	J-GAR	RISU	_			ETEI		I OW	INGS	MILL	LS, M.D.
	7 120.00	00 /	2/10/			22	, NAME AP	IU AUUNC	33 UP PAC	ILIT				
	June	UK	Red	/		R	EDD	FUN	IERA I	L SE	RVIC	E 172	1 N	MONROE
1	3. PART I. Enter the diseet shock, or heart	ses, or cor	tiplications the	caused the	deeth. Do	not anta	r the mo	de of dyl	ing, such	as cardie	c or respi	ratory arres	t,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel													Onset and Death
	disease or condition resulting in death)	8.,	Ser	515										
			Con-	OR AS A CON	Α :									
N	Sequentially liet conditions	. D.		BIE			7							
Ĕ	if sny, leeding to immediate cause. Enter UNDERLYING	0		OR AS A CON			1	22		100				
길	CAUSE (Disesse or Injury	C		OR AS A CON			<u> </u>	ia	no	en_			_	-
Ē	that initieted events resulting in death) LAST		332 10 (OII AD A COII.	SECOLINOE C	. ,.								į į
CERTIFICATION		d												1
A	PART II. Other significant c	conditions	contributing to	death but no	t resulting	in the u	nderlying	ceuse (given in F	Part I. 2	4a. WAS AN PERFOR			PERE AUTOPSY FINDINGS
DICAL										_ 1	YES 2		C	OMPLETION OF CAUSE OF DEATH?
WE										_				☐ YES 2 Ø NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?		HOSPITAL:					ACE OF D	EATH (Che	ck only one)				
S	1 TYES 2 ANO		Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHE		• 5 □ Re	esidence 6	Other (Specify)			
E	27. MANNER OF DEATH	50%	28a. DATE OF (Month, Da		28b. Til	ME OF JURY	28c. INJ WO	URY AT		28d. DEŞCI	RIBE HOW I	NJURY OCCU	RED	
BY	1 Natural 5 Pend 2 Accident inves	ding stigation				М		/ES 2 [] NO					
	3 Suicide 8 Could 4 Homicide deter		28e. PLACE Of building,	INJURY — At etc. (Specify)	home, farm,	etreet, fac	ctory, offic	•			ION (Street (Yown, State)	and Number or	Rural Rou	ite Number,
COMPLETED	4 Homicide deter	rmined												
7		NG PHYSICIA	AN: To the best of	my knowledge,	deeth occur	red at the	time, date	and place	, and due I	to the cause	e(a) and mai	nner as stated		
9	29s. CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as at (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to										nd place, an	d due to the	cause(a) t	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
				192				29c. LIC	ENSE NUM	BER		29d. DATE S	SIGNED (A	fonth, Day, Year)
BE			rem	10				29c. LIC	ENSE NUM	BER		29d. DATE S	SIGNED (A	Aonth, Day, Year)
		CERTIFIER	COMPLETED CAUS	1) E OF DEATH (I	TEM 27) (Typ						• /	> /	1/1	2/91
BE	296. SIGNATURE AND TITLE OF	CERTIFIER	COMPLETED CAUS HONY	e of Death (I	TEM 27) (Typ		20 S				St,	> /	1/1	Aonth, Day, Year) 2/9/ MD 24201





permit. Pages 1, 2, 3 should

burial-transit

use as the

detached for

2

notified at

ained	hould		Med
e ret	5 5		TO TO
ay b	page		l be
E 9	ector,		mus
Page	J dire		ner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	_	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
affer	y the	nova	E3
SUL	티	r ren	edi
Ĕ	filled	0,00	ne n
thin .	stely	mati	1, 1
₩ P	omple	l, cre	ever
secute	o pur	pring	atic
3e ex	ian a	or 10	E
ate	hysic	bud a	i tr
ertific	d Du	gien	age of
ath o	tend	a E	9
e de	the ar	Ment	jery
at th	2	and	y in
es th	gned	eaith	2 3
requi	S Uas	Ĭ.	Pho w
AMP.	as be	Sept.	23
The	ate h	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
CIAN	ertific	the S	9
HAS	his c	With	Ked,
NG P	ther t	ath	mar
END	R. A	er de	.00
ATT	ECTO	rs aft	n 28
L GR	- DR	hou	Te l
PITA	ERAL	in 72	T: H
HGS HGS	S	with	TAN
里	E	filed	POR
2	2	2	Ξ

Item: 7 per F.H. G-682 12/18/91 reb 3 | 62 | 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH lliam DAY 16 PH PEAR 11 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 217-24-0347 1 M 2 F 63 YRS. May 22, 1929 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy Hospital Baltimore City 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Harford Maryland Abingdon 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2527 Parliament Drive 21009 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES White BΥ 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 5 + Elementary/Secondary (0-12) United Way Assoc. Campaign Manager 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surne Frank Dumps Anna Sellner BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Mary E. Dumps 2527 Parliament Drive Abingdon, Maryland 21009 20a. METHOD OF DISPOSITION

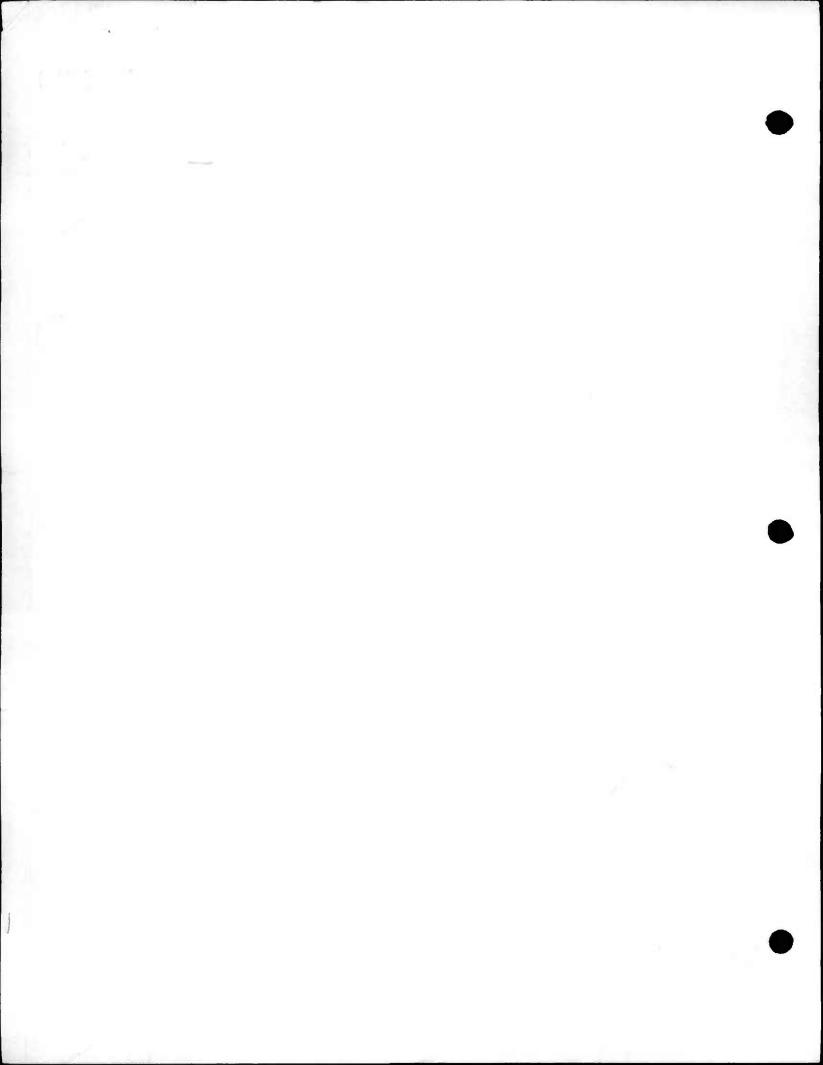
1X Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, Stata Bel Air Memorial_Cemetery 11/22/91 4 ☐ Donation 5 ☐ Other (Specify) Bel Air Maryland 21. SIGNATURE OF FUNES 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road 21214 23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Finel **Onset and Death** Buployed disease or condition___ reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) IVes PAI CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PERFORMED? COMPLETION OF CAUSE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO entient 2 ER/Outpetient 3 DOA ng Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED Could not be 4 Homicide --termined 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Van 1691 D 11 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE_FILEO (Month, Day, Year) 1001

BIAD

MANIN

32. REGISTRAR'S SIGNATURE Savidson Randelles



permit. Pages 1, 2, 3 should

producting in mysteria of the particular of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-		
Part of the last	the		
ditto	36 36		
5	for a		
2	ched		
5	deta		
2	ld be		3
O CERTIFICATION	Shor		. 6161
2	ane 5		1
	tor. p		900
2	direc		20
	neral		al ma
	the fu	val.	i ove
	70	remo	dies
	lled if	1, 0	8
	ely fi	nation	46
	mplet	Crer	2000
	00 pt	burial	2 4
	ian ar	r to	-
	mysic	e prio	4
	ling p	ygien	oth
	atten	Ital H	2
	the	1 Mer	infere
	ed by	h and	AME
	Sign	Healt	- ami
	peen	t. of	l ehr
	has ;	e Dec	23
	lficate	Stat	r He
	s cert	th the	9
	er this	th wi	arke
	R: Aft	r dea	, a
		s afte	28
	L DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT Hitem 28 is marked or Hem 23 shows one intern or other transmission areas the marked areas and a second
	VERA	7 uic	17-14
	E FU	d with	RTAA
	D TH	e file	Udh
		Ó	=

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4. SOCIAL SECURITY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Mgnth, Day, Year) 8. BIRTHPLACE (Str 9c. COUNTY OF DEATH FUNERAL DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION INSIDE CITY MD BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2115 MURA STREET 21213 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-If yes, specify Cuban, Mexicon, Puerto Ricen, stc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried ВҮ 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 12TH CONSTRUCTION 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SAMUEL DICKENS MINOLA WEATHERBEE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 814 N. WASHINGTON ST./BALTIMORE, MD 21205 HENRIETTA WEATHERBEE METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata Buriel 2 Cremetion 3 Ramoval from State FOREST VA CEMETERY OWINGS MILLS. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE mes 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximate ahock, or heart fallure. Liet only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final **Onset and Deeth** disease or condition resulting in death) Imall Cell Coccinoma DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART ii. Other aignificent conditione contributing to death but not resulting in the underlying ceuse given in Pert i. PHYSICIAN: MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS meterstases AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO metasteses 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:

1 Pinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO ne 5 - Reeldence 8 - Other (Specify) 27. MANNEB OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural ВУ 1 YES 2 🗌 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 TERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(e) and menner ee stated.

29c. LICENSE NUMBER D/9858



光

2

BE

2

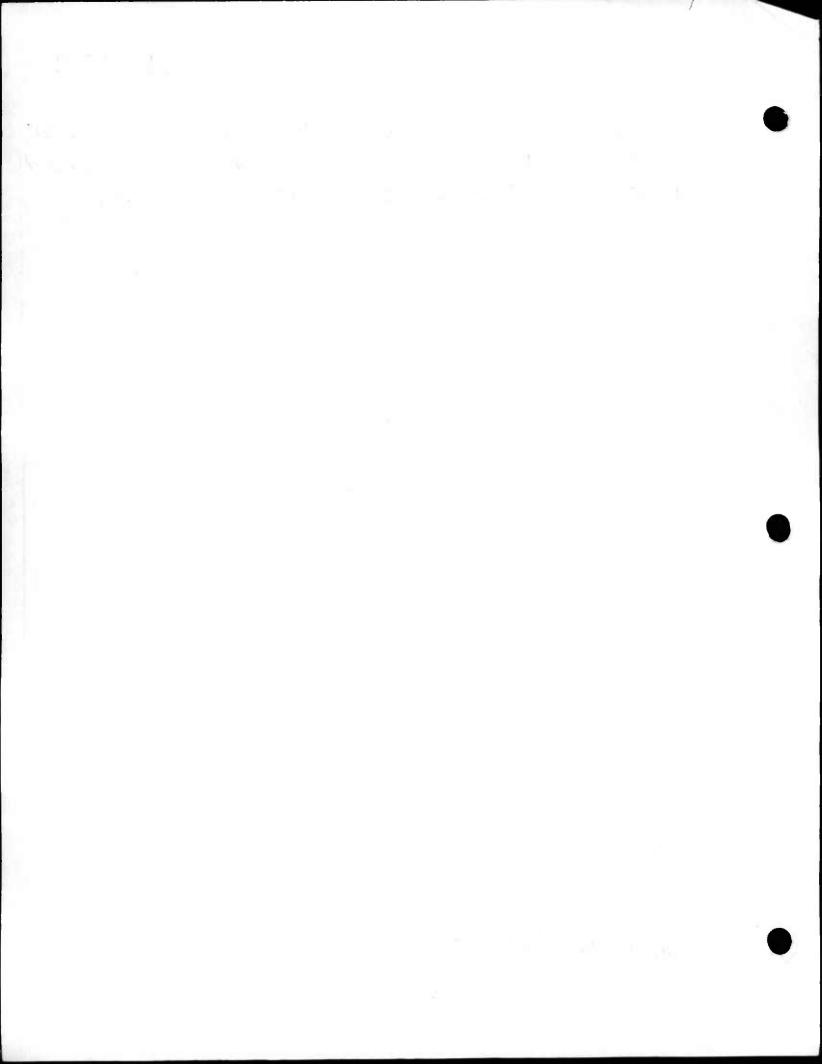
296. SIGNATURE AND TITLE OF CERTIFIEB

1001

32, REGISTRAR'S SIGNATURE Davidson-Randall

30. NAME AND ADDRESS OF PERSON

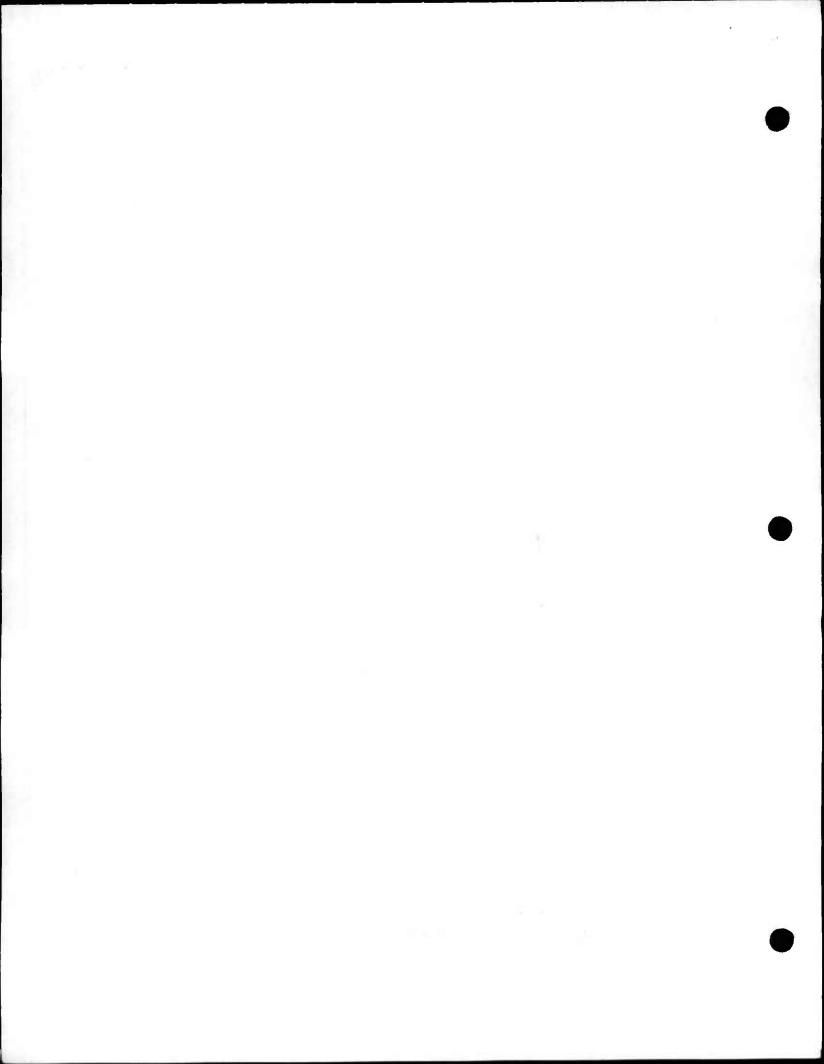
29d. DATE SIGNED (Morth, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriah; be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
--

		1 - FOR STATE REGISTRAR	STATE OF N	/ARYI	AND /	DEPAF ERTIF	RTMENT	T OF H	IEALTH DEA	AND	MENTAL HYGIEN		9	31623		
		1. DECEDENT'S NAME (First, Middle, Last) CHARLES	ı				DASH				2. DATE OF DEATH		9 I AR	3. TIME OF DEATH 6:07 PM		
		4. SOCIAL SECURITY NUMBER 218 12 6699	5. SEX		(In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. The second of the second						7. DATE OF BIRTH JULY 5, 1920			PLACE (State or Foreign Y) Maryland		
2		9a. FACILITY NAME (If not institution, give street and number) NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE RESIDENCE OF DECEMENT									EATH	9c. COUN	TY OF D			
a Carolina	DINEC	10a. STATE 10b. COUNT	8. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CIT LIMITS?				
IAGE	5	8088 Main Creek Road 21122 U.S.														
BV EIN		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARI 2 N			If yes, spe	ENDENT Concept Course	in, Mexice	IC ORIGIN? (Specify Yea or No— 14. RACE — American Indian, Black, White, etc. Specify: White							
ETEN	:	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUS														
of once.	9th grade Service Manager Baltimore Gas & Elect										& Electric					
TO BE	1	19e. INFORMANT'S NAME (Type/Print) Mary L. Dash Mary Box Malling Address (Street and Number or Rural A 8088 Main Creek Rd.										L. McCarter Abute Number, City or Town, Stete, Zip Code) Pasadena MD. 21122				
must be		20s. METHOD OF DISPOSITION Surfal 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify)														
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-0		A:	22.	NAME AN	D ADDRES	SS OF FA	CILITY					
or other traumatic event, the medical		Gonce FH 4001 Ritchie Hwy Balto. MD. 21225 23. PAHT Enter the diseases, a complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, abrock, or heert fallets. List only one gause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF). DUE TO (OR AS A CONSEQUENCE OF). d.														
shows any inju		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO									AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?					
SICIAN		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outo	etient 3	DOA	OTHER 4 Num	l:			s Cher (Specify)					
marked, or BY PHYS		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF I (Month, Da	NJURY		28b. TIME INJ	OF	28c. INJU WOF	IRY AT		28d, DESCRIBE HOW I	NJURY OCCL	JRED			
28 is		3 Suicide S Could not be determined	28e. PLACE OF building, e	INJURY etc. (Spec	— At hom	ie, farm, s	treet, facto	ory, office			281. LOCATION (Street of City or Town, State)	and Number o	r Rural R	oute Number,		
IMPORTANT: If Item 2 D BE COMPLET		29a. CERTIFIER (Check only one) 2 MEDICAL IXAMINEI	CIAN: To the best of r	my knowi	edge, dea	th occurre	d at the tir	me, data a	and place,	and dua	to the cause(a) and mar time, data and place, an	ner sa stated	d. cause(a)	and manner ps. states.		
TO BE C		29b. SIGNATURE AND TITLE OF CERTIFIER	wh	_)				29c. LICE	NSE NUM	256	29d. DATE	SIGNED	Month of the state		
-		JORGE M. RAMIREZ	L, W.D./7	845	OAKW	OOD	Print) ROAD	, SI	JITE	#205	5/GLEN BUR	NIE,	MARY	LAND 21061		
		31. DATE FILED (MORTH) Day, 18-1991	J. WSGISTIAN	S EIGH	Tono	a de la constante de la consta							-			





TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 flow, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	CATE O	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
	Charles	DiPi					11 17 81			550 / M	
	4. SOCIAL SECURITY NUMBER 218-05-5723	8-05-5723 138M 2 F 78 YRS. MONTHS DAYS HOURS MIN. 1 MONTHS MIN. 1 MONTH					E OF BIRTH inth, Day, Year) 25 19	13	8. BIRTH Countr	PLACE (State or Foreign Maryland	
~		9a. FACILITY NAME (If not institution, give street and number)					DEATH		9c. COU	NTY OF D	
5	Francis Scott Key	7]	Baltim	ore					
EC	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY
L DIF	Maryland Balti	more		Dund	alk				1 TYES 2 NO		
FUNERAL DIRECTOR	Cornwall Rd. 2956				1	of. ZIP CODE 2122			WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- II yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TYES 2 NO Specify:					14. RACE Black Specifi	- American Indian, t, White, etc.		
	15. DECEDENT'S EDU (Specify only highest grade	ICATION .	18a. DEG	CEDENT'S US	UAL OCCUPAT	ION	10	Sb. KIND OF BUS	INESS/IND	DUSTRY	wiite
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	mo.	el Wo		ost of working		Bethleh	em S	tee1	
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N					
BE	Guy D 19a. INFORMANT'S NAME (Type/Print)	iPietro				Anna		D	andre		
٩		Pietro	196	MAILING AI	ornwal.	end Number or Rura L Rd.		nber, City or Town			22
	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Rem	ND DATE OF I	DISPOSITION (lame of			wn, Slate				
	21. SIGNATURE OF FUNERAL SERVICE LIG				/19 B	alti	more	Md.			
	Mark O	l Char	hie-	1.		and address of a 1()rowski–C)05 D	undalk	Ave.	Bal	to., Md.
	23. PART I. Enter the diseases, or shock, or heart failure	complications that co	aused the dea	ith. Do not	entar tha m	ode of dying, au	ch sa ca	rdiac or reapi	atory arr	ant.	Approximate
	IMMEDIATE CAUSE (Final										Intarval Batween Onset and Daath
	resulting in death) a. Systemic Sepsis Duk TO (OR AS A CONSEQUENCE OF):									1 Day	
NO.	Sequentially list conditions, Due to (or as a consequence of):									Days	
CAT	cause. Enter UNDERLYING									Works	
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST										0.00
ij		d									
EDICAL	PART II. Other aignificant condition	s contributing to de	ath but not ra	aulting in t	the underlying	ig cause givan in	Part I.	24a. WAS AN A PERFORI 1 YES 2	WEDY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
: ME								1 1 125 2	(S) NO		DF DEATH? 1 VES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				20. 5	1 105 05 051711 10					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	3/Outpetlant 3	DOA O	THER:	LACE OF DEATH (C					
ੜ੍ਹੇ∥	27. MANNER OF DEATH	28a. DATE OF INJ	URY	28b. TIME O	F 28c, IN	ne 5 Rasidenca JURY AT		er (Specify) SCRIBE HOW IN	JURY OCC	URED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1		INJUR	M 1 🗆	YES 2 NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At hom (Specify)	ie, farm, stre	et, lectory, offic	:•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE	CIAN: To the best of my	knowledge, deat	th occurred a	t lhe lime, data	s and place, and du	lo lhe ce	use(s) end manr	ner as state	ed.	
	290. SIGNATURE AND TITLE OF CERTIFIER			vestigation, i	n my opinion,			and place, end			
10 BE	30. MANE AND ADDRESS OF DERSON WAS	1	Sugar		esident	29c. LICENSE NU	743	3	▶ 11		Month, Day, Year)
	The state of the s	M-D- Joh	as Hopk	27) (Type, Pri	Hosp:+	O, Bal	+i~	ore,	MD	21	205
	31. NOV 1 991 9	132. HEGISTBAR'S	SHATUPE PL	1				,			



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fundal-transit narmit pages 1.0 about	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--	---	---	--	--

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)		ORE, SR	2. DATE OF DEATH 100Y	H 3. TIME OF DEATH		
DIRECTOR	4. SOCIAL SECURITY NUMBER 5. SEX 6. A 579-10-1498 98. FACILITY NAME (If not institution, give street and number)	73 YRS. MOH	UNDER 1 YEAR IF UNDER 24 HRS. (THIS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 06 28 1918	8. BIRTNPLACE (State or Foreign Country) VIRGINIA		
	NORTH ARUNDEL HOSPITAL ASSO	OCIATION "	GLEN BURNIE	DEATH 9c. COL	A.A. COUNTY		
	100. STATE 100. COUNTY MARYLAND ANNE ARUNDEL 100. STREET AND NUMBER	N BURNIE		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	1506 EASTWAY		21060		g. CITIZEN OF WHAT COUNTRY? U.S.A.		
COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR O	ES 2 XNO	13. WAS DECENDENT OF HISPA II yes, specify Cuban, Mexic 1 — YES 2 X NO Spec		14. RACE — American Indian, Black, Whita, sic. Specify: WHITE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) NONE		done during most of working red.)	16b. KIND OF BUSINESS/IN	DUSTRY		
	17. FATNER'S NAME (First, Middle, Last)		18. MOTNER'S N	LOCAI. # 101 16. MOTNER'S NAME (First, Middle, Malden Surneme)			
TO BE	FRANK ELMORE 198. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD		MAMIE DAWSON (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
F	MICHAEL S. ELMORE	746 E	BUCKEYE CT. M	ILLERSVILLE, MI	21108		
	20s. METNOD OF DISPOSITION 1 N Burist 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) 1 N BURIST CHURCH CEM 11-18 ALFONSO, VIRGINIA						
21. SIGNATURE OF FUNERAL BERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W. GLEN BU							
	23. PART i. Enter the diseases, or complications that cau shock, or heart failure. List only one cause or	sed the desth. Do not a	nter the mode of dying, au	ch as cardiac or respiratory ar	rest, Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	S A COMSEQUENCE OF	iop othery	, gwd.s	Onset and Death		
LION	Sequentisity list conditions, if any, leading to immediate	S A CONSEQUENCE OF):					
CERTIFICATION	CSUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	S A CONSEQUENCE OF):					
CAL CI	PART II. Other algoriticant, conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY PRODUCT						
MEDI	PVOD		30 G	T YES 2 NO	AMALABLE PRIOR TO COMPLETION OF GALISE OF GEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Chock only one) EXAMINER? HOSPITAL: OTHER:						
HYS	1	vitpatient 3 DOA 4 D	Nursing Home 5 Testdence 26c. INJURY AT	6 ☐ Other (Specify) 29d. DESCRIBE HOW INJURY OCC	CURED		
ВУ Б	1 Matural 5 Pending (Month, Day, Yea 2 Accident Investigation	(7)	WORK?				
TED	3 Guicide S Could not be determined 28s. PLACE OF INJUSTY — At home, farm, street, factory, office building, etc. (Specify)			28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated.						
B	296. SIGNATURE AND TITLE OF CERTIFIER GOLOMO , R	J-D.	299-LICENSE NU	MBER 29d. DATI	E SIGNED (Month, Day, Year)		
70	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF ELMO GAYOSO, M.D./273-F PEN	MD 21012	1,01-11				

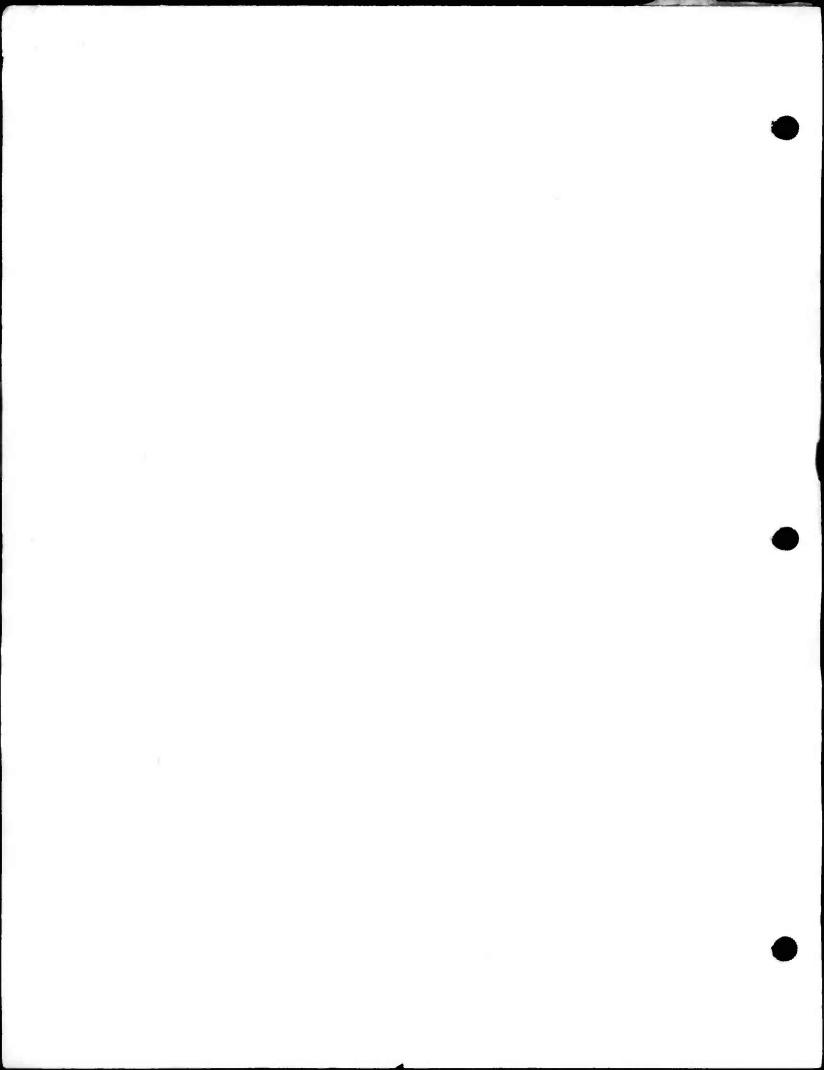


1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Associate death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NDING PHYSICIAN: The law requires that the death certificate be executed withli	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISI	THE HOSPITAL OR ATTEN	THE FUNERAL DIRECTOR IN filed within 72 hours after	MPORTANT: If item 28

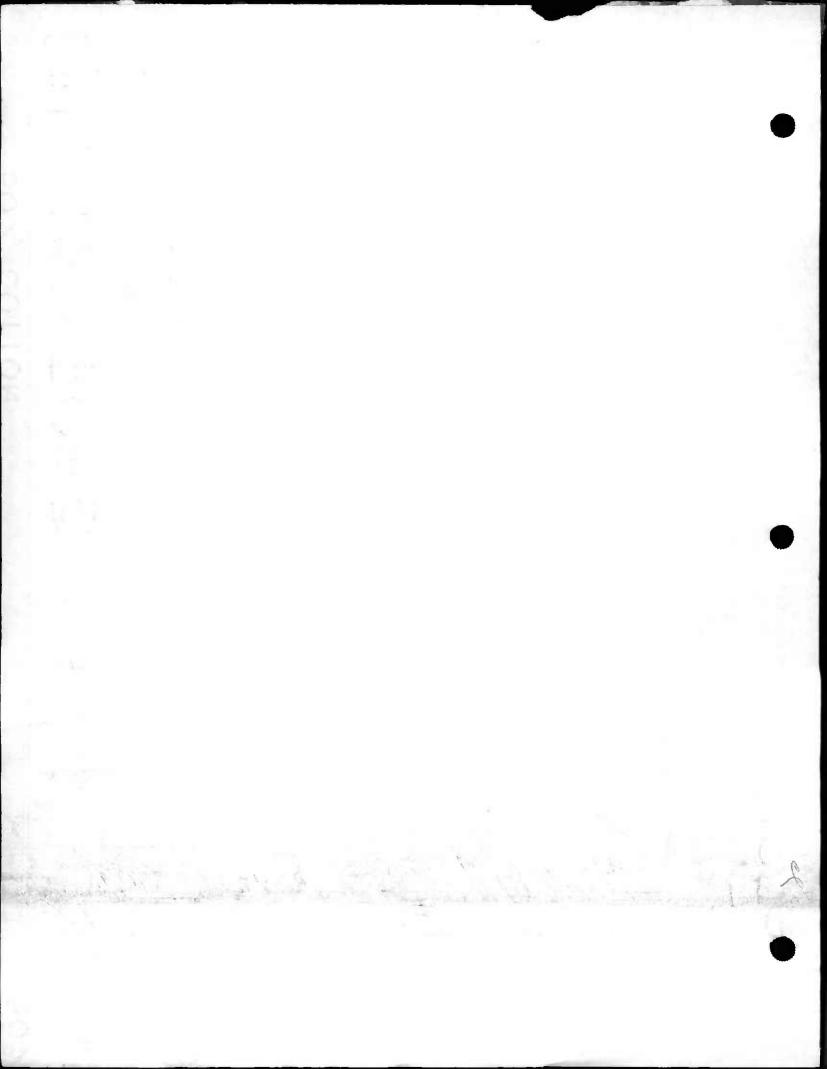
	1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Fennell			2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. las	st birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	9/ 8, BIRT	HPLACE (State or Foreign
	213-20-7286	1 M 2 X F 70	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	Coun	m Md
	9a. FACILITY NAME (If not institution, give :	street and number)	9b. CITY,	TOWN OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
0 B	Bon Secaurs	Hosp.	B	altimore			
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY, TOWN O	R LOCATION			10d. INSIDE CITY
	MY		Ba	1/2			1 YES 2 NO
3AL	10e. STREET AND NUMBER	/ A		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	528 N. Ful	12. WAS DECEDENT EVER IN U.S. AF	OMED 12.1	MAS DECENDENT OF NISPAI	UIC OBICINE (Casally Van	U DAY	, 3.77
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 THE SERVICE OF THE SERVICE WAR OR DATES	NO I	f yes, specify Cuben, Mexica	in, Puerto Rican, elc.)	Blac	E — American Indien, ck, White, etc. city: Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed) (G	ECEDENT'S USUAL OF	CCUPATION during most of working	16b. KIND OF BUSI	INESS/INDUSTRY	
	Elementary/Secondery (0-12)	College (1-4 or 5+)	. Do NOT use retired.)		1		
OMF	17. FATHER'S NAME (First, Middle, Last)		Houseu	The special section is a second	AME (First, Middle, Maiden S	Sumama)	
EC	William O	Iller		Golde	e Wria	ht	
TO B	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDRESS	(Street and Number or Rural	Route Number, City or Town	, State, Zip Code)	, 21228
-	William .	late.	1003 1	trunah A	fre Ca	tonsuil	le, Mich
	29a METHOD OF DISPOSITION 1 Description D	noval from State 20b. PLACE other pi	OF DISPOSITION (Na	me of competery, cremetory of	20c. 190	ATION — City or 1	fown, State
	21. SIGNATURE OF FUNERAL SERVICE LI						
Yula March F/H West 4300 Wabash Avenue							
	23. PART I. Enter the diseases, or	complications that caused the de	eath. Do not anter			etory arrest,	Approximata
	IMMEDIATE CAUSE (Final	List only one cause on each line	в.	- 1			Interval Between Onset and Death
	disease or condition resulting in death) a. Condiac Arguyttamias: DUE TO (OR AS A CONSEQUENCE OF):						
_		OUE TO (OR AS A CONSE	QUENCE OF):	at In	1		
CERTIFICATION	Sequentially list conditions, If any, laading to immediata						
ICA	causa. Enter UNDERLYING CAUSE (Diseasa or Injury						
RTIF	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST					1	
	PART II Other elgoliticent condition	ne contribution to double but not					
SAL	PART II. Other algnificant condition	ns contributing to death but not	reaulting in the Un	idariying cause givan in	PERFORI	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI					1 _ YES 2	Tho	OF DEATH? 1 □ YES 2 □AHO
							7.00
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATN (Ch	neck only one)		
17S	1 YES 2 NO	1 Vinpatient 2 - ER/Outpatient 3		sing Nome 5 - Residence			
	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
р ву	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fact		281. LOCATION (Street at	nd Number or Rura	Route Number,
	4 Nomicide determined building, etc. (Specify)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner se stated.						
00	2 WEDICAL EXAMINER: On the beete of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the ceuse(e) end manner as stated.						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED 290. LICENSE NUMBER D 3066 290. DATE SIGNED (Month, Day, Year)						
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Boy Se coms Has put of,						
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							
	NOV 1 9 1991	Achie Davidson Band	.00				





TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF			TMENT O		EALTH AND DEATH	MENTA	HYGIEN)	31021
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY	YFAR	3. TIME OF DEATH
1	Jewel	J.		ortso	n			Nov			91.	1050 AMM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER 1 YE		IF UNDER 24 HRS.		OF BIRTH			HPLACE (State or Foreign
	216-08-8834	1 - M 2 X F	6	YRS.	MONTHS DA	YS	HOURS MIN.		. 29 1	985	Ma	arvland
16	Sa. FACILITY NAME (If not institution, give str				9b. CITY, TO	WN OI	R LOCATION OF D			7	INTY OF E	
DINECTOR	2812 Parkview T	Terrace			Ba	lti	more		-		-	
Í	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	DCATI	ON					10d, INSIDE CITY LIMITS?
5	Maryland	-		Ba	Itimore	е						1X YES 2 NO
1	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CI1	TIZEN OF	WHAT COUNTRY?
LONERAL	2812 Parkview Te	errace					21214	ŧ .		U:	SA	
5	11. MARITAL STATUS	12. WAS DECEDE					NDENT OF HISPA			a or No-	14. RAC	E — American Indian, ck, White, etc.
	1 Never Merried 2 Merried 3 Widowed 4 Olvorced		1 TYES 2 WAR OR DATES	-Xio			cify Cuben, Mexica 2 NO Specia		rican, atc.)		Spec	
												Diack
3	15. OECEDENT'S EDUC (Specify only highest grade of		16a.	(Give kind of a	USUAL OCCUI	PATIO	N at of working	16t	. KIND OF BU	ISINESS/IN	OUSTRY	
ا ك	Elementary/Secondary (0-12)	College (1-4 or 5		life. Do NOT us	se retired.)							
2				N/A					N/A			
COMPLE	17. FATHER'S NAME (First, Middle, Last)	- al					18. MOTHER'S NA			Surname)		
N N	Victor Kenne	edy					Ruth F					
5	19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural					24244
	Sister Eileen Quir	าท				_	w Terra	ice,				
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremelion 3 Remo	oval from State	of cemet	arv. cremator	or other place)		DAT				own, Slate
-	4 Donation 5 Other Specify		Holy	Rede	emer	<u>Ce</u>		11/	16 Ba	altimo	ore,	Maryland
	21. SHIMATURE OF RUMERAL SERVICE LICE	ENSEE		2			D ADDRESS OF F		M: = -1 = 6			
U	Lowell M.	Lemmo	n		10 1	N.	Padonia	Rd	viedet Tir	eld	ım	Md. 21093
201	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentiely list conditions, if any, leading to immediate	CO	O (OR AS A CON Y PT D S P (OR AS A CON	02101	DM I	1)7	NE ECTION DEFICIENCE				Ų	Onset and Death 2 MO, 2 MO,
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OURED OR AS A CON	SEQUENCE O	IVIVE FI:	L	PEFICIENO	7	SYND	LOME		
MEDICAL	PART ii. Other significent conditions	a contributing t	o deeth but no	ot resulting	in the under	riying	cause given in	n Part i.	24e. WAS A PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL						ACE OF BEATTA	hast: - 1				
2	EXAMINER? 1 YES 2 NO DECLINE!	HOSPITAL:		-	OTHER:		ACE OF DEATH (C					
2	27. MANNER OF DEATH	1 Inpatient 2				_	5 Theeldence			D. 0	0011555	
ם אם	1. Natural 5 Pending 2 Accident Investigation	28a. DATE C (Month,	Day, Year)	28b. Till	JURY	WO	URY AT RK? 'ES 2 NO	28d. DE	SCRIBE HOW	INJURY O	CCURED	
	3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — AI g, atc. (Specify)	home, farm,	street, factory,	office			CATION (Street or Town, Stet		er or Rural	Route Number,
COMPLEIED	29e. CERTIFIER 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE											(e) end menner ee stated.
ם מב	29b. SIGNATURE AND TITLE OF CERTIFIER	norley	A	del)		29c. LICENSE NU D32			29d. D/	TE SIGNE	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO		USE OF DEATH (31 S.	e, Print) GAEEd	J	PT1	2420	06 B	ETIM	ONE	CITY
	JOHN FARLEY AS 31 S. CREEN ST RM 206 BUTIFORE CITY 31. DATE FILED (Month. PROTER) 19 1991 REGISTRAN SIGNATURES ON ACADELLE											



ENE	21	3	Í	D	4
10					

	1 - STATE REGISTRAR		CERTIFIC	CATE C	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	FFR	ANCES VIE	RGINIA	FROMM	2. DATE OF DEATH DA	" IL YEAR	3. TIME OF DEATH
ì		8. AGE (1	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 11/1/1922	Cou	THPLACE (State or Foreign intry)
OR	98. FACILITY NAME (If not Institution, give street a Harbor Hospital Ce				wn or Location of De more City	АТН	9c. COUNTY OF	
DIRECTOR	100. STATE 100. COUNTY Maryland Anne A	rundel		timor				10d. INSIDE CITY LIMITS? 1 YES 2 (X) NO
RAL	100. STREET AND NUMBER 8228 Fort Smallwo		· ·	CIMOI	101. ZIP CODE 21226		10g. CITIZEN OF	F WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	N U.S. ARMED	if yes		IIC ORIGIN? (Specify Yea n, Puarto Ricen, alc.)	or No- 14. RA	CE — American Indian, ack, White, atc. ecity: White
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co			ork done during retired.)	g most of working		I SINESS/INDUSTRY	
COMPLETED	9th Grade 17. FATHER'S NAME (First, Middle, Last) Fletcher Sche.	ckels	Retired	Snack	18. MOTHER'S NA	ard Waitre	Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Betty Lou Su					Aoute Number, City or Town		
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal	200	b. PLACE OF DISPOSE	TION (Name o	of commetery, crometory or metery 1	20c. LO	CATION — City or	
	4 Qonetion 5 Other (Specify) 21. SKINATURE OF FUNERAL SERVICE LICENSIS	Kevin E		MCC	ully Funer	al Home of	Brook1	yn
CERTIFICATION	23. PART i. Enter the diseases, or complete the complete that immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	ot antar the	mode of dying, suc		ratory arrest,	Md 2125 Approximata Interval Between Onaat and Daath
EDICAL	Seigne - Reginatory tact meetin. PERFORMED? 1 VES 2 PNO DF						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN: M		OSPITAL:	patient 3 DOA	OTHER:	8. PLACE OF DEATH (C)	-115-14 5-5-1		
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	OF 284 URY	: INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	,
TED BY	2 Accident investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJUR' building, etc. (Spe	Y — Al home, farm, a sc/ly)	treal, factory,	offica	261. LOCATION (Street City or Town, State		ral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: 0	N: To the best of my know						se(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Jen M.	D.		AS 22	MBER 4 6 4 - 2	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO GO	FRER	HARB	or t	lospital	Course,		
1	1 NOV 1 9 1991	30 HEGISTHAM'S SIGN	n-Handell					



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

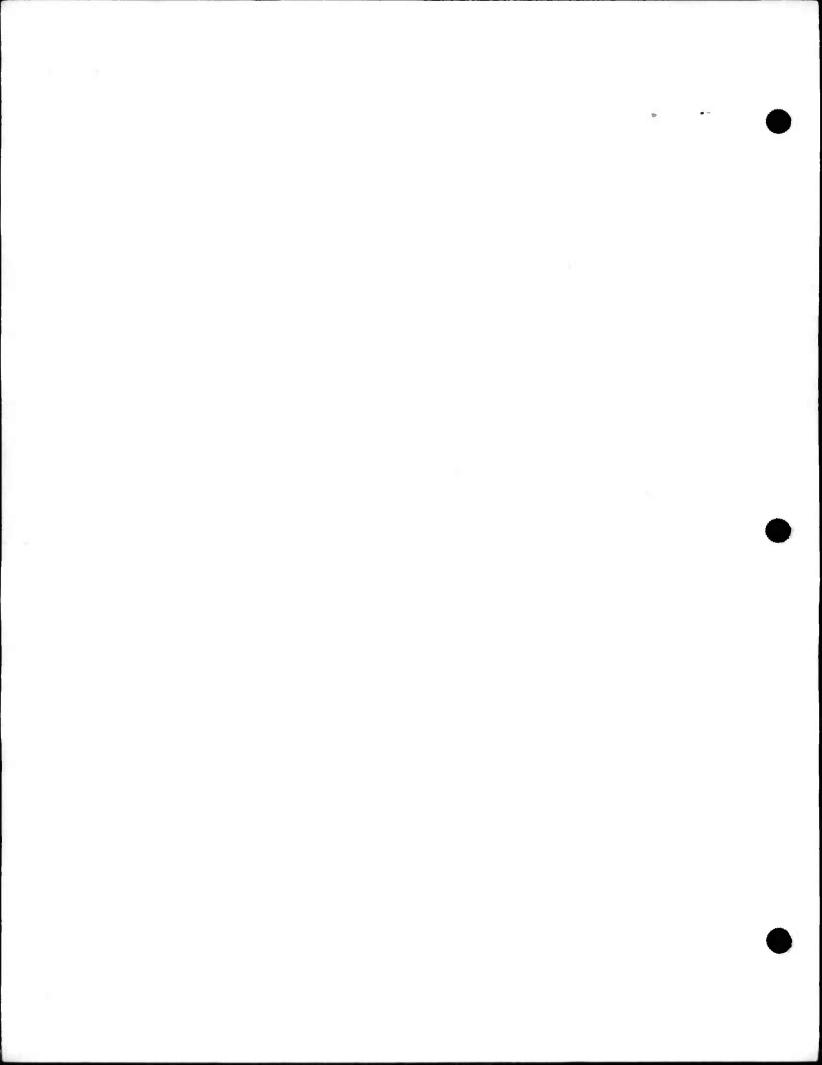


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146



2	
0020	
16	
2121	
2	
AND	
7	
MARYL	
Ā	
-	
RE	
0	•
BALTIMORE	
5	40
8	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						91	31629		
	FOR 1 • STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.				
3	1. DECEDENT'S NAME (First, Middle, Last)		- 1	man	2. DATE OF DEATH DO	A	3. TIME OF OEATH		
700		8. SEX 8. AGE (In yrs. Ia:	YRS. IF UNDI	DAYS HOURS MIN.	7. DATE OF BIRTH AUGUST 102)8	, 19 8 Cour	THPLACE (State or Foreign mitry) Michigan		
OR	98. FACILITY NAME (If not institution, give stree Holy Cross Hospita			96. CITY, TOWN OR LOCATION OF DEATH SILVER Spring Montgomery					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY D. C.	None	10c. CITY, TOWN	or location ington			10d. INSIDE CITY LIMITS? 1 XXES 2 \(\sqrt{1}\) NO		
FUNERAL	100. STREET AND NUMBER 2045 Parkside Driv	ie, N. W.		101. ZIP CODE 20012		U. S.	WHAT COUNTRY?		
ВҰ	11. MARITAL STATUS 1 Never Married 2/X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? W. VES 2 1 IF YES, GIVE WAR OR DATES	RMED 13	WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	Bla	CE — American Indian, ack, Whita, atc.		
COMPLETED	1S. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	(College (1-4 or 5 +)	ECEDENT'S USUAL (Give kind of work done b. Do NOT use retired. CCLITECT	during most of working)		ior Desi	-		
BE COM	17. FATHER'S NAME (First, Middle, Last) Edsel Frishman			16. MOTHER'S N.	AME (First, Middle, Maiden Lutzsky	Surname)			
TO B	1981. INFORMANT'S NAME (Type/Print) Belle F. Frishman 1905. MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 2045 Parkside Drive, N. W., Washington, D. C. 200								
	20a. METHOD OF DISPOSITION 1 Surfat 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	20b. PLACE cometery, cre	AND DATE OF DISPO	SITION (Name of OHEV Sholow CONGLEGATION NAME AND ADDRESS OF FA	19718 20c Lo	cation - chy or hington,			
	21. SIGNATURE OF FUNERAL SERVICE LICENT	Stottume	see S	TEIN HEBREW 32 CARROII S	MEMORIAL F STRFFT N.W	WASHT	HOME, INC. INGTON. D. C.		
	23. PART I. Enter the diseases, or com- ahock, or heert feliure. Lis IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)	Rust	eeth. Do not ente	a oate	ch as cardiec or respi	ratory errest,	Approximate intervei Between		
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b.								
RTIFICATION	if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE							
CE	PART ii. Other algnificent conditions of	contributing to deeth but not u	resulting in the u	inderlying cause given in	Post i as was w				
PHYSICIAN: MEDICAL		The section but not n	esotting in the u	nuerlying cause givan in	Pert i. 24s. WAS AN PERFOR	MED?	Mb. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL	OTHE	28. PLACE OF DEATH (Ch	neck only one)				
		Inpetiant 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	rsing Home 5 🗆 Realdence 28c. INJURY AT WORK?	6 Other (Specify) 26d. DESCRIBE HOW IN	NJURY OCCURED			
red BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — At ho building, atc. (Specify)		M 1 YES 2 NO			Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAL (Check only one) MEDICAL EXAMINER: 0	N: To the best of my knowledge, da	iath occurred at the	time, data and place, and due	s to the cause(a) and man	ner sa stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	. Q.	~	29c. LICENSE NUI	MBER		(a) and manner as stated. (b) (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	OMBI ETER CAUSE OF REALTH ATE	~	208	3576	11-	17-41		

	1
BE. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

25. WAS CASE REFE EXAMINER? YES 2	NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient	28. PLACE OF DEATH (Check only one) OTHER: 4 \(\text{ Nursing Home } 5 \) Realdence 6 \(\text{ Other (Specify)} \)						
27. MANNER OF DE 1 Natural 2 Accident 3 Suicide 4 Homicide	ATH 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Tile IN.		28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCURED			
	Ide 8 Could not be 28s. PLACE OF INJURY — At home, farm,				tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the one) MEDICAL EXAMINER: On the best of examination and/or investigation, in my		
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Yes

	-0		7	2220			~	
NAME /	AND ADDR	ESS OF PER	SON WHO	COMPLETED	CAUSE OF	EATH (ITEN	27) (Type, Prir	nt)

8 Wisconsin

Beth solo

To who	an ber	821
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE

32. REGISTRAR'S SIGNATURE
This Davidon-Randale 1991

NOV10



were and of the second

	1 - FOR STATE REGISTRAR Stella M. G.	ATE OF MA	ARYLAND /	DEPAR ERTIFI	TMENT CATE	OF H	EALTH DEA	AND TH	MENTAL HYG		7 1	31630
	1. DECEDENT'S NAME (First, Middle, Last) STELLA	М.	GAR						2. DATE OF DEAMONTH	TH DAY	YEAR	3. TIME OF DEATH
		M 2 🔀 F	73	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTY (Month, Day, Ye May 18,	H ar)	Coun	HPLACE (State or Foreign try) 11nois
TOR	9a. FACILITY NAME (If not institution, give street a Harbor Hospital Cel						R LOCATI		EATH		OUNTY OF	
DIRECTOR	MD. Anne A	runde1			TOWN O							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 5409 Wasena Ave.						ZIP COD	25		τ	J.S.A	WHAT COUNTRY?
BY	1 Never Married 2 Married	WAS DECEOENT I ORCES? 1 T YES, GIVE WAR	YES 2 N	MED	1 "	yea, spe	endent of cuba	n, Mexica	NIC ORIGIN? (Speci in, Puarto Rican, et y:	ly Yaa or No-	- 14. RAC Blac Spec	E — American Indian, ck, Whita, atc.
COMPLETED		eted) ege (1-4 or 5+)	(Gi	CEDENT'S L ive kind of w Do NOT use	ork done d retired.)	luring mos	st of workir	ng	16b. KIND O	F BUSINESS/	INOUSTRY	
	8 years 17. FATHER'S NAME (First, Middle, Last) Harry H. Hill		A	ssem	oly]	Line	18. MOTI		Mary. ME (First, Middle, M		_	
TO BE	19a. INFORMANT'S NAME (Type/Print) Edwin G. FELTS, Sr.			6009			nd Number	or Rural I	Route Number, City of	r Town, State,		Lorida 3356
TO B	20a. METHOD OF DISPOSITION Y Burial 2 Cremation 3 Removal fr		20b. PLACE A cometery, cres Cedar	ND DATEO	F DISPOSI	TION (Nat	ne of			c. LOCATION	— City or T	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	20a	ins				FH 4		Ritchie			
	23. PART I. Enter the diseases, or complete ahook, or heart fellure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	Acu-	aused the decon each line. TER AS A CONSECUENCE OF THE PROPERTY OF THE PROPER	ENA	L				h as cardiac or i	eapiratory	arreat,	Approximete interval Between Onaet and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		R AS A CONSEO									
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions con	ributing to de	ath but not re	seulting in	the unc	deriying 48T	cause g	ilven in	PEI	S AN AUTOPS REFORMED?	Y 24t	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 YES 2 NO
SICIA		PITAL:	R/Outpatlant 3		OTHER:	:			8 Other (Specify,			
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day,		28b. TIME INJU	OF :	28c. INJU WOR	RY AT		28d. DESCRIBE H		CCURED	
8		88a. PLACE OF It building, atc	NJURY — Al hon . (Specify)	na, larm, atr	reat, factor	ry, office			28f. LOCATION (SI City or Town, S	reet and Numb itate)	ber or Rural i	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 1	o the beat of my	knowledge, dea	th occurred	at the lin	ne, data a Inlon, de	ind placa, ath occur	and dua	to the cause(a) and	manner as s	teled.	a) and manner as stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Silve	ay fin		D.		29c. LICE	24	41614	29d, D	ATE SIGNED	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COM	SCHA	PAPE	R		HAR	2 80 R	H	GSPITAL	Can	TER.	-
	NOV 1 9 1991	2. RESISTRANS	WIGOTAL	andell								

TO BE COMPLETED BY FUNERAL DIRECTOR

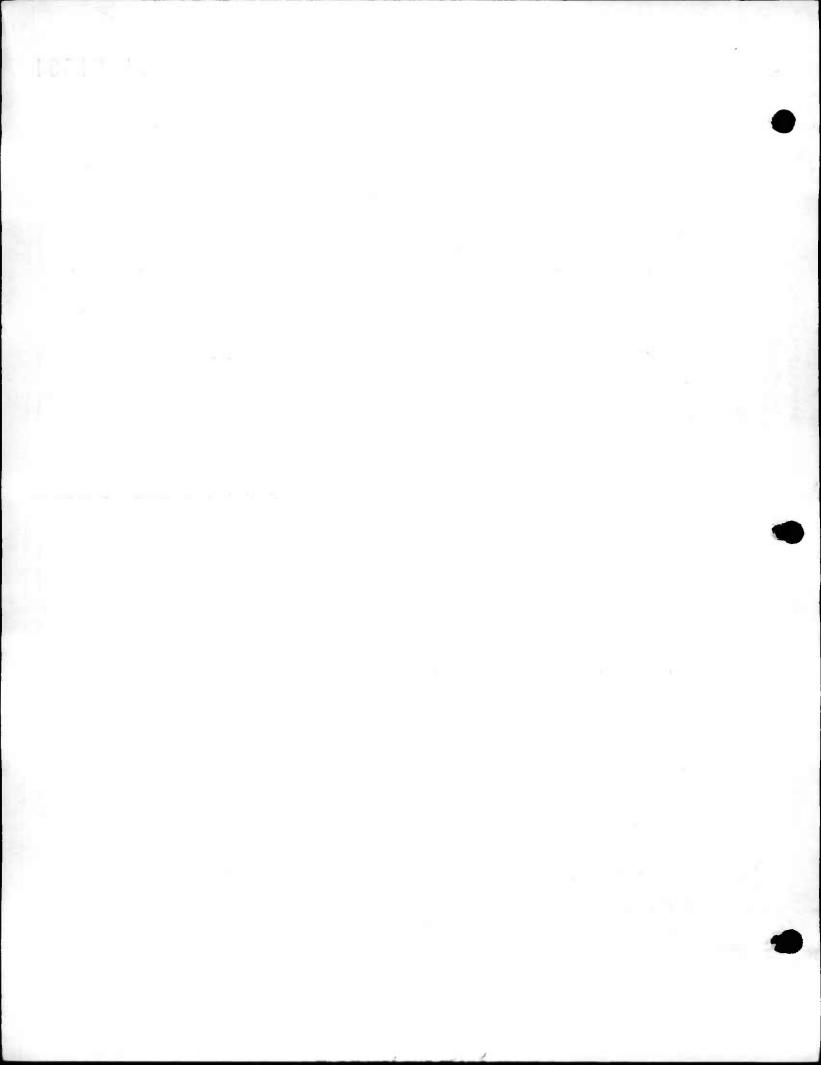
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

HYSICIAN: The law requires that the death certificate be executed withins. Jours after death. Page 6 may be retained by the hospital or attending physician.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deflached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	he medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		ENTAL HYGIENE REG. NO.	30	. 01001
1. DECEDENT'S NAME (First, Middle, Last)				:	2. DATE OF DEATH MDNTH DAY	YEAR	3. TIME OF DEATH
FR	ANK AI	EXANDER	GRASHL		11 16	4	11:45 P M
4. SOCIAL SECURITY NUMBER		The state of the s	F UNDER 1 YEAR IF UNDI		7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign intry)
215-38-9494	1 🔀 M 2 🗆 F	76 YRS.			2-3-15		AUSTRIA
9a. FACILITY NAME (If not institution, give	street and number)	8	b. CITY, TOWN OR LOCAT	TION OF DEAT	гн	9c. COUNTY OF	DEATH
KIMBROUGH ARMY M	EDICAL CENTE	ER	FORT MEAD	E		ANNE A	ARUNDEL
10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
MARYLAND ANNE	ARUNDEL	SEVE	ERN				1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CO	DE		10g. CITIZEN O	F WHAT COUNTRY?
1446 VIRGINIA AV			211	44		U.S.A	•
11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 X YE	I IN U.S. ARMED S 2 NO	If yes, specify Cut	an, Maxican,	ORtGIN? (Spectfy Yea o Puarto Rican, atc.)	r No- 14. R/	ACE — American Indian, ack, White, atc.
3 Wildowed 4 Divorced	1941 -		1 TYES 2 XN	Specify:		Sp	WHITE
16. DECEDENT'S EDI	JCATION	18a, DECEDENT'S US	SUAL OCCUPATION		18b. KIND OF BUSIN	IESS/INDUSTRY	
(Specify only highest grad	completed) Coltege (1-4 or 5 +)	(Give kind of wor	rk done during most of work retired.)	king			
12th	NONE	SGM-(RE	ET)		U.S. A	RMY	
17. FATHER'S NAME (First, Middle, Last)			18. MO	THER'S NAME	E (First, Middle, Maiden Su	imame)	
1	GRASHL			JOHANI	NA	WAGNER	
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Numb				
BARBARA ANN G			VIRGINIA A				
20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremetton 3 Ren	novel from State	other place)	TON (Name of cemetery, cr			TION — Cify or	
4 Donation 5 Other (Specify)	CENSEE	GLEN HAVE	N MEMORIAL 22. NAME AND ADDR			IN BURN	IE, MD
> Qxtva	is.				NERAL HOME		
							IE, MD 21061
23. PART I. Enter the diseasee, or shock, or heart failure.	Liet only one cause on	each line.	t enter the mode of d	ying, such	se cerdiac or reapire	tory arreat,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition		1 - 4	2				Onset and Death
resulting in death)	S. Car	A CONSEQUENCE OF	errat.				
_	Parch	Le As	trrest.				i
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	A CONSEQUENCE OF):	-				
cause. Enter UNDERLYING	c.						
CAUSE (Disease or Injury that Initiated events	DUE TO (OR A	A CONSEQUENCE OF):					
resulting in death) LAST	d						
PART II. Other significant condition				given in Pr	art I. 24s. WAS AN AI	UTOPSY	246. WERE AUTOPSY FINDINGS
SIE Coloston	ny for	Perf B	ovel.		PERFORM 1 YES 2	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		1			_	ej NO	OF DEATH? 1 YES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF	DEATH (Checi	k only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O		OTHER: Nursing Homa 5	Rasidenca a	Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Yea		OF 28c. INJURY AT WORK?	2	28d. DESCRIBE HOW INJ	URY OCCURED	
1 Natural 5 Pending 2 Accident Investigation			M 1 TES 2	□ NO			
3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, str pecify)	eet, factory, offica	1	28f. LOCATION (Street and City or Town, State)	d Number or Rur	al Route Number,
one)	BICIAN: To the best of my kn						
2 MEDICAL EXAMIN	ER: On the basis of axamina	tion and/or investigation,	In my opinton, death occ	ured at the th	me, data and place, and	dua to the caus	e(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	Dun E	R PHYSI	C/AN 290. LI	CENSE NUMB	S7891.	29d. DATE SIGN	IED (Month) Day, Year)
30. NAME AND ADDRESS OF PERSON W		- 0		ニナル	IEADE	MO	
31. DATE FILED (Nomp. Day, 1960 01	da Registrans si		F	. ,,,	J . , , , , ,		
MOAT 8 1931	of white boundaries	-National	8 4				





BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		1 - STATE REGISTRAR		STATE OF I	MARYLAND	/ DEPAI	RTMEN	T OF I	HEALTH	AND	MENT	AL HYGIEN			
		1. DECEDENT'S NAME (Flori	Middle, Last)								2. DAT	E OF DEATH			3. TIME OF DEATH
		Lawrence									1 7 7			YEAR	9.00 P M
		4. SOCIAL SECURITY NUME 262–60–9253	BER	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	4	8. BIRTH	IPLACE (State or Foreign
		9a. FACILITY NAME (# not in	setterion ober	1 🔯 M 2 🗆 F	50	YRS.						G. 10, 19	141	FL	ÖRIDA
9	5						96. CITY	r, TOWN	OR LOCATI	ON OF D	EATH		9c. COUN		
1 5	5	Mont gome			ospit:	a 1		lne	y		_		Mon	tgo	mery
DIRECTOR		MD.	10b. COUNT				Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
		10e. STREET AND NUMBER	MONT	GOMERY		l or	NEY								1 TYES 2 NO
BY FUNERAL		4348 SKYM	IST TE	RRACE				10	f. ZIP COD	208	332			USA	YHAT COUNTRY?
N S		11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13,	WAS DEC	CENDENT (IN? (Specify Yes	L		— American Indian,
		1 Never Married 2 1 Divo		IF YES, GIVE W	X YES 2 AR OR DATES	NO	1	it yea, ap	ecify Cubs	ın, Maxic	an, Puarto	Rican, atc.)		Black	, White, atc.
	- 11		EDENT'S EDU	CATION	1957-1										WHITE
ETE		(Specify only Elementary/Secondary (0	y highest grade	College (1-4 or 5 s		DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	ON ost of worldi	ng .	16	lb. KIND OF BUS	SINESS/INDU	STRY	
립		12		4		RECTO	R OF	TEL	ECOM	М.		VETER	ANS A	DM.	
COMPLETED		17. FATHER'S NAME (First, MI	JACOB	GUI	ETTLER				16. MOTI	HER'S NA	ME (First,	Middle, Malden	Sumame)		
BE (STHE		WESTLU			
2		MARY F. GUE	ETTLER		2	19b. MAILING	ADDRES	SAME	AS AS	# Ayret	Soute Nur	mber, City or Town	1, State, Zip C	Code)	
3		20s. METHOD OF DISPOSITI	ION			E AND DATE				_					
		1 Donation 5 Other	n 3 🗌 Rame	oval from Stata	cemetery (ROPOL	TTAN	C RE	MATO	RY	11		CATION — CI		wn, Stata A, VA.
		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE /	,							FUNERA			, , , , , , , , , , , , , , , , , , , ,
S S		Mure	if)	X/120	arh	4									ILLE,MD.2088
		23. PART I. Enter the di	seases, Dr	complications that	caused tha	death. Do i	not antar	tha mo	da of dyl	ng, suc	h as car	rdlac or reapi	ratory arres	at.	Approximate
		IMMEDIATE CAUSE (Fin	adit randie.	List only one cau	se on aach lie	na.								,	Interval Between Onset and Death
		disease or condition resulting in death)	→	ANC	XIC E	NCEPI	HALO	PAT	ΉY,	BI	RAIN	1			8 days
				DUE TO	(OR AS A CONS	EOUENCE O	F):								o days
CERTIFICATION		Sequentially list conditions if any, leading to immediate		DUE TO	INFLU	ENZA	CEL	LUL	ITIS	5, 1	NECK				9 days
S		cause. Entar UNDERLYII CAUSE (Disease or injur	NG				,								li I
H	ł	that initiated evants resulting in death) LAST	'	OUE TO	OR AS A CONS	EQUENCE OF	7):								
		- Tooling in death) LAS		i											
ICAL		PART II. Other significan	nt condition	s contributing to	death but not	resulting	n tha un	derlying	g cause g	iven in	Part i.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
PIC		H. in	fluen	za sept	icemi	a						PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Æ		Acute	tubu	lar nec	rosis	, ki	dne	YS							OF DEATH? 1 XYES 2 □ NO
PHYSICIAN: MED	ŀ	25. WAS CASE REFERRED TO													
SICI		EXAMINER?	MEDICAL	HOSPITAL:	E9/Output	2 004	OTHER	t:	ACE OF DE						
Ť		27. MANNER OF DEATH		28a, DATE OF	NJURY	28b. TIM	E OF	28c. INJ		sidence		or (Specify) SCRIBE HOW IN	JURY OCCU	RED	
BY	i		Pending Investigation	(Month, Da	y, Year)	INJ	URY M		RK? 'ES 2 [NO					4.5
	Ì	3 Suicida 8 C	Could not be	26a. PLACE OF building, e	INJURY - At h	nome, term, s	treet, lacto	ory, office			261, LOC	CATION (Street at or Town, State)	nd Number or	Rural R	oute Number,
COMPLETED	ŀ		letarmined												
AP.	ı	29a. CERTIFIER (Check only one)	FYING PHYSIC	CIAN: To the best of a	my knowledge, o	leath occurre	d at the ti	me, data	and placa,	and dua	to the ca	use(a) and man	ner as atated.		
000		2 MEDIC			amination and/or	r Investigatio	n, In my o	pinion, de	eath occur	d at the	time, data	a and placa, and	dua to tha d	cause(a)	and manner as stated.
8		29b. SIGNATURE AND TITLE	OF CERTIFIER	MA MA					29c. LICE	NSE NUM	BER		29d, DATE S	IGNED	(Month, Day, Year)
2	1	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	Path	10100	ist		D2	953	8		11	1/1	5/91
		Iulian T							_		-				
		31. DATE_FILED (Month_Day, M		32. REGISTRAF	'S SIGNATURE	Mont	gom	ery	Gen	era	1 H	ospit	al		
	L	NOV101	991	Sulia David	son-Mand	402									4

DHMH-16 Rev 1/89

TO THE HOSP TO THE FUNE be filed within	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 1 for flad within 70 hours after death with the State Dard of Health and Manyal Unions price to having a commission of the second death with the State Dard of Health and Manyal Unions price to having a commission of the second death with the State Dard of Health and Manyal Unions price to having a commission of the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and the second death and Manyal Unions price to the second death and Manyal Unions price to the second death and the second death	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--

	91-66	19-510							0.1	31633
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAR RTIF	TMENT OF H	EALTH AND DEATH		GIENE G. NO.	וכ	31033
	1. DECEDENT'S NAME (First, Middle, Lust) JOHN		GO	OINE	S		2. DATE OF DE	ATH 1 8AY	1997	3. TIME OF DEATH 8:51P
	4. SOCIAL SECURITY NUMBER 220-64-3508	5. SEX	6. AGE (In yrs. lest)	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF	TH (Sear) 5 0	6. BIRT	HPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	1	- 55	1110.	96. CITY, TOWN C	PR LOCATION OF D			COUNTY OF I	
10F	JOHNS HOPKI	NS HOSPI	TALS		BAL	TIMORE	CITY			
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			Ba	ltimor	ZIP CODE		100	CITIZEN OF	1 N YES 2 NO
FUNERAL	1329 E. Lafay					21213			U.S.A	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARM YES 2 140 WAR OR DATES	ED	If yes, spe	ENDENT OF HISPA ecify Cuban, Mexico 2 X NO Specia	en, Puerto Rican,	cify Yes or No Itc.)	14. RAC Blac Spec	E — American Indian, k, White, atc. city: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give	EDENT'S e kind of v	USUAL OCCUPATION FOR done during most retired.)	ON st of working	16b. KIND	OF BUSINES	S/INDUSTRY	
OM	17. FATHER'S NAME (First, Middle, Last)			16,	npog	18. MOTHER'S NA	AME (First, Middle,	Maiden Surna	me)	
BE	John Goines 190. INFORMANT'S NAME (Type/Print)				A 5-21	Caroly	n Bunc	ly		
٤	Mrs. Carolyn	Goines	196.	MAILING 329	E. Laf	ayette	Avenue Avenue	or Town, State	lto.,	MD 21213
	20a, METHOD OF DISPOSITION 1 X Burlat 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AN	ID DATE C	of DISPOSITION (Nather Diace) Star C	me of	117		N — City or To	
	21. SIGNATURE OF FUNERAL SERVICE LI			ELII	22 NAME AN	D ADDRESS OF FA	CILITY			., MD
		Russ			West	North	Avenue	. Ba	Ito	ne, 2222-26 MD 21216
	23. PARI . Enter the diseeses, or ehock, or heert failure. IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	s. Sty one cau	t ceueed the deel ise on each line.	DU	ot enter the mod	f He	h ss cerdiac or	reepirator	y erreet,	Approximate Intervel Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	(OR AS A CONSEOU							
1 -	PART II. Other significant condition	ns contributing to	deeth but not res	ulting in	the underlying	cause given in		AS AN AUTOI	PSY 24b	WERE AUTOPSY FINDINGS
MEDICAL							1 1 /	ERFORMED?	,	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28, PL/	ACE OF DEATH (Ch	eck only one)			
HYS	XYES 2 □ NO 27. MANNER OF DEATH	28e. DATE OF	ER/Outpatient 3 INJURY	DOA 28b. TIME	4 - Nursing Home		6 Other (Special 28d. DESCRIBE		00011050	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Di	0 1991	INJU	IRY WOR	ES X X NO			T SHO	T
8	3 Sutcide 8 Could not be determined	28a. PLACE O building,	F INJURY — At home atc. (Specify)				261, LOCATION (City or Town,	State)		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	PUBLIC my knowledge, death			and place, and due				YLAND
COM	X X MEDICAL EXAMINE	R: On the besia of as	amination and/or inv	eatigation	, in my opinion, de	ath occured at the	time, date and pis	ice, and due	to the cause(a	and manner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	mels	mA			29c. LICENSE NUN		- N		(Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM 2	7) (Type,	Print)	OCM	E	1	1 1	1 1991
	31. DATE FILED (Month Day West	UF, M	V 111	PE	NN STRE	EET BA	LTIMOR	E, MA	RYLAN	D 21201
	31. DATE FILED (Month, Day, Year) NOV 19 1991	SZ. HEGISTRA	S SIGNATURE	6	Ī					



NOV 19 1991

9m3 (K) (K) (K) (K) (K)

A CONTRACTOR OF THE PARTY OF TH

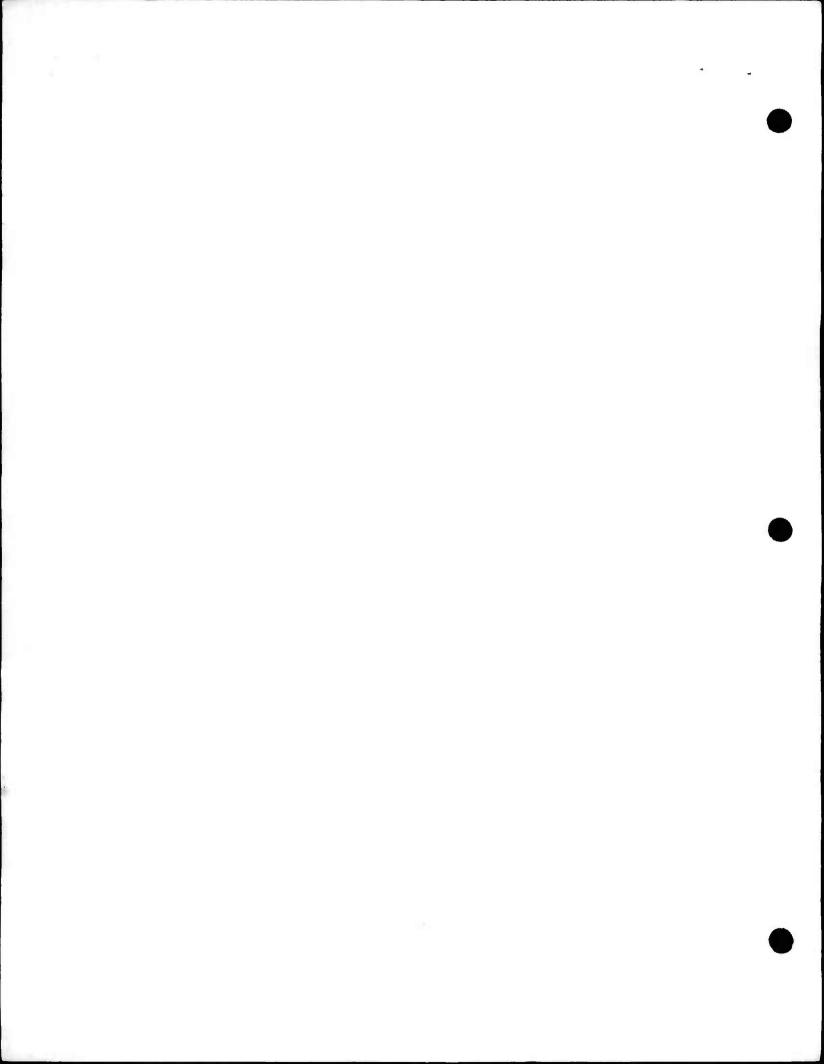
TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	JAMES EDWARD GATTON 2. DATE OF DEATH MONTH DAY SEARY 3. TIME OF DEATH MONTH DAY SEARY 3. TIME OF DEATH MONTH DAY SEARY 3. TIME OF DEATH) M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 7 VRS. 6. AGE (In yrs. last birthday) 1 M 1 M 2 F 7 VRS. 6. AGE (In yrs. last birthday) 1 M 2 F 7 VRS. 7 DATE OF BIRTH (Month, Day, Year) 1 M 2 F 8. BIRTNPLACE (State or Foreign Country) Maryland 9e. COUNTY OF DEATH 9e. COUNTY OF DEATH	4
СТОВ	HARBOR HOSPITAT BALTO CITY N/A	
DIRE	106. STATE 106. COUNTY Baltimore County 106. CITY, TOWN OR LOCATION Baltimore (Lansdowne) 106. STATE 106. CITY, TOWN OR LOCATION Baltimore (Lansdowne) 107. STATE 108. STATE 109. CITY, TOWN OR LOCATION Baltimore (Lansdowne)	
FUNERAL DIRECTOR	100. STREET AND NUMBER 101. ZIP COOE 109. CITIZEN OF WHAT COUNTRY? 2/227 USA	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1) X YES 2 NO IF YES, GIVE WAR OR DATES WWW 2 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No— If yes, specify, Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. 15. YES 2 NO Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondery (0-12) Unknown 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Retired Steel Worker Factory	
COM	12. FATHER'S NAME (First, Middle, Last) Robert L. Gatton 18. MOTHER'S NAME (First, Middle, Melden Surname) Elizabeth Gerhart	ヿ
TO BE	196. INFORMANT'S NAME (Type/Print) Mrs. Marie C. Montz 196. MAILING ADDRESS (Street and Number or Aural Acute Number, City or Town, State, Zip Code) 3210 Tartarian Court, Lansdowne, Md. 21227	\exists
	20g, METNOD OF DISPOSITION 20c. LOCATION - City or Town, State other place) 20c. Docation - City or Town	\dashv
	Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225	5
ION	23. PART VEntal tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock or heert failure. List only one cause on each line. Approximate interval Betwee Onset and Dai disease or condition resulting in death) Sequentially list conditions, Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):	
CERTIFICATION	CAUSE (Disease or Injury that Initiated evants resulting in death) LAST d	
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 DVES 2 NO 24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 DVES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	\exists
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Accident Accident 28s. DATE OF INJURY MILE O	
	3 Suicide a Could not be detarmined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and dua to the cause(a) and menner as stated. 2 MEDICAL EXAMINES: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and dua to the cause(a) and manner as stated.	1.
TO BE	290 LICENSE NUMBER 290 LI	
	151.360799 Emergency Dept. Harbor Hospital Center, Baltimore, M 31. DATE FILED (Month, Day, 1981) 32. RESISTER STOCKATURE AND SECTION OF THE	D
		_





funeral director, page 5 should be detached

filled in by the fullon, or removal.

certificate has been signed by the attending physician and completely the State Dept, of Health and Mental Hygiene prior to burial, cremativ

After this ce death with t

cremation, or

for use as the burial-transit permit, Pages 1, 2, 3 should

	ŀ
	Ċ
P.O. BOX 68760,	All The law consistent that the deads acceptant by any and the same
×	1
0	ž
8	240
o.	Darbiff
θ,	doop
ă	o qu
3	has
DIVISION OF VITAL RECORDS, P.	Cominge !
_	1000
IA	No.
=	ż
OF	DUVCIOLA
SION	Uncoltai no ATTENDIAIO DUVEICIAAI
5	AT
	Q
	HOCDITAL

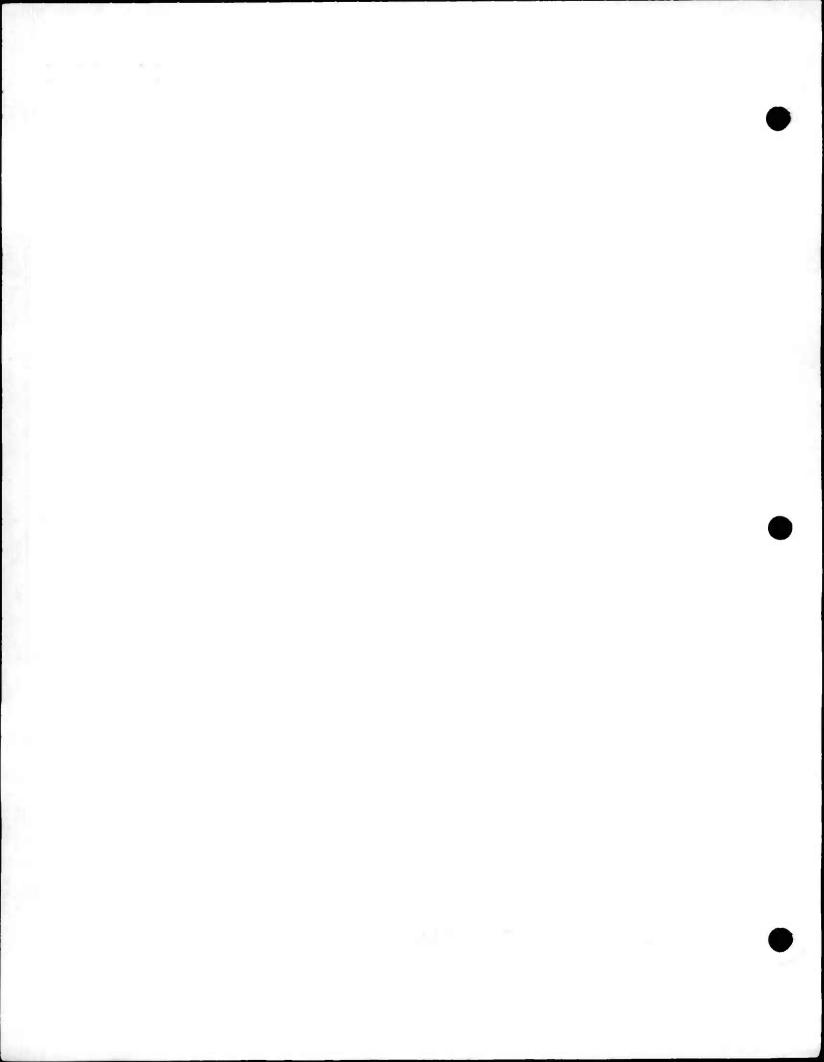
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Joshua Royston Green Jr. 11 aM 14 91 5:10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 77 YRS. 1 X M 2 - F HOURS 212-09-3952 11/24/13 Maryland 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Baltimore Medical Center Towson Baltimore 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore Timonium 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 102 Castletown Road <u> 21093</u> 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuban, Maxican, Puerto Ricen, etc.)
 I YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 X YES 2
IF YES, GIVE WAR OR DATES 1 Never Merried 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) nentary/Secondary (0-12) College (1-4 or 5+) Unknown Retired Whiskey Salesman McCarthy-Hicks, Inc. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) notified at J. Royston Green, Sr. Mary ChewGrason 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Susan S. Green 102 Castletown Rd., BAlto., Md. 21093 pe 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State must Green Mount Crematory 11-16-91 Balto.Md. medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W Meh Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd.Balto.Md.21222 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, Approximata shock, or heart fallura. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Finsi Onsat and Death shows any injury, or other traumatic event, the disesse or condition resulting in death) Aspiration Pneumonia CERTIFICATION Sequantially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immadiata cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 ☐ Raaldenca 8 ☐ Other (Specify) 6 4 Nursi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) marked. 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED TO THE HOSPITAL UNITAL STEEL THE TO THE FUNERAL DIRECTOR: After this De filed within 72 hours after death w 1 Natural 5 Pending M BY 1 YES 2 NO Investig 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide COMPLETED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(a) and menner se stated. 2 MEDICAL EXAMINER: On the beels gif exemination end/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner ee stated. 29b. SIGNATURE AND THE OF CERTIFIER 8 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Mi 4, 15-21 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 120 Sister Pieur Drive Suite 201, Em, nosuoi 31. DATE FILED (Month; Day, Year) 32. REGISTRAR'S SIGNATURE the Day door Randess



199

NOV 19

DHMH-16 Rev 1/89

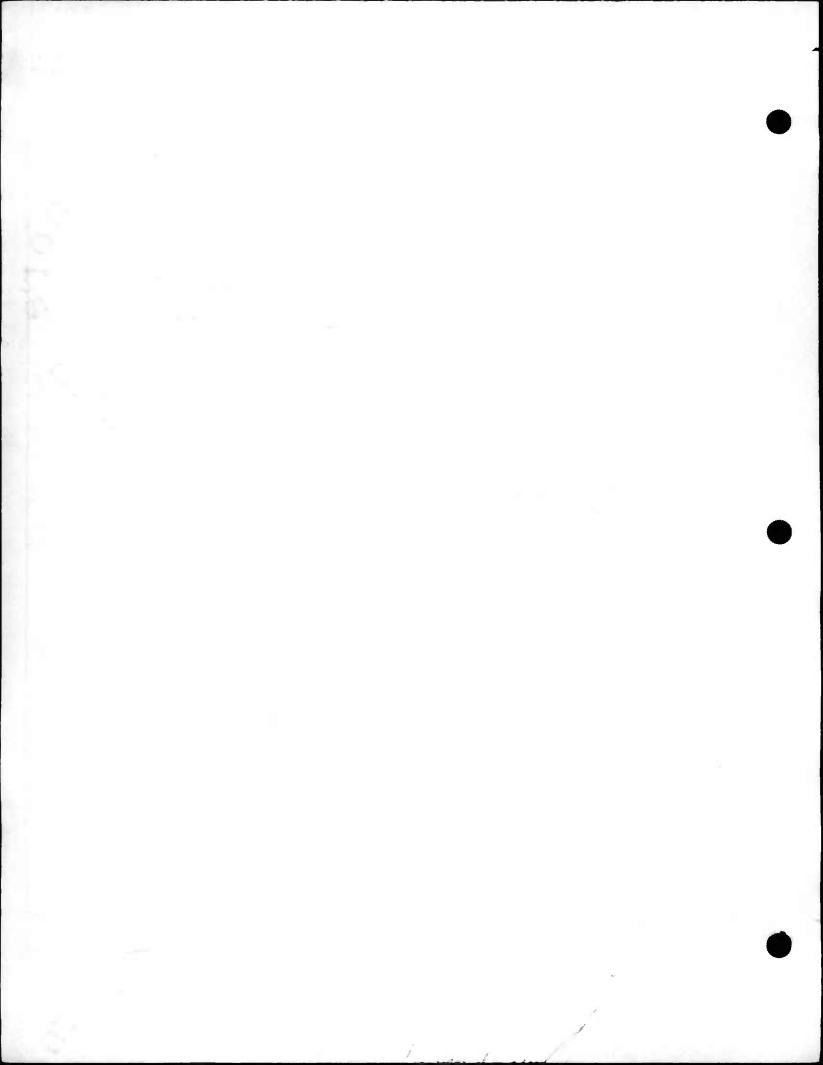


ģ,
314
×
BOX
o.
٩.
SQŁ
RECOF
Ä
VITAL
OF V
0
ISION
\leq

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
--

,	1 - STATE STATE OF MARY	LAND / DEPAR CERTIF				D MEN	TAL HYGIENE REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF OEATH		250	3. TIME OF OEATH	
1	Elizabeth L. Griffin						OV. 15,		YEAR	3:30 A M	
		E (In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HR		ATE OF BIRTH	1991	8. BIRTI	IPLACE (State or Foreign	
		8 YRS.			HOURS MIN	. 0	Worth, Day, Year)	223	Ohi	7/)	
	9a. FACILITY NAME (If not institution, give street and number)		9h CITY 1	RO KWOT	LOCATION O		2 2 7 1		NTY OF C		
OC.	1119 Elm Rd.		Arbu		200111011 01	, DEMIT	Baltimore				
6	RESIDENCE OF DECEDENT	_			Ват	time	ore				
<u> </u>	10a. STATE 10b. COUNTY	ON					10d. INSIDE CITY LIMITS?				
5	Maryland Anne Arundel		Glen	Burn	nie					1 YES 2 NO	
A	10a. STREET AND NUMBER	****		10f. 2	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
E	6648 Whitmore Ct., Apt. 144	В			21061			U.	S.A.		
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED		AS DECE	NDENT OF HIS		RIGIN? (Specify Yee	-	14. RAC	E — American Indien, ik, White, etc.	
F	1 Never Merried 2 Merried IF YES, GIVE WAR OF				elfy Cuben, Me		erlo Ricen, etc.)	7.	Spec	elfy:	
В	3 🔀 Widowed 4 🗍 Divorced		ŀ		Λ.					White	
	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S (Give kind of	work done du				16b. KIND OF BUS	INESS/INC	DUSTRY		
<u>u</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT u	se retired.)								
A P	11	Cook					Restaur	ant			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	S NAME (F	First, Middle, Maiden	Surname)			
BE	Clarence Reisinger						McGranah				
6	19e. INFORMANT'S NAME (Type/Print)						Number, City or Town				
-	Patricia L. Forrest	1119	Elm R	ld.,	Arbut	us,	Mary1and	212	27	0.0	
- 1	20e. METHOD OF DISPOSITION 1 ⊠ Burlel 2 □ Cremetion 3 □ Removal from State	20b. PLACE OF OISPO other place)	SITION (Nam	ne of ceme	etery, cremetory	or or	20c. LO	CATION -	City or T	own, State	
	4 Donation 5 Other (Specify)	Oak Lawn						ltim	ore,	Maryland_	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Δ.			ADDRESS O		Y Funeral	Hom			
- 3	Polit Tungs	elm _								.e, MD 21061	
	23. PART i. Enter the diseases, or compileations that cau	sed the deeth. Do								Approximeta	
	ahock, or heart fallure. List only-she cause or	n each line.							resour.	intarvai Between	
	immediate cause (Finel disease or condition resulting in desth) BRAIN TUMOR (PRIMARY) Brown										
	resulting in desth)	S A CONSEQUENCE C	5/010) K		100	10(1). 1			3100019	
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
AT.	If any, leading to immediate cause. Enter UNDERLYING		,								
윤	CAUSE (Disease or injury that initiated events	S A CONSEQUENCE C)F):								
E	resulting in death) LAST										
빙	o										
CAL	PART ii. Other aignificant conditions contributing to daet	h but not reaulting	in tha und	darlying	ceuse give	n in Pari	i. 24e. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
용	EMPHYSEMA						1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
MEDI										1 YES 2 NO	
-											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEAT	Check o	inly one)				
S	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/	Outpatient 3 DOA	OTHER		5 Reside	nce 6 🗆	Other (Specify)				
₹	27. MANNER OF DEATH 28a. DATE OF INJU (Month, Day, Ye.	RY 28b. Til	ME OF	28c. INJU	JRY AT	260	d. OESCRIBE HOW	NJURY O	CCURED		
	1 Ratural 5 Pending	er/	M		ES 2 NO	0					
ВУ	3 Suicide 26e. PLACE OF INJ	URY — At home, farm,	street, facto	ory, office	281, LOCATION (Street and Number or Rural Route Number,					Floute Number,	
13.	4 Homicide determined building, etc. (Specify)					City or Town, State)				
삗	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my k	nowledge death comm	and at the th	me date	and place and	d due to t	he onuse(s) and ma	nger ee et	ntad		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of examin									(a) and manner se stated	
응			,, .,								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	75015	10	Mal	29c. LICENSI	E NUMBER	7	29d. DA	TE SIGN	D (Month, Day, Year)	
10	ZDIVWY HI	TENDIS	- Ci	Mo	νZ	17	16		11)	16)9/	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	e, Print)	_	DATA	PCC	2 01 1	AT T.	M.	ME MO	
	>ULY AT THUNDRA		15 (5-1	1111		J 1~. J		7-10	2122	
	31. DATAPHUET (Magnin Stay, heigh)	HUNATURE CARE								0,000	





E	9		
ospi	hed		
e h	etac		300
th (e d		0
5	q p		9
ine	700		fe
reta	SS		101
8	9		. 0
Пау	Б		12
9	cto		Ë
age	dire		10
ď.	Ela		Ē
eath	fune		Хап
P Je	he	Sign	9
aft	70	É	ica
MIS	.⊆	re re	Ded
N No	lled	0.	E
n 24	ly fi	atio	=
ij.	ete	E	E
Ø.	Ę	2	eve
cute	00 p	urla	2
exe	an	Q o	Tal
8	cian	0	INE.
ate	JS.	p	===
tiffe	0 0	ene	the
9	ujpu	Ž	r 0
eath	atte	ta	0 %
e d	he	Mer	5
t t	5	p	든
tha	pa	th a	any
ires	sign	leal	50
nba	en	of	9
≥	pe :	pt.	S
e e	has	0 0	2 4
Ē	sate	tate	Iten
IAN	Tiff	9	0
Sic	S Ce	中日	Ď
Ŧ	Ę.	₹	rke
Se	fter	eath	E
2	S. A	Ď is	S
E	Ē	afte	28
TO THE HONGTON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	AUS	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
Z	0	2	=
ø	RA	7/2	
ŝ	N	#	AN
ш	FF	₹ D	F
H	Ŧ	ele e	PO
2	2	20	2

	91. Items:23 pa FOR 1. STATE reb REGISTRAR	STATE OF	T, 27, 28a Maryland /	DEPAR	RTMENT ICATI	TOF H	er M	IEO C	G-68 MENT/	2 12/4/ AL HYGIEN	/91 (9!	31637
	1. DECEDENT'S NAME (First, Middle, Last)		CI	-NIII	ICATI	E OF	DEA	<u> </u>		REG. NO			
	George		Tohn		T.T				MON		AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	John 6. AGE (In yrs. les	l birthday)	IF UNDER	nick	IF UNDER 24 HRS.		7. DATE OF BIRTH		1991		7:05 A M
	220-74-0170	1XXM 2 F	3:	2 YRS.	MONTHS	DAYS	HOURS	RS MIN.		1-1.0-1959		6. BIRTHPLACE (State or Foreig MARYLAND	
	9a, FACILITY NAME (If not institution, give s	street and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
HC	Trinity EV/Luther	an Churc	ch-			Baltimore							SAIN .
5			nt steps										
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	CITY, TOWN OR LOCATION						10d. INSID		
	MARYLAND BAI	TIMORE					EDGE	MERE	=				1 TYES Z NO
RA	Contract of the second	um nain				101	ZIP CODI				10g. CIT/2	ZEN OF W	HAT COUNTRY?
FUNERAL	9025 CUCKOLD POT							212					U.S.A.
	1 Never Married 2 Married	FUNCES? 1	T EVER IN U.S. AR	MED (O	13.	WAS DEC	ENGENT C	F HISPAN	IIC ORIG	IN? (Specify Yes	or No-	14. RACE Black,	- American Indian, White, atc.
B	3 Widowed 4XX Divorced	IF YES, GIVE V	MAR OR DATES	If yes, specify Cuban, Maxican, Puan 1 YES 2 NO Specify:					/:		- 1	Specify	WHITE
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	IN.		16	b. KINO OF BUS	SINESSAIND	HETDY	WIZIC
ᆸ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	Do NOT u	work done (se retired.)	during mo:	st of working	g	"	o. Killo or Bo.	SINE 33/IND	OSINI	
린	12TH GRADE	N/A	,	5	SKILL	ED L	ABOR	2					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	TER'S NA	ME (First,	Middle, Malden	Surname)		
BE (EDWARD FRANK HRA	NICKA, S	SR.				JO	SEPH	HINE	MARY T	TAYLO	RSON	
2	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	AODRESS	S (Street a	nd Number	or Rural F	loute Nur	mber, City or Tow	n, State, Zip	Code)	
	EDWARD F. HRANIC	KA, JR.		025 C	cucko	LD F	POINT	ROA	D	BALTI	MORE,	MD	21219
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rame	ovel from State	20b. PLACE A						OA	TE 20c. LO	CATION — C	City or Tow	rn, Stata
	4 Donation 5 Other (Specify)		SACKEL	HEA									E, MARYLAND
	THE STATE OF	22	NAME AM	RUCK	S OF FAC	PERA	I. HOME	OF D	LINDA	LK INC.			
	THE M	0			1 7	922	WISE	AVE	NUE	DUNI	DAIK.	MD	21222
CERTIFICATION										Interval Between Onset and Dasth			
- 11	PART II Other significant condition		4.46.4										
₽ B	PART II. Other algnificant condition Cocaine Abuse	a contributing to	daath but not re	eaulting	n the un	derlying	cauaa g	iven in i	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICA	COOCITIC TIDADC		-						_	1 YES 2	□ NO		CDMPLETION OF CAUSE OF DEATH?
Ξ									_				T YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL												
泛Ⅱ	EXAMINER?	HOSPITAL:	LE .		OTHER	t:	ACE OF DE			fre	ont a	tona	of a
<u>¥</u> ∥	27. MANNER OF DEATH	28a. OATE OF	ER/Outpatient 3	28b. TIM	_		5 Re	idence i		" (Special Chi	ırch		OI a
	1 Natural 5 Pending	(Month, D.		INJ	URY	WOF			1	SCRIBE HOW IN	JURY OCCI	URED	
à	2 Accident Investigation 3 Suictde Mill Could not be	28e. PLACE O	F INJURY — At hon	unkno			2 4	(NO		nown	- 4 11		
	4 Homicide 8 Could not be daterminad	ounding,	етс. (эреспу)						City	CATION (Street as or Town, State)	2427	MCE]	derry St.
<u> </u>	290. CERTIFIER 1 CERTIFYING PHYSIC		wn.found										**
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	R: On the basis of a	My knowledga, dea	th occurre	d at the th	me, data a	and place,	end due t	to the ca	use(s) and men	ner es state	d.	
	295 SIGNATURE AND TITLE OF CERTIFIER			westigetio	ii, iii iiiy o					a and placa, and	dua to the	cause(a)	and manner as stated.
H H	Donald & 11	16 MD				- 1	29c, LICE	NSE NUM	BER		29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUS	SE OF OFATH TITEM	27) /Fmc	Drine1		O.C.	M.E			11	17	1991
	DONALD G. WRIGHT	MD DCM	€ 11			reet	Ba	altir	nore	Marvl	and 2	1201	
- [11. DATE FILED (Month, Day, Year) NOV 1 9 1991 Ju		R'S SIGNATURE										

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	_
1	
1	
1	
1	
1	
1	
	1
	1
	6
J	ì
1	١ (
1	L
1	- (
1	-
1	
1	١.
1	
1	1
1	ı
1	1
	1
ı	:
ı	١,
1	1
1	1
1	
1	١.
1	H
1	l 1
1	٠,
J	7
1	-
1	- 2
ı	- 5
ı	(
ı	1
ı	7
ı	١,
ı	
ı	H
ı	
ı	
ı	
ı	
1	
1	
1	
1	
	_
П	г
	ı
1	
J	l
Ш	1
ı	1
1	٠.
1	2
1	1
1	
	1 2
ı	١ !
J	ı

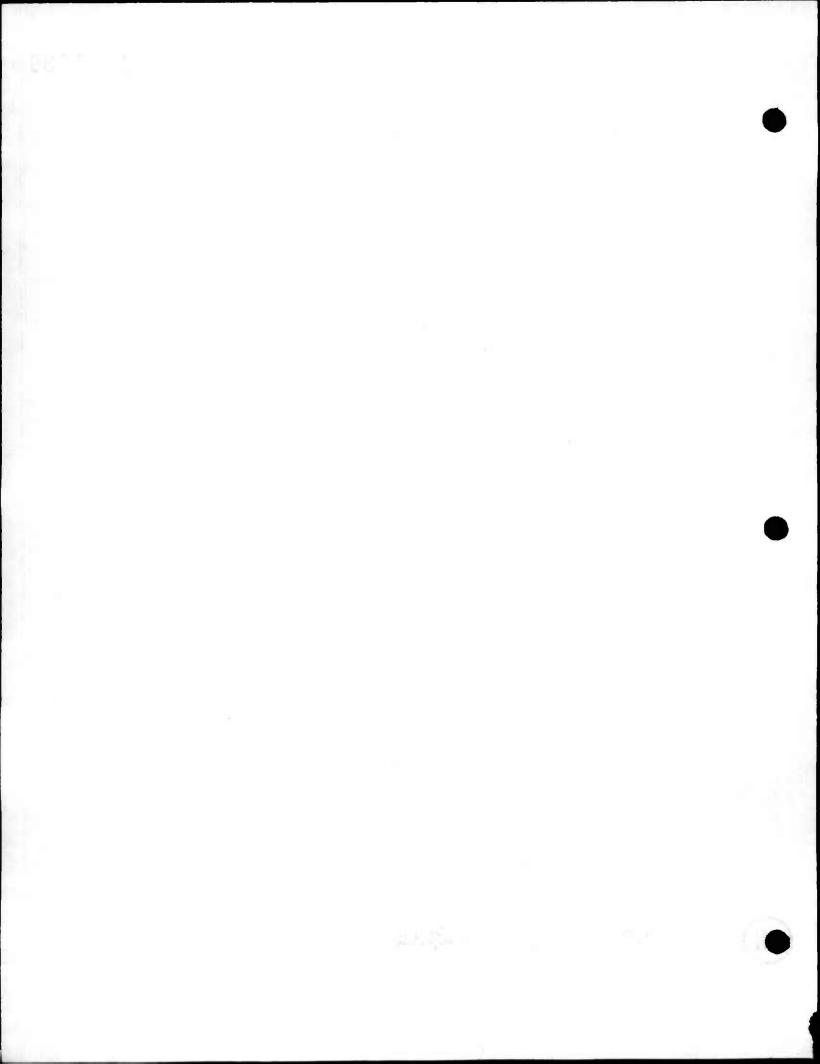
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F OEATH			3. TIME OF OEATH	
PLUMA			Ho	LL;	DA	Y		MONTH	1 %		EAR /	1:00 A	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER		7. DATE OF	F BIRTH Day, Year)	8.	8. BIRTHPLACE (State or Foreign Country)		
215-05-6018	1 🗌 M 2 🏿 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.		08-			h Caroli	
9e. FACILITY NAME (If not institution, give si	reet end number)			9b. CITY	r, TOWN C	OR LOCATION	ON OF DI			9c. COUNTY			
Liberty Medica	1 Cent	er		Ва	lti	more	9						
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		_:.***	10c. CIT	CITY, TOWN OR LOCATION 10d. INSIDE CITY								10d. INSIDE CITY	
Md			Ba	ltim	ore							LIMITS?	
10e. STREET AND NUMBER					_	. ZIP COD	E	10g. CITIZEN OF				WHAT COUNTRY?	
5447 Jonquil Av		21215						US	ISA				
11. MARITAL STATUS	ARMEO					NIC ORIGIN? on, Puerto Ric		or No- 14.	RACE	- American Indien, White, atc.			
1 Never Merried 2 Merried 3 🕅 Widowed 4 Divorced		MAR OR DATES				2 NO			can, etc.)		Specify		
		100	OECEDENT'S	1	40110451			Lance				Diack	
(Specify only highest grade completed)					during mo	ost of working	ng	186. 7	CIND OF BU	SINESS/INDUS	THY		
Elementary/Secondary (0-12) 12 th	College (1-4 or 5 2 nd	+)	acto	-		er			Ind	ustri	al		
17. FATHER'S NAME (First, Middle, Last)	2 110		4000.	- 1	1011		HER'S NA	ME (First, Mi			-		
Robert D. Flo	vd							el St					
19e. INFORMANT'S NAME (Type/Print)	7		196. MAILING	ADDRES	S (Street					n, State, Zip Co	ide)		
Pluma Floyd Lee	2		5447	Jor	nqui	.1 A	ve.	Balt	.0.,	Md. 2	12	15	
200 METHOD OF DISPOSITION		20b. PLA0	CE AND DAT	E OF DISF	POSITION	(Name		DATE	20c. LO	CATION - City	or Toy	rn, State	
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	_ Mary	PLACE AND DATE OF DISPOSITION (Name metacy, crematory or other place) Syland National Cem.					. 11-	18 L	aurel	Ma	aryland	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY	orri	ck C	T	onos F H	
Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md.15													
23. PART I. Enter the diseases, or	complications th	at coused tha	desth. Do	not enter	r the mo	ode of dy	ing, auc	h as cerdi	ec or reap	Iratory arreal	t.	Approximate	
IMMEDIATE CAUSE (Final			ina.					٨				Onset and Deat	
disease or condition resulting in death)	a. <u>Con</u> DUE TO	O GE 577 O (OR AS A CONS	VE BEOUENCE O	2070			FA1			\$ E			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b. A 127	0 (0R AS A CONS	VE BEOUENCE O CLER BEOUENCE O	2017'd			FA1			\$ E			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b. A 127	O GE 577 O (OR AS A CONS	VE BEOUENCE O CLER BEOUENCE O	2017'd			FA1			\$ E			
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	0 (0R AS A CONS 7 [2] 0 5 0 (0R AS A CONS 0 (0R AS A CONS	VE SEQUENCE O CLEA SEQUENCE O	2097°C	: <i>)</i> -	1EA	RT	Part I.		I AUTOPSY RMED?		Onset and Deat	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	0 (0R AS A CONS 7 [2] 0 5 0 (0R AS A CONS 0 (0R AS A CONS	VE SEQUENCE O CLEA SEQUENCE O	2097°C	: <i>)</i> -	1EA	RT	Part I.	SEA 24a. WAS AN PERFO	I AUTOPSY RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PIN W EMO 25. WAS CASE REFERRED TO MEDICAL	DUE TO	0 (0R AS A CONS 7 [2] 0 5 0 (0R AS A CONS 0 (0R AS A CONS	VE SEQUENCE O CLEA SEQUENCE O	20 17 2	nderlyin 28. P	d E A	FA1	Part I.	24a. WAS AN PERFO!	I AUTOPSY RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant condition	DUE TO	O GE 577 O OR AS A CONS O OR AS A CONS O OR AS A CONS	SEQUENCE O	OTHE	nderlyln 28. P	ig couse	given in	Part I.	24a. WAS AN PERFO!	I AUTOPSY RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant condition PIN W EMO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO DUE TO d. HOSPITAL: 1 1 inpution: 2	O GE 577 O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE O	OTHE 4 Number of July	28. PER: INING Hon	ILACE OF E	given in	Part I.	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PIN W EMO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \$\frac{1}{2}\$ NO	DUE TO DUE TO	O GE 577 D (OR AS A CONS D (OR	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O STATEMENT STATEMENT SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O	OTHE 4 Number of Juny M	28. P	LACE OF E	given in	Part I.	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED? I NO INJURY OCCUR	RED	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PIN U EMO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	b. A /2) DUE TO d	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O STATEMENT STATEMENT SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O	OTHE 4 Number of Juny M	28. P	LACE OF E	given in	Part I. Peck only one 6 Other 28d. DESC	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED? I NO INJURY OCCUR	RED	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other algnificant condition PIN II. Other algnificant condition PI	b. A /2) DUE TO d	O (OR AS A CONS O (OR AS A CON	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O STATEMENT STATEMENT SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O	OTHE 4 Number of Juny M	28. P	LACE OF E	given in	Part I. Peck only one 6 Other 28d. DESC	24a. WAS AN PERFOI 1 YES :	I AUTOPSY RMED? I NO INJURY OCCUR	RED	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant condition PIN W EMO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO DUE TO	OF INJURY — AI , etc. (Speedly)	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O The seouting in th	OTHE OTHE OF Street, feel	28. P. FR: Iraing Hon 28c. IN. 1 Cotory, office	LACE OF E	given in	Part I. Part I. Beck only one 6 Other 28d. DESC City o	24a. WAS AN PERFOI (Specify) (Specify) (Street r Town, State	I AUTOPSY RMED? I NO INJURY OCCUR and Number or	RED Rural A	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initieted events resulting in death) LAST PART II. Other algnificant condition PIN W EMO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO C. DUE TO d.	OF INJURY — AI , etc. (Speedly)	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O The seouting in th	OTHE OTHE OF Street, feel	28. P. FR: Iraing Hon 28c. IN. 1 Cotory, office	LACE OF E LACE OF E JURY AT ORK? YES 2 [ce e end place death occur	given in	Part I. Part I. Check only one 6 Other 28d. DESC City of e to the cause e time, date of	24a. WAS AN PERFOI (Specify) (Specify) (Street r Town, State	I AUTOPSY RMED? I NO INJURY OCCUR and Number or nor as stated. Ind due to the s	RED Rural A	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PIN MEMO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO C. DUE TO d.	OF INJURY — AI , etc. (Speedly)	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O The seouting in th	OTHE OTHE	28. P. FR: Iraing Hon 28c. IN. 1 Cotory, office	LACE OF E LACE OF E JURY AT ORK? YES 2 [ce e end place death occur	given in DEATH (C) enidence NO e, end due ired at the	Part I. Part I. Check only one 6 Other 28d. DESC City of e to the cause e time, date of	24a. WAS AN PERFO! 1 YES : (Specify) CRIBE HOW TION (Street r Town, State)	I AUTOPSY RMED? INJURY OCCUR and Number or onner as stated, and due to the 6	RED Rural R	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PIN MEMO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	DUE TO DUE TO	O GR S A CONS O (OR AS A CONS	SEOUENCE O CLER SEOUENCE O SEOUENCE O Ot resulting 3 DOA 28b. Till IN home, farm, death occurring	OTHE 4 ON Number of at the con, in my	28. P. P. P. P. P. P. P. P. P. P. P. P. P.	ILACE OF E THE S R SUBTY AT ORK? YES 2 THE S	given in given	Part I. Part I. Check only one Color one Body Color Part I. Color one Body Color City one To the cause of time, date of MBER	24a. WAS AN PERFO! 1 YES : (Specify) CRIBE HOW TION (Street r Town, State)	I AUTOPSY RMED? INJURY OCCUR and Number or onner as stated, and due to the 6	RED Rural R	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PIN MEMO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO C. DUE TO d.	OF INJURY — All get of Dearth (in summarisation end)	SEQUENCE O CLER SEQUENCE O SEQUENCE O Requiring 3 DOA 28b. Till IN home, farm, death occurr for investigati	OTHE 4 Nu ME OF JURY M street, fac	28. P P: PR: ming Hon 28c. IN. WC 1 L Ctory, office time, dark opinion, c	LACE OF E TLACE O	given in given	Part I. Pert I. Beck only one 6 Other 28d. DESC City of to the cause time, date of MBER 3 3 december 1	24a. WAS AN PERFO! 1 YES : (Specify) CRIBE HOW TION (Street r Town, State)	I AUTOPSY RMED? INJURY OCCUR and Number or onner as stated, and due to the 6	RED Rural R	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO outs Number, end manner ee stated. (Month, Day, Year)	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PIN III. Other algnificant c	DUE TO DUE TO	OF INJURY — All get of Dearth (in summarisation end)	SEOUENCE O CLER SEOUENCE O SEOUENCE O SEOUENCE O Tresuiting 3 DOA 28b. Tilk IN. death occurr for investigati	OTHE 4 Nu ME OF JURY M street, fac	28. P P: PR: ming Hon 28c. IN. WC 1 L Ctory, office time, dark opinion, c	LACE OF E TLACE O	given in given	Part I. Pert I. Beck only one 6 Other 28d. DESC City of to the cause time, date of MBER 3 3 december 1	24a. WAS AN PERFO! 1 YES : (Specify) CRIBE HOW TION (Street r Town, State)	AUTOPSY RMED? INJURY OCCUR and Number or nner as stated. and due to the state.	RED Rural R	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Dute Number, end manner ee stated. (Month, Dey, Year) 2 '91	

scholo-culture, see priving

DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALLIM	BALIIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	tion, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.	nust be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH				
	Raymond	Henderso	on, Sr.			MONTH DA	Y YEAR	TITOM				
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	TH 8. BIRTHPLACE (State or Foreign Country)					
		1 K M 2 □ F 81	YAS.			6-14-1910		N.C.				
Œ	99. FACILITY NAME (If not institution, give etre		9		OR LOCATION OF E		9c. COUNTY O	FDEATH				
DIRECTOR	Union Memorial	Hospital		Balt	imore Ci	ty						
H.	10e. STATE 10b. COUNTY		10c. CITY,	TION	10d. INSIDE CITY							
	Md		Balt	imore				LIMITS?				
FUNERAL	100. STREET AND NUMBER 1208 E. 35th Street	. 1		101	. ZIP CODE	F WHAT COUNTRY?						
NE					21218	Α						
	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DEC	ENDENT OF HISPA ecity Cuben, Mexic	NIC ORIGIN? (Specify Yee an, Puerto Rican, etc.) fy:	Bi	ACE — American Indian, ack, White, etc.				
ВУ	3 🕅 Widowed 4 🗌 Divorced	IF TES, GIVE WAR ON DA	AIES	1 L YES	2 NO Speci	fy:	Sp	Black				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION ompleted)	16a. DECEDENT'S US	UAL OCCUPATION done during mo	ON st of working	16b, KIND OF BUS	INESS/INDUSTRY					
LE.	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)	ot or worning		aliai					
ME	17. FATHER'S NAME (First, Middle, Last)						skay					
	Lemuel Henderson	1				AME (First, Middle, Melden : Crews	Surname)					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	DRESS (Street e		Route Number, City or Town	State 7to Control					
2	Re. William L. Hende	erson	1208	E. 35th	Street	Baltimore, I	Md 21218					
	20e, METHOD OF DISPOSITION 1 Description Method Meth	al from State 20b.	PLACE AND DATE OF	DISPOSITION (Na	me of	DATE 20c. LOC	CATION — City or					
	4 Donetion 5 Other (Specify)	U	uraney vari				monium,	Md				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			D ADDRESS OF FA							
	Bemard of	Mount		Marc	h F/H Wes Wabash	t Avenue						
	23. PART I. Enter the diseases, or con shock, or heart fallure. /Li	mplications that caused	the death. Do not	enter the mo	de of dying, suc	h as cardiac or respir	atory arrest,	Approximate				
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Manager G.S. Delución and Death											
	resulting in death) a.	Massive	617	blua								
		0 0 0	CONSEQUENCE OF):									
<u>o</u>	Sequentisity list conditions, if any, leading to immediate											
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	Myocard	inf	arction	M			İ				
TIFI	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	2								
CERTIFICATION	resulting in death) LAST			·								
AL C	PART II. Other algnificant conditions	contributing to death bu	it not resulting in t	the underlying	cause given in	Part I. 24a. WAS AN A	WTOPSY 2	4b. WERE AUTOPSY FINDINGS				
SC						PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ME	()					T TES 2	DANO	OF DEATH?				
ž							1	· [] ies z [] iio				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSENTAL:			ACE OF DEATH (C)	eck only one)						
KSI		IOSPITAL:	tlent 3 DOA 4	THER: Nursing Home	5 - Residence	8 ☐ Other (Specify)						
	27. MANNER OF DEATN 1 Natural 5 Pending	(Month, Day, Year)	2ab. TIME O		DRY AT RK?	28d. DEŞCRIBE NOW IN	JURY OCCURED					
B	2 Accident Investigation	28e PLACE OF IN HIDY	At home down		ES 2 NO							
8	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Special	(y)	et, rectory, office	1	26f. LOCATION (Street an City or Town, State)	d Number or Rure	I Route Number,				
	290. CERTIFIER 1 DESTRICTION DAYS COM	N: To the heat of an in-	4-1-1									
COMPLET		AN: To the best of my knowle On the basis of examination						(0)				
	29b. SIGNATURE AND TITLE OF CERTIFIER	1		111111111111111111111111111111111111111	29c. LICENSE NUI							
B	2 Days	AT MD	*		29C. LICENSE NUI	MBEH	29d. DATE SIGNI	ED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	nt)			- 11/	691.				
	ESTEPHAN N.	ZAYHT - 1	JNION 1	YFMOR	IQL HO	SPITAL						
	31. DATE FILED MOOTE 1991	32 REGISTRAR'S SIGNA		1,11	110							
		A MONTH MANAGEN	-Mayaras									



60, BALTIMORE, MARYLAND 21215-0020	within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	ppletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should cremation, or removal.	vent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	MAY YEA	3. TIME OF DEATH		
		Α.		LAND		11 14	1991	6:40 a M		
	010 74 0044		(In yrs. lest birthder 24 YRS.	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-31-1967	8. Bli	RTHPLACE (State or Foreign unitry)		
	9e. FACILITY NAME (If not institution, give street	.,		9b. CITY, TOWN	OR LOCATION OF S		9c. COUNTY O	Md F DEATH		
8	2228 DIVISION	STREET		BALT	IMORE					
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100.0	ITY, TOWN OR LOC	TION		10d. INSIDE CITY			
DIRECTOR	Md			ltimore	Allon		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	10e. STREET AND NUMBER		1 00		Of. ZIP CODE		10g. CITIZEN OF WHAT CO			
FUNERAL	2228 Division Str	reet			21217		SA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, s	CENDENT OF HISP/ pecify Cuben, Mexic S 2 X NO Spec	NIC ORIGIN? (Specify Ye en, Puerto Rican, etc.) thy:	В	ACE — American Indian, leck, White, etc.		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	(Give kind o	'S USUAL OCCUPAT of work done during in usa retired.)	ION lost of working		siness/industrative	Parking Garage		
8	17. FATHER'S NAME (First, Middle, Last)	ivi -			18. MOTHER'S N	AME (First, Middle, Maider	Sumeme)			
BE	Charles R. Holland					Holland				
2	190. INFORMANT'S NAME (Type/Print) Felicia Holland					Ploute Number, City or Tow timore, Md 21				
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove	al from State CA	b. PLACE AND DAT	EOF DISPOSITION (I	lame of	DATE 20c. LC	CATION — City or			
1 1	4 Donetion 5 Other (Specify)		ארטענעט ויופּ		AND ADDRESS OF F		rbutus, M	d		
	× 40-00	10.		M	erch F/H We	est				
	23. PART I. Enter the diseees, or cor	mplications that cause	ed the death. Do	not enter the m	300 Wabash	1 AVENUE ch es cerdiac or reep	iratory arreet,	Approximate		
	IMMEDIATE CAUSE (Finel	sease or condition								
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
ERT	resulting in death) LAST									
MEDICAL	PART II. Other aignificent conditions	gnificent conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 XYES 2 NO								
	25. WAS CASE REFERRED TO MEDICAL			26, 1	LACE OF DEATH (C	hack only one)				
AN			OTHER:		6 Other (Specify)					
SICIAN		OSPITAL: Inpatient 2 ER/Out	tpatient 3 L DOA	I 4 □ Nursing Ho	ne 5 i A Realdence					
PHYSICIAN	1X YES 2 NO 1	Inpatient 2 ER/Out	26b, T	ME OF 26c. IN	JURY AT	28d. DESCRIBE HOW	NJURY OCCURED			
PHYSIC	1X YES 2 □ NO	28s. DATE OF INJURY (Month, Day, Year)	9 9 1	ME OF 26c. IN W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW		AND STABBE		
B	1 X YES 2 NO 1 27. MANNER DF DEATH 1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	9 9 1 Y — At home, ferm	ME OF JURY M t	JURY AT ORK? YES 2 [V] NO	28d. DESCRIBE HOW SUBJECT 281. LOCATION (Stood City or Town, State)	BEATEN 28 DIV	AND STABBE		
B	1X YES 2 NO 1 27. MANNER DF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	Inpetient 2 ER/Out	991 Y — At home, ferm ec/ly) PRI wledge, death occu	ME OF NJURY M t	JURY AT ORK? YES 2 X NO ce SIDENCE	28d. DESCRIBE HOW SUBJECT 281. LOCATION (Street, City or Town, Street) BALTIMO	BEATEN and Aumber of Fluid 28 DIV RE, MA	TSTON STREE RYLAND		
B	1X YES 2 NO 27. MANNER DF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	Inpetient 2 ER/Out	991 Y — At home, ferm ec/ly) PRI wledge, death occu	ME OF NJURY M t	JURY AT ORK? YES 2 X NO ce SIDENCE	28d. DESCRIBE HOW SUBJECT 281. LOCATION (Street, City or Town, Street) BALTIMO	BEATEN and Aumber of Fluid 28 DIV RE, MA	TSTON STREE RYLAND		
COMPLETED BY	1X YES 2 NO 1 27. MANNER DF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	Inpetient 2 ER/Out	991 Y — At home, ferm ec/ly) PRI wledge, death occu	ME OF NJURY M t	JURY AT ORK? YES 2 X NO ce SIDENCE	28d. DESCRIBE HOW SUBJECT 281. LOCATION (Street, City or Town, Tate) BALTIMO a to the cause(e) and man of time, date end piece, er	BEATEN and Sumber of Flux 28 DIV RE, MA more as stated, and due to the cous	TSTON STREE RYLAND		
) BE COMPLETED BY	1X YES 2 NO 27. MANNER DF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER Wornald H. Wush	inpetient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Near) 1 1 / 1 4 / 1 26e. PLACE OF INJURY building, etc. (Spe	991 Y — At home, ferm scr/ry) PRI wiedge, death occurrent/or investigation	ME OF SURY M t 28c. IN W t , street, factory, offil VATE RE rred at the time, dat ton, in my opinion,	JURY AT ORK? YES 2 NO CE SIDENCE e end place, end dudenth occured at the	28d. DESCRIBE HOW SUBJECT 281. LOCATION (Stood, City or Town, State) BALTIMO a to the cause(e) and main or time, date end piece, er	BEATEN and Aumber of Flux RE, MA noor se stated. Ind due to the caus 29d. DATE SIGN	I SION STREE RYLAND		
) BE COMPLETED BY	1X YES 2 NO 1 Netural 1 Netural 2 Accident 3 Suicide 4 Momicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	inpetient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Near) 1 1 / 1 4 / 1 26s. PLACE OF INJUR building, etc. (Spe AN: To the best of my know On the bests of examinate	PRI wiedge, death occuon end/or investigat	ME OF JURY M t 28c. IN W t T 2 CONTROL OF THE RE THE THE THE THE THE THE THE THE THE TH	SIDENCE e end place, end dudenth occured at the	28d. DESCRIBE HOW SUBJECT 281. LOCATION (Street, City or Town, Tate) BALTIMO a to the cause(e) and man or time, date end piece, er	BEATEN 28 DIV RE, MA noor as stated. In the couse of	a Fourse, Number: STRERRYLAND e(s) and menner es stated.		

OHMH-16 Rev 1/89

		1	
CHO:			1
			3
			_3
			1)
	# E 37 1940 1 197		•
			1
		we:	

_	
	١
	7
_6	
9	
37	
3	
×	
0	
ш	ł
O.	
۵.	
RECORDS, P.O. BOX 68760,	
õ	Ì
œ	
Ö	
0	
æ	
_	
⋖	
>	
_	-
$\stackrel{\smile}{=}$	1
\sim	
Ĭ	
=	į
DIVISION OF VITAL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
	JERRY				HAL	SEV				MONTH DA	5	91	u Ime or bearing	
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. las			R 1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign	
	705-10-95	15	1 🔀 🛪 2 🗆 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	2-14-08	3	Country	S.C.	
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CIT	r, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF DE	ATH	
DIRECTOR	2238 CEC		VENUE				BA	LTI	MORE	E CITY				
[[[RESIDENCE OF DEC	10b. COUNT	~			ITY, TOWN OR LOCATION								
E	MD	100.000111	•			BALTIMORE CITY						10d. INSIDE CITY VENTS? 1 YES 2 NO		
-	10e. STREET AND NUMBER					1 □ Yi 101. ZIP CODE 10g. CITIZEN OF WHAT CO								
FUNERAL	0000 000													
I S	2238 CEC	IL A	12. WAS DECEDEN	T EVER IN U.S. AR	MED							S . A .		
	1 Never Married 2 Married FORCES? 1 YES 2 I				yo		if yes, sp	ecify Cuba	n, Maxica	n, Puarto Rican, atc.)	OF 140-	Black,	White, atc.	
ВУ	3 Wildowed 4 Divo	rced	01 10 20 2				1 123	² □ NO X	Specify		İ	Specify	Black	
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL C	CCUPATIO	ON est of working	30	16b. KIND OF BUS	SINESS/IND	USTRY	BIACK	
E	Elementary/Secondary (0		College (1-4 or 5	1)				st of working						
MP	6th Grad			E	<u>Beth</u>	lehe	em S	tee	l .Co	orp				
8	17. FATHER'S NAME (First, M. Westly		2017					18. MOTI	HER'S NA	ME (First, Middle, Maiden	Sumame)			
BE	19a. INFORMANT'S NAME (7		зеу					I	da_	Cros	by			
2	Geraldin		Halsey	.190	b. MAILING 2.2	ADDRES スタ (S (Street a	nd Number	or Rural F	oute Number, City or Town	n, State, Zip	Code)	21218	
	20a. METHOD OF DISPOSITE		naise		_				ve./					
1	XXBuria 2 Crematio	n 3 🗆 Bam	oval from State	cemetery, cre	matory or o	ther place!			T		CATION —			
1	21. SIGNATURE OF FUNERA		PRINSEE	1 ME) . IV			ND ADDRES			Lat	urel, Md.		
	► Dag	MI	121/								٠			
-	Mill	JUL 1	MA			V	VM.C	. M.	ARCE	H F.H. 11	.01 F	E. N	ORTH AVE.	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Fine) disease or condition Maturity Destity Onsat and Deat										Onsat and Death			
	resulting in death) = a. I'ICINSINIC TISSINIE CANCE									it yrs.				
			DUE TO	(OR AS A CONSEC	DUENCE O	F):							J	
CERTIFICATION	Sequentially list conditi	ons,	b DUE TO	(OR AS A CONSEC	DUENCE O	JENCE OF):								
AT	if eny, leeding to immed cause. Enter UNDERLY!	NG				,							İ	
Ĕ	CAUSE (Diseese or inju that initiated events		DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
E	resulting in death) LAS	T	d											
ਹ	PART II. Other significe	nt condition	e contributing to	death but not -		- ab								
MEDICAL		- CONCINION	- contributing to	deeth pot not t	esuring	in the ur	ideriyinç	g cause g	jiven in i	Part I. 24s. WAS AN . PERFOR		1	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
										1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?	
11										_		- -	1 TES 2 NO	
AN	25. WAS CASE REFERRED TO	MEDICAL					00.00	105.05.05						
S	EXAMINER?		HOSPITAL:	EB/Outputters 2		OTHE	3:			ck anty one)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF		28b. TIM		28c. INJ		sidenca (B Other (Specify) 28d. DESCRIBE HOW IN	IIIII OCC	UDED		
		Pending	(Month, D	ay, Year)	INJ	URY	WO	RK7	1 NO	20d. DESCRIBE NOW IF	JUNI OCC	UNED		
9		rivestigation Could not be	28e. PLACE O	F INJURY — At ho	me, farm, s	street, fact				281. LOCATION (Street a	nd Number	or Rumi Ro	uta Number	
COMPLETED		intermined	bullding,	atc. (Specify)					1	City or Town, State)				
1 1	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge de	eth occurre	ad at the t	ime date	and place	and due	to the cause(a) and man				
ž I	one) 2 MEDI	CAL EXAMINE	R: On the basis of a	ramination and/or i	nvestigatio	n, In my c	pinion, d	eath occur	and dua i	time, data and place, and	ner aa state f dua to the	M.	and manner as stated	
	29b. SIGNATURE AND TITLE													
BE	Paul	Sm	ulla	mo				DI	NSE NUM	W/F	29d, DATE	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	4 27) (Type.	Print)		/ (, , , ,		- //	10/	1/	
			- 1 0	mo		Jo.	hos 1	topkin	& Ho	wo B	celto.	, Mr	2005	
	31. DATE FILED (Month, Day,	6ar)	-	I ASIGNATIONO	ماناه	7				1		,		
	NOV19	1991	dunan	turni . If .										





1831" "

tol (file a transfer of the file

٩
The state of the s
:
ĵ
d
1
į
٦
ì
44
į
1
•
-
,
,
-
ŝ
Ę
-
ì
9
1
į
c
٩
STATE OF STA
è

					TOATE OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last	Gene	Jose		Holy		N	OV. 1		YEAR 1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-10-0516	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. la:	rst birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(A	ATE OF BIRTH North, Day, Yeer)	- 1	8. BIRTH Count	HPLACE (State or Foreigny)
	9e. FACILITY NAME (If not institution, give		64 ot 121		9b. CITY. TOWN	OR LOCATION OF		pt. 16,1			ryland
OR	7734 Was	hington		,	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOWard C						
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			10c CIT	Y, TOWN OR LOCA						
DIRECTOR	Maryland			1	Baltimo						10d. INSIDE CITY LIMITS? 1 XYES 2 N
IAL	10e. STREET AND NUMBER					of, ZIP CODE			10g. CITIZ	EN OF V	WHAT COUNTRY?
FUNERAL	529 Freeman St.					21225			U.S		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2XX	RMED ₹10	II yes, s	CENOENT OF HISP pecify Cuben, Mexic S 2 NO Spec	cen, Pue		or No-	Spec	E — American Indian k, White, etc.
TED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DE	ECEOENT'S Give kind of w	USUAL OCCUPATI work done during m	ION ost of working		16b. KIND OF BUS	SINESS/INDU	STRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	College (1-4 or 5+)								
COMPL	17. FATHER'S NAME (First, Middle, Last)			cabi	inet mak		AAAF (F)		pentr	У	
ш	Joseph Holy	, Jr.						es Marga		100	con
0 8	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rura	/ Route A	Number, City or Tow	n, State, Zip (TEG!	2011
-	Jo Anne Ritter			3606	Second	St. (212	225)				
- li	20e. METHOD OF DISPOSITION 1 Burlal 2 Coremetton 3 Rer 4 Donation 5 Other (Specify)	moval from State	cemetary, cre	AND OATE C	of disposition (N ther place) ematory	ame of			CATION CI		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Metr	o cre	22. NAME A	ND ADDRESS OF F	11/				, Marylar
	Manat	m2 -		/	. George	J. Gond	e F	uneral	Home,	P. A	Α.
	23. PART I. Enter the diseases, or	complications that	caused the de	eath. Do n	4001	Kitchie	Hgw	y., Bal	timore	2, N	ID 21225
1.3			s on each line	e.	ot enter the mo	ode of dying, au	ch sa c	erdiac or reapi	ratory arres	st,	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. CHR. DUE TO (C	LONC	OUENCE OF	GEST. PROSCL	100	H	EART	FAIL		Approximate interval Bate Onset and E
CAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CHR DUE TO (C b. PROPAS (DUE TO (C c. DUE TO (C d. Inne contributing to d	OR AS A CONSECUTION OF AS	OUENCE OF	RDSCL	TROTIC	H 3	EART	AUTOPSY MED?	UR	were autopsy fini and finite autopsy fini and finite autopsy fini and finite autopsy finite auto
MEDICAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant conditions in the cause of the	a. CHR DUE TO (C b. PROPAS (DUE TO (C c. DUE TO (C d. Inne contributing to d	OR AS A CONSECUTION OF AS	OUENCE OF	RDSCL	TROTIC	H 3	SEASO 1SE	AUTOPSY MED?	UR	WERE AUTOPSY FIND AMAILABLE PRIOR OF CALL OF DEATH?
MEDICAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition of the condition	B. CHAR. DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C)	DR AS A CONSECUTION OF AS	CON COURNER OF COURNE	ROSCL	TROTIC	A Part I	24a. WAS AN PERFOR	AUTOPSY MED?	UR	Interval Bet Onset and I
SICIAN: MEDICAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	a. CHAR. DUE TO (C. DU	DR AS A CONSECUTION AS	CON COURNER OF COURNE	CEST	g cause given in	Part I	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Interval Bat Onset and I WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
PHYSICIAN: MEDICAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significant condition UNDERLYING CAUSE CAUSE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	a. CHR DUE TO (C b. PLOCATS (DUE TO (C c. DUE TO (C d	DR AS A CONSECUTION OF AS	CON COURNER OF COURNE	CEST P: ROSCL P: TO: 26. PI OTHER: 4 Nuraing Hone URY 28c. IN. WC	g cause given in	Part I	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Interval Bat Onset and I WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
ED BY PHYSICIAN: MEDICAL C	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition UNDERLYING CAUSE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH	B. CHAR. DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C) HOSPITAL: Inpution: 2 E 280. DATE OF IN (Month, Day.	DR AS A CONSECTOR AS	CON COURNER OF COURNE OF COURNER	CEST P: ROSCL P: TO: 26. PI OTHER: 4 Nuraing Hone URY 28c. IN. WC	g cause given is	##	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MEO? OHO	24b.	WERE AUTOPSY FINA ANALABLE PRIOR TO COMPLETION OF CALOF DEATH?
ETED BY PHYSICIAN: MEDICAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition UNDERLYING CAUSE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined controlled.	B. DUE TO (C b. PLOCATS (DUE TO (C c. DUE TO (C d. DUE T	DR AS A CONSECTION OF AS A CONSE	OUENCE OF OUENCE OF OUENCE OF resulting in LAT DDA 28b. TIME INJ. me, farm, st	26. Pl. 26. Pl. 27. Pl. 28. Pl. 28. Pl. W. W. W. W. W. W. W. W. W. W. W. W. W. W	g cause given in	H Part I Part I 28d. L C	24a. WAS AN PERFOR 1 YES 2 When (Specify) DESCRIBE HOW IN CONTROL (Street a City or Town, State)	AUTOPSY MED? PORO NURY OCCU and Number or	24b.	Interval Bett Onset and E Onse
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition UNDERLYING CAUSE REFERRED TO MEDICAL EXAMINER? 1 YES 2 TO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined controlled.	BICIAN: To the basis of axarrange of the contract of the contr	DR AS A CONSECTION OF AS A CONSE	OUENCE OF OUENCE OF OUENCE OF resulting in LAT DDA 28b. TIME INJ. me, farm, st	26. Pl. 26. Pl. 27. Pl. 28. Pl. 28. Pl. W. W. W. W. W. W. W. W. W. W. W. W. W. W	g cause given is LACE OF DEATH (C) The 5 Besidence JURY AT JUR	An Pert I	24a. WAS AN PERFOR 1 YES 2 When (Specify) DESCRIBE HOW IN CONTROL (Street a City or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MODE of the state of divide to the state of divide to the state of the	24b.	Interval Bet Onset and I WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	B. DUE TO (C b. DUE TO (C c. DUE TO (C d. DU	DR AS A CONSECUTION AS	CON COURNES OF COURNES	26. PI TOTHER: 4 Nursing Hom E OF URY M 1 treet, tactory, officed at the time, date n, in my opinion, d	g cause given in	An Pert I	24a. WAS AN PERFOR 1 YES 2 When (Specify) DESCRIBE HOW IN CONTROL (Street a City or Town, State)	AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? AUTOPSY MED? Autopsy Medical	24b. 24b. 24b. 24b. 24b. 24b. 24b. 24b.	Interval Bat Onset and I WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST PART II. Other significant condition	B. DUE TO (C b. DUE TO (C c. DUE TO (C d. DU	DR AS A CONSECUTION AS	OUENCE OF OUENCE OF OUENCE OF OUENCE OF CAT D DOA 28b. TIME INJU Buth occurre- Investigation	26. PI The underlyin A	g cause given is LACE OF DEATH (Come 5) Besidence JURY AT YES 2 NO e end place, and du leath occured at the 29c. LICENSE NU 29c. LICENSE NU 29c. LICENSE NU	Part I Part I Bellow the ck only Compared to the attempt of the	24a. WAS AN PERFORM 1 YES 2 Y one) Wher (Specify) DESCRIBE HOW IP COCATION (Street a Sity or Town, State) Cause(a) and man late end place, end	AUTOPSY MEO? AUJURY OCCU and Number or and due to the PAGE N.C.	24b. 24b. Red Rural R	Interval Bet Onset and I Onset and I WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO Noute Number, end menner ee stat (Month, Day, Year)

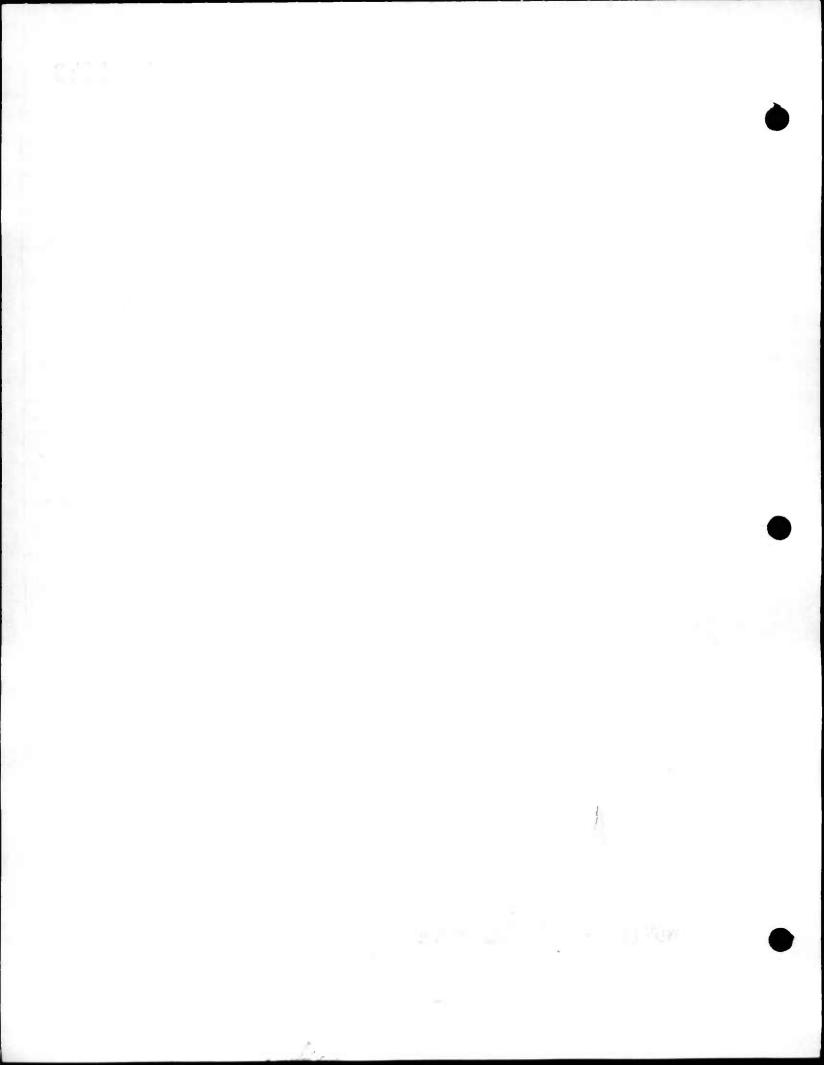


against a to the second of

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR Item: 1, per F.H. G-681 11/26/97 1 - STATE STATE TABLE 1 PER STATE OF MARYLAND / DEPA	1 reb	ASENTAL HYCIEN	91	31643						
	REGISTRAR	FICATE OF DEATH	MENIAL HYGIEN REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) MADELINE HORTON Holton		2. DATE OF DEATH	AY Y	3. TIME OF DEATH						
			NÖVEMBER 7. DATE OF BIRTH		91 7:15 P. N BIRTHPLACE (State or Foreign						
	3. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 9a. FACILITY NAME (If not institution, give street and number)	212-74-5699 1 M 2 DAY SWITTER DAYS HOURS MIN.									
œ	MARYLAND GENERAL HOSPITAL	BALTIMORE CIT		9c. COUNTY	OF DEATH						
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE MARYLAND 10b. COUNTY 10c. CI	AND		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
3AL	10e. STREET AND NUMBER	10f. ZIP CODE	-	10g. CITIZEN	N OF WHAT COUNTRY?						
FUNERAL	2201 N. TULASKI ST	2/2/	6	U	15,A						
	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic	can, Puarto Rican, alc.)	or No- 14.	. RACE — American Indian, Black, White, alc.						
BĄ	3 ₩Idowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 THO Speci			Sogoty:/pa/						
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of	S USUAL OCCUPATION	18b. KIND OF BUS	SINESS/INDUS	TRY						
APLET	Elementary/Secondary (0-12) College (1-4 or 5+)	work done during most of working use retired.)									
COMPL	17. FAPTER'S NAME (First, Militale, Last)	18. MOTHER'S N	IAME (First, Middle, Maideg	Surname) /							
BE (KUDERT HENRY WEIGHT	Hnn	rie Hu	ir le	U						
10	190. INFORMANT'S NAME (Type/Plnt) De Charles WRIGHT 22/	G ADDRESS (Street and Number or Rural	Route Number, City or Tony	g. Stata, Zip ob	m / 2/2/						
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE 20b. PLACE AND DATE 20c. METHOD OF DISPOSITION 20b. PLACE AND DATE 20c. METHOD OF DISPOSITION 20b. PLACE AND DATE 20c. METHOD OF DISPOSITION 20b. PLACE AND DATE 20c. METHOD OF DISPOSITION 20b. PLACE AND DATE 20c. METHOD OF DISPOSITION 20b. PLACE AND DATE 20c. METHOD OF DISPOSITION 20c. METHOD OF DISPOSITION 20b. PLACE AND DATE 20c. METHOD OF DISPOSITION 20	OSDISPOSITION (Name of	PATE 20c. LOG	CATION - City	or Yown, State						
	4 Donation 5 Other (Specify)	Mer place) hem tark	6 121 3	SAITE	o Co. Ind						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	MOTY, CC FL	INTER	nl Home						
	Hosenh L, Kuss	2232 10,1	Inth Aug	Rol	14 Ch 12124						
	23. PARM I. Enter the diseases, or complications that caused the death. Do shock, or heart failura. List only one cause on each line.	not antar tha mode of dying, su-	ch as cardiac or respir	ratory arrest	Approximata						
	IMMEDIATE CAUSE (Final				intarval Betwean Onset and Daath						
	disease or condition				2 DAYS						
	DUE TO (OR AS A CONSEQUENCE O	*			Z DAID						
O	Sequentially list conditions, ASPIRATION PNEUM				2 DAYS						
XAT.	if any, leading to immediate cause. Enter UNDERLYING	F):									
FI	CAUSE (Disease Dr injury that initiated events DUE TO (OR AS A CONSEQUENCE O	VF):									
CERTIFICATION	resulting in death) LAST				İ						
- 11	DADT II Other significant annulting annulting to death but and so the										
CAL	PART II. Other significant conditions contributing to death but not resulting	Part i. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE							
ED		1 _ YES 2	1 TYES 2 XXO								
Σ.		1 TES 2 NO									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputiant 2 ER/Outputlant 3 DOA	OTHER:									
Ή	27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIM		6 Other (Specify) 26d. DESCRIBE HOW IN	LILIRY OCCUR	ED.						
BY P	1 Natural 5 Pending (Month, Day, Year) INJ 2 Accident Investigation	JURY WORK? M 1 YES 2 NO		100111 0000							
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, larm, a building, atc. (Specify)	261. LOCATION (Street ar	61. LOCATION (Street and Number or Rural Route Number,								
ETE	4 Homicide datarmined		Cify or Town, State)								
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred)	ed at the time, data and place, and dur	e to the cause(s) and manr	ner as stated.							
Ö	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
ш	29b. SIGNATURE AND PITLE OF CERTIFIER	29c. LICENSE NUI			GNED (Month, Day, Year)						
0	My Manuto M.V.			D 111	1/18/81						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Nicholas Hamoush, M.D.c/o MARYLAND		т		+)+						
	31. DAVE ELEP Worth, Day Your Julia Jary down Rendere	(





1. DECEDENT'S NAME (First, Middle, Lest)

STATE REGISTRAR

68760,	
7	
00	
9	
\sim	
3	
80)	
-	
0	
ď	
Name .	
Ś	
Ö	
7	
=	
\mathbf{Q}	
\circ	
ш	
RECOR	
TAL	
7	
>	
I OF VITA	
$\overline{\circ}$	
_	
Z	
0	
<u></u>	
S	
5	
DIVISION	

BALTIMORE, MARYLAND 21215-0020

2. DATE OF DEATH MONTH CAROL L ee HAMILTON 11 14 1991 3:26 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) __IF UNDER 1 YEAR __ IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213-34-1629 1 M 2 F HOURS 1/13/1935 56 Maryland for use as the buriaf-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR MERCY HOSPITAL BALTIMORE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Balto.City, Md. Maryland TOYES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 128 E.Gittings St. 21230 USA 24 hours after death, Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, atc. 1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuban, Maxican, Puerto Rican, etc.) ВУ 1 TYES 2 NO SpecifyWhite Marines 1955 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) 12th.Grade page 5 should be detached Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Philip Ħ Oler Doris Wilf notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Mrs.William A.Springer 143 E.Randall St.Balto.Md.21230 pe 20a. METHOD OF DISPOSITION

XXXBurlat 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE examiner must director, Glen Haven Mem.Park11/18 4 Donation 5 Other (Specify) Glen Burnie, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Balto.Md.21230 Stanley M. Lotwner McCully Funeral Home, 130 E. Fort Ave the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, Approximate ahock, or haart failura. List only ona causa on each line. Intarval Between ysician and completely filled in prior to burial, cremation, or IMMEDIATE CAUSE (Final Onsat and Death disease or condition within enuse lepotis resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata the attending physician Mental Hygiene prior to certificate be cause. Entar UNDERLYING CAUSE (Disease or injury injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying causa given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS After this certificate has been signed by ti death with the State Dept. of Health and I AVAILABLE PRIOR TO COMPLETION OF CAUSE 23 shows any 1 TYES 2 NO DE DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Tem HOSPITAL:
1 | Inperient 2 | ER/Outpetient 3 | X DOA OTHER: OR ATTENDING PHYSICIAN: TY YES 2 NO 4 ☐ Nursing Home 5 ☐ Rasidenca 8 ☐ Other (Specily) marked, or 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural
Accident 5 Pending м 1 YES 2 NO death В 28s. PLACE OF INJURY — At home, farm, strast, factory, offica building, atc. (Specify) 60 ETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be FUNERAL DIRECTOR: / Item 28 4 Homicide 29a. CERTIFIER

(Chark only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as attend. COMPL IMPORTANT: If MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 포포 mo **▶**11-14-1991 O.C.M.E 2 2 3 9 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WELE 111 N. PENN STREET BALTIMORE, MARYLAND 21201 Par REGISTRANS SIGNAPURE **DHMH-18 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

31644

3. TIME OF DEATH

REG. NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH	
	George Francis Hoyt 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	'in yrs. last birthday)	IF UNDER 1 YEAR		11-15-91		3 32 PM	
	213–12–3060		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(Country)	
	9e. FACILITY NAME (If not institution, give street and number)	09	96 CITY TOWN	OR LOCATION OF DE		922 9c. COUNTY	"Maryland	
DIRECTOR	Francis Scott Key	re	AIR	96. COUNTY	OF DEATH			
DIRE	10a. STATE 10b. COUNTY Md.		town on Local timore	TION			10d. INSIDE CITY LIMITS? J. YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?	
Ä	1118 Anglesea St.			21224		U.S.A		
5	11. MARITAL STATUS 1 Never Merried 2 Merried FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.	
D BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DI	WW@ 2		2 NO Specify			Specify: White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of wo	SUAL OCCUPATION rk done during modelined.)	ON st of working	16b. KIND OF BUS	INESS/INOUST	RY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) 12		Office		Law Enf	orceme	nt	
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Malden	Surneme)		
BE	Francis Edward Hoyt			Anna	Krohlma			
2	Francis & George Hoyt				loute Number, City or Town		le)	
1		PLACEAND DATE OF			O., Md. 21	CATION — City		
	t Burier 2 Gremetion 3 Hemoval from State cem	etery, cremetory or other Garrison	er place)		11/190win			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0		D ADDRESS OF FAC	YTLIK			
	Mark a. Cromeck		W. Da	hrowski-(1005 Dun Choinacki		ve. Balto., Mo	
	23. PART I. Enter the diseases, or complications that coused shock, or heart fellure. List only one couse on each	the death. Do no ech line.	t enter the mo	de of dying, suct	as cerdiac or reapi	ratory errest,	Approximete interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Myocard iar in Farction 22 days							
	DUE TO (OR AS A CONSEQUENCE OF):							
S O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):							
AT	n any, reading to immediate							
Ĕ	THE THIRD OF STORES	CONSEQUENCE OF):						
CERTIFICATION	resulting in deeth) LAST							
MEDICAL	PART II. Other algorificent conditions contributing to death by	ut not resulting in	the underlying	cause given in i	Part I. 24s. WAS AN / PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ă	N// 1				COMPLET		COMPLETION OF CAUSE OF DEATH?	
Σ					_	- 1	t - YES 2 NO	
ĕ I	25. WAS CASE REFERRED TO MEDICAL		26 DI	ACE OF DEATH (Che				
PHYSICIAN	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ER/Output		THER:					
ੋਂ∥	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	2ab. TIME	OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURE	0	
BY	1 Natural 5 Pending 2 Accident Investigation	INJUR		ES 2 NO				
	3 Sulcide a Could not be determined 26e. PLACE OF INJURY building, etc. (Special Country)	— At home, ferm, stre	et, factory, office		26f. LOCATION (Street at City or Town, State)	nd Number or R	ural Route Number,	
9	290. CERTIFIER							
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the beele of examination	end/or investigation,	in my opinion, de	end place, end due to	ine, data end plece, end	ner se stated. I due to the cer	use(e) and menner se stated.	
# I	29b. SIGNATURE AND TITLE OF CERTIFIER	nelala	م	29c. LICENSE NUM	55R	29d. DATE SIG	NED (Month, Day, Year)	
۵	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEA	_	,		1 , 7	aver ,	10 001	
	31. NUVO 1409 01991 GARE BOSTUMEN SUM	CHA COLLAND	US Hup	Kins F	OSPITAL 6	WN. K	ble St Dollme	
	0							



1	f
10	after
	24 DOURS
, o	within
200	executed
5	g
או אב הבסחום, דיט. מטא מפו מכן	certificate
5	death
ć	the
5	that
1	reduires
ı	3W
<u>.</u>	The
	PHYSICIAN
	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 powers after de

tter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should oval.	ai examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) LEE MAGA(SER HILL			2. DATE OF DEATH MONTH	PAY 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-03 - 7659	5. SEX 6. AGE (in yrs. 1 M 2 F	lest birthday) IF UNITED MONTH	B DAYS HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry) Virginia
TOR	90. FACILITY NAME (If not institution, give str ST, AGNES RESIDENCE OF DECEDENT	HOSPITAL		TY, TOWN OR LOCATION OF C		9c. COUNTY C	
FUNERAL DIRECTOR	MARYLAND 106, COUNTY		10c. CITY, TOWN	OR LOCATION TIMURE		-	10d. INSIDE CITY LIMITS? 1 (Serves 2 - No
NERAL	100. STREET AND NUMBER 3608 CLIFTO 11. MARITAL STATUS			21214		U	S.A.
B	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., I FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO 1	3. WAS DECENDENT OF HISP/ If yee, specify Cuben, Mexic 1 YES 2 Man NO Spec	en, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		DECEDENT'S USUAL (Give kind of work don lite. Do NOT use retired Truck I	e during most of working !)	16b. KIND OF B	USINESS/INDUSTF	TY .
BE CON	17. FATHER'S NAME (First, Middle, Last) William Hill			Man	AME (First, Middle, Meide Cy Morgar	1	
5	GLADYS HILL	- ;	3608 CL	SS (Street and Number or Rural IFTON AVL	ENUE BI	9LTO 1	MD 21216
	20e.METHOD OF DISPOSITION YE Burlet 2 Cremation 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE			osition (Name of Park 11-			
	· Doutha	Sector #2	281	E.L.Phillip	os F/HBal		Monroe St. 0, 21217
	23. PART I. Enter the disease, or or shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that caused the clust only one cause on each list only one cause on each list only one to the course of the course	tary 1	er the mode of dying, su	ch as cardiac or rea	piratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS DUE TO (OR AS A CONS	EQUENCE OF	meunaru			
SP	PART II. Other significant conditions 5 B CC	contributing to death but not	resulting in the	underlying cause given in		PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	heck only one)		
14Si		HOSPITAL: Supportion 2 ER/Outpetient 28e. DATE OF INJURY	3 DOA 4 N	ursing Home 5 - Residence			
BY PI	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
- 11	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, atreef, fa	ctory, office	28f. LOCATION (Street and Number or Rural Routa Number, City or Town, State)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, or on the best of examination end/or	feath occurred at the r investigation, in my	time, date end piece, end due opinion, death occured at the	to the ceuse(s) and ma	inner ee eteted. nd due to the ceu	se(e) end menner ee stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	AN 900 C		E BATT	MD. 2	(777)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRARS SIGNATURE	-				

BIANDA



m	
60,	
(687	
BOX	
P.O.	
Š,	
RECORE	
VITAL	
OF	
VISION	
≥	

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyplene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.
--

	FOR 1 - STATE	STATE OF MARYLAND			MENTAL HYGIENE	91	3164
N.	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) CRANT 4. SOCIAL SECURITY NUMBER 2.18-14-4863 9a. FACILITY NAME (If not institution, give at	HARGROV 5. SEX 6. AGE (In yrs.	lest birthday) IF UNDE YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	REG. NO. 2. DATE OF DEATH MONTH AV 7. DATE OF BIRTH (Month, Dey, Year) EATH 9c.	YEAR 91	TIME OF DEATH 7) S A M CE (State or Foreign
TO BE COMPLETED BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. STREET AND NUMBER 11. MARITAL STATUS 1. Marital Status	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2	10c. CITY, TOWN	10f. ZIP COOE 2 / 2 / 8 WAS DECENDENT OF HISPA If yee, specify Cuban, Mexic	NIC ORIGIN? (Specify Yea or Nean, Puarto Rican, etc.)	g. CITIZEN OF WHAT	American Indian,
						4 Righ	Block Thanks
	19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20a. METHOD OF DISPOSITION 10x Burfal 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of cemetary, crematory or other space) 20c. LOCATION — City or Town, State, Zip Code) 20c. LOCATION — City or Town, State, Zip Code) 20c. LOCATION — City or Town, State, Zip Code) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 24 Donation 5 Other (Specify) 25. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or haert feliure. List only one cause on aach line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):						
	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. CRF und Stones Carcinema of prostate with metasters Carcinema of prostate with metasters 1 yes 2 No 26. PLACE OF DEATH (Check only one) EXAMINER? 1 yes 2 No 1 yes 2 No 26. PLACE OF DEATH (Check only one) EXAMINER? 1 yes 2 No 1 yes 2 No 27. Residence 8 Other (Specify)						AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
	anal and	28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At building, etc. (Specify) CIAN: To the bast of my knowledge, R: On the basis of axaminstion and.	, death occurred at the	time, data and place, and du		Number or Rural Route	1 13
TO BE CO	295. SIGNATURE AND TITLE OF CERTIFIED	A MEDICA HOWE	L OFFICER	29c. LICENSE N	UMBER 29	d. DATE SIGNED (Mo	

10	inoma of C	estate .	ith metaste	1 □ YES 2 ₹ 100	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					
1 YES 2 NO	1 Conpatient 2 ER/Outpatient		lursing Home 5 - Residence			
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE HOW INJURY OCCU	RED	
3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street,	actory, offica	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,	

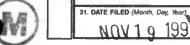
29a. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
onel	

2 MEDICAL EXAMINER: On the b	pasis of examination and/or investigation	, in my opinion, death occu	red at the time, data and pla	ce, and due to the cause(a) a	and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	ME.DICAL	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND	ADDRESS OF PERSON WHO CO	PMPLETED CAUSE OF DEATH (ITEM 27) (Type	Print) , DE	PTY	MEDICA	OFNITED	
10	OCHANEY	21	CIDE	1517	LEDICHE	- CELLIER	
DK.	OCHMICS	2600	LIBERTY	HAGHT	ALLENUF.	BALTIMORE, MD	21215

32. REGISTRAR'S SIGNATURE



1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAN	D / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	91	3 6 4 8
fle, Last)	Donald H.	Jones	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH

1	1. DECEDENT'S NAME (First,	Middle, Last)	1 Dona	ld H. Jo	ones					2. DATE OF I	DA	4	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	t birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF E	BIRTH		0. BIRTHP	LACE (State or Foreign					
	212-26-4638 1×M20= 62					MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 8 1/2/29			Country	Md.	
OR	9a. FACILITY NAME (If not institution, give street and number) Stella Maris Hospice						TOWS	OR LOCATI	ON OF DE	EATH /	7		Balti	more	
5	RESIDENCE OF DEC	10b. COUNTY	,		40- 017	ry, town	001004	TION						AND THE COURT	
DIRECTOR	Maryland		rd County	. 7		L Air		HON						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	TIGLE	Ta wait	<u>Y</u>	Des	LALI		f, ZIP COD				40a CITI		1 YES 2 NO	
RA	325 Princet	on Ian	-				- 1					_		AN COUNTRY?	
¥	11. MARITAL STATUS	OII Laii	12. WAS DECEDENT	FVER IN U.S. AR	MED	13.	_	21014		NIC ORIGIN? (S	inecify Yes	U.S		- American Indian,	
BY FUNERAL	1 Never Married 2 🔀		FORCES? 12 IF YES, GIVE W	YES 2 1			If yea, ap		n, Maxica	in, Puarto Rica				White, etc.	
		EDENT'S EDU	1951-195		CEDENT	USUAL O	CCUBATI	ON		18b KIN	ID OF BUI	SINESS/IND		<u></u>	
COMPLETED	(Specify only Elementary/Secondary (0	highest grade	completed)	(G	ive kind of Do NOT u	work done ise retired.)	during m	ost of workli	ng	TOD, KIN	ID OF BU	M4C33/114D	OSINI		
7	12th Grade	-12)	College (1-4 or 5+		aht	Mast	er			Sic	mode	e Cor	n.		
OM	17. FATHER'S NAME (First, M	iddle, Last)			,			18. MOT	HER'S NA	ME (First, Midd					
	Howard C. J	ones						Do	moth	nea Dur	nker				
BE (19a. INFORMANT'S NAME (7	-		19	b. MAILING	G ADDRES	S (Street			Floute Number, (n, State, Zip	Code)		
2	Margaret I.	Jones	}		325 I	rinc	eto	n Lar	ne, E	Bel Air	r, Ma	aryla	nd 2	1014	
	20a. METHOD OF DISPOSIT	ION	oval from State	20b. PLACE	AND DAT	E OF DISF	POSITION	(Name		DATE	20c. LO	CATION —	City or Tow	rn, Slata	
	4 Donation 5 Other	(Specify)		Parky	boow					11/18	Balt	timor	e, Ma	aryland	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	,		.TC	hame A	ND ADDRE	SS OF FA	c, Inc.					
	Bay	du	m. Mu	upoky		64	115 i	Belai	r Ro	bad, Ba	altir	more,	Mary	land 21206	
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aert fellure.	List only one ceu	se on each line	ate	Ca				h an cerdiac				Approximate interval Between Onset and Death	
ATION	Sequentielly list condit if any, laeding to imme ceuse. Enter UNDERLY	diete	b	(OR AS A CONSE	OUENCE C	OF):									
ERTIFIC	CAUSE (Disease or inju that initiated events resulting in deeth) LAS	iry	e. DUE TO	(OR AS A CONSE	QUENCE (OF):									
0	PART II. Other significa	nt condition	ne contributing to	death but not	resulting	in the u	nderivir	a cause	given in	Part I. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
MEDICAL CERTIFICATION											PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
PHYSICIAN:	-														
2	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	-110		OTHE		LACE OF E	DEATH (C	heck only one)					
ΥS	1 YES 2 NO		1 Inpatient 2			4 🗆 Nu	irsing Hor		asidence	8 N Other (S			oice		
	1 Natural 5	Pending	28a. DATE OF (Month, D		28b. Til	ME OF IJURY M	W	JURY AT ORK? YES 2 [□ NO	28d. DEŞCRI	IBE HOW	NJURY OC	CURED		
D 8Y		Investigation Could not be	28a. PLACE O building,	F INJURY — At he	ome, farm,	street, fac				281, LOCATIO	ON (Street own, State)		or Rural R	oute Number,	
	4 Homicide	detarmined				_					,,				
COMPLETED	onal		ICIAN: To the best of ER: On the bests of st											and manner as stated.	
BE C	29b. SIGNATURE AND TITLE	OF CERTIFIE	100		1	20	7		270			29d. DAT	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS O	F PERSON WIL	O COMPLETED CALL	SE OF DEATH (TT	W 27 /3	Dimi			2,0			//	//T/	71	
	Carla S. Z	Alexan	der, M.D.	- Stel	la M	aris	Hos	spice	-Dul	aney V	alle	y Rd	Tov	vson 21204	
	31. DATE FILED (MONTH, ONLY 199) 9 199 32. REGISTRATIS TONATURE PANDALL,														

3 should

3/649 FOR STATE REGISTRAR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Midd) 2. DATE OF DEATH 3. TIME OF DEATH enkins 6. AGE (In yrs. 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 218 (Mogth, Day, 12 1 - M 2 - F 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITIN TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Timore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5. U, 0 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No If yes, specify Cubay, Maxican, Puerto Rican, etc.)

1 YES 2 70 Specify: . RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES 1 Newtr Married 2 Married 2 110 ВУ 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEOENT'S EOUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe (Give kind of work done during me life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Tomemaker 17. FATHER'S NAME (First, Middle, Last) BE INFORMANT'S NAME (Type 19h, MAILING ADORESS (Street 2 0 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City of Town Sista M Buriet 2 Cremetion 3 Ran 4 Donation 5 Other (Specify) RE OF FUNERAL SERVICE LICENSEE LITY ome 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as abook, or heart feliure. List only one cause on each line. Approximate intarvai Batwean IMMEDIATE CAUSE (Final Onaat and Daath disease or condition 1-2 cheys reaulting in death) CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 Rasidenca 1 YES 2 NO elent 2 ER/Outpetient 3 DOA 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending В 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Sulcida 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinior data and place, and due to the cause(a) and manner as stated. 296, SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Imon 91 er 9 WHO COMPLETED CAUSE OF DEATH (ITEM 27) Type, Print)



31. DATE FILEO (Month, Day, 16ar) NOV 19 1991

32. REGISTRAR'S S

Fair ...

is be notified at once.

BAL	de	7	100
n	after	y the	cal
_	NITS :	in b	edi
	4 10	illed n, o	E
	in 2	ely 1	£,
2	Will	crer	Ven
ò	uted	d cor	ic e
ם צ	exe	to bi	ша
Š	e pe	Sicial	trau
	ificat	Phy and	her
5	Cert	Hygie	r ot
	leath	after	3, 0
מ	the c	the Me	킅
CIVISION OF VIEW RECORDS, P.O. BOX 58750,	that	d by	JE S
5	ires	Signe	AS S
	requ	of	sho
ļ	MP	Dept.	23
_	The	ate h	tem
>	SIAN	he S	00
2	NSI(is ce	ed,
	6 6	er th	Jark
2	NON	r dea	is n
2	TE	afte afte	28
	OR)	DIRE	tem
	M	¥2	Ξ
	OSP	UNE!	Š
	포	를 가 있다.	틹
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam
		_	

	1 - STATE REGISTRAR	E OF MARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND ME OF DEATH	MENTAL HYGIENE REG. NO.	1 31650			
	1. DECEDENT'S NAME (First, Middle, Last) ALLISON FARRING JO	ONES	T	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY HUMBER 5. SEX	6. AGE (In yrs. last birthday) IF UNDER	R 1 YEAR IF UNDER 24 HRS.	November 15,	1991 3:15 A M			
	214-14-5015 1XXM 2	/	DAYS HOURS MIN.	(Month, Day, Year) 2/8/1920	Country) Maryland			
R	9a. FACILITY NAME (If not institution, give street and num MXKXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		TOWN OR LOCATION OF DEA	ATH 9c. COU	NTY OF DEATH			
RESIDENCE OF DECEDENT								
DIRE	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 106. INSIDE LIMITS 1 Maryland Anne Arundel Baltimore (Brooklyn Park) 1 Mrs. 1							
100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT								
NER	5212 Disney Avenue		2122		USA			
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify:								
TE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S USUAL OC (Give kind of work done of	CCUPATIOH during most of working	16b. KIND OF BUSINESS/INC	White			
COMPLETED	9th Grade College (1	(1-4 or 5+) Retired Mac	hinist	Maryland	d Drydock			
	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME	E (First, Middle, Maiden Surname)				
BE	Homer Jones 190. INFORMANT'S HAME (Type/Print)	19h MAII ING ADDRESS	Alice	Griffith Jone oute Number, City or Town, State, Zip				
임	Mrs. Frances M. Jones	s 5212 Disn	ey Ave., Bal	timore, Maryla	and 21225			
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremetion 3 Removal from S 4 Donation 5 Other (Specify)	State 20b. PLACE AND DATE OF DISPOSI cometery, cremetery or other place) Cedar Hill Cem	ITIOH(Name of	1/18 Baltimor	city or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kevin E. Ecker M	HAME AND ADDRESS OF FACIL ICCUITY Funera 237 F. Patanso	al Home of Bro	ooklyn			
	23. PART I. Enter the diseases, or complication ahock, or heart failure. List only of	ions that caused the death. Do not enter	tha mode of dying, such	as cardiac or respiratory arm	rest, Approximata			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	METASTATIC SM			Interval Batween Onset and Death			
NO	Sequentially list conditions b.	0F	THE L	ungs.				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):						
TIFIC	CAUSE (Disease or injury that initiated avents resulting in death) LAST	DUE TO (OR AS A COHSEQUENCE OF):						
CER	d							
CAL	PART II. Other significant conditions contributed GASTRIC UI		darlying cause givan in Pa	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
BY PHYSICIAN: MED				1 YES 2 X NO	OF DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL		OF DEADE OF DEATH (Chee)					
SIC	EXAMIHER? HOSPITA		26. PLACE OF DEATH (Check 1: ling Home 5 (Realdence 8 (
E		DATE OF INJURY (Month, Day, Year) 28b. TIME OF IHJURY		28d. DESCRIBE HOW INJURY OCC	URED			
B4	2 Accident trivestigation 3 Suicida 28a. P.	PLACE OF INJURY — At home, farm, street, facto	1 YES 2 NO	100 1 COATION /Street and Number				
ETED	4 Homicide determined	building, etc. (Specify)	77, 01,00	281. LOCATION (Street and Number of City or Town, State)	or Rural Houte Number,			
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the	a beat of my knowledge, death occurred at the tin	ne, data and place, and dua to	the cause(a) and manner as state	od.			
	29b. SIGNATURE AND TITLE OF CERTIFIER	eala of examination and/or investigation, in my op						
0 86	KDennoun		D1775		SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	red cause of death (ITEM 27) (Type, Print) M.D. 710 Church St						
1	31. DATE FILED (MONTH), Days, Year) 1991	M.D. 710 Church St	reet, bartim	ore, mary ranu	21225			
	1104 13 1991	and transfer and for farming						

	١
	,
68760,	
BOX	
, P.O.	
RECORDS,	
OF VITAL	
DIVISION	

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / I	DEPARTMENT OF HI	EALTH AND MEN	NTAL HYGIENE REG. NO.	21 31031			
	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH	3. TIME OF DEATH			
	EILEEN E		KEATING		1 16	91 12:00 PM M			
	155 01 2250	SEX 6. AGE (In yrs. last I	MONTHS DAVE	IF UNDER 24 HRS. 7. [DATE OF BIRTH (Month, Day, Year)1919				
		3	YRS.	A	pril 13, '19				
Œ	9a. FACILITY NAME (If not institution, give street a			R LOCATION OF DEATH	9c. C	COUNTY OF DEATH			
DIRECTOR	NORTH ARUNDEL HOSP	TTAL ASSOCIATIO	ON GLEN	BURNIE		A.A. COUNTY			
R	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE								
10e. STREET AND NUMBER 20 Holloway Road 10t. ZIP CODE 210g. CITIZEN OF WHAT CO 21060 U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No									
SNO		WAS DECEDENT EVER IN U.S. ARMI	FD 13 WAS DECE		RIGIN? (Specify Yes or No-	U.S.			
	Never Married 2 Married	FORCES? 1 YES 2 NO		cify Cuban, Maxican, Pu	arto Rican, etc.)	Black, White, atc.			
р Вү	3 Widowed 4 Divorced					Specify: White			
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	leted) (Give	EDENT'S USUAL OCCUPATION kind of work done during most to NOT use retired.)	N t of working	18b. KIND OF BUSINESS	/INDUSTRY			
PLE	Elementary/Secondary (0-12) Co 10 Years	nege (1-4 or 5+)	ctronic Tech		Westi	nghouse			
Ö	17. FATHER'S NAME (First, Middle, Last)				First, Middle, Malden Sumam				
BE C	Thomas Ke	ating			ry Canning	,			
TO E	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (Street an	d Number or Rural Route	Number, City or Town, State,	, Zip Code)			
	Regina V. Rechkoff		O Holloway R		Burnie, MD	21060			
	20a. METHOD OF DISPOSITION 12 Burlal 2 Cremation 3 Ramoval 1 4 Donation 5 Other (Specify)	rom Stata cemetary, crama	D DATE OF DISPOSITION (Nam story or other place)	Nor		Co. Manage 1			
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Holy (Cross Cemete	ADDRESS OF FACILITY		Co., Maryland			
	*Kicken 18.	Nami	Georg		e Funeral 1	Home, P.A.			
	23. PART I. Enter the diseases, or comp	ilications that caused the deat	4001	Ditabio I	Invers Dalle	ND 01005			
CERTIFICATION	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the disease of dying, such as cardiac or respiratory errest. Approximate interval Between onest and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury								
ERTI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	ENCE OF):						
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions con	itributine to death but not res	ulting in the underlying	cause given in Part	I. 24a. WAS AN AUTOPS PERFORMEO? 1 YES 2 NO	AVAILABLE PRIOR TO			
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLA	CE OF DEATH (Check on	nly one)				
YSI	1 D YES 2 NO	SPITAL: Inpatiant 2 ER/Outpatient 3 E	DOA 4 Nursing Home	5 Rasidenca 8 🗆 6	Other (Specify)				
	27. MANNER OF/DEATH 1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	18b. TIME OF 28c. INJURY WORL	Kr	DESCRIBE HOW INJURY	OCCURED			
B	Accident Investigation	28e. PLACE OF INJURY — At home		S 2 NO					
COMPLETED	4 Homicide 8 Could not be	building, atc. (Specify)	, until, street, factory, offica	261.	LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,			
۳	29a. CERTIFIER 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, death							
OME	(Check only one) MEDICAL EXAMINER: On	the basia of axamination and/or inv	estigation, in my opinion, dea	nd place, and due to the th occured at the time.	cause(s) and manner as a	etated. o the cause(a) and manner as stated.			
BE C	296. SIGNATURE AND THE OF CERTIFIER	10, 18	/ [29c. LICENSE NUMBER		DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO CON	MANNY 1	ND		>	1-16.91			
	DR. HILARY T. O'HERL	IHY, M.D. 325	HOSPITAL DRI	VE/GLEN BU	JRNIE, MD.	21061			
	NOV 1 9 1991	82, REGISTRAR'S SIGNATURE	2						



Range III

BEG NO

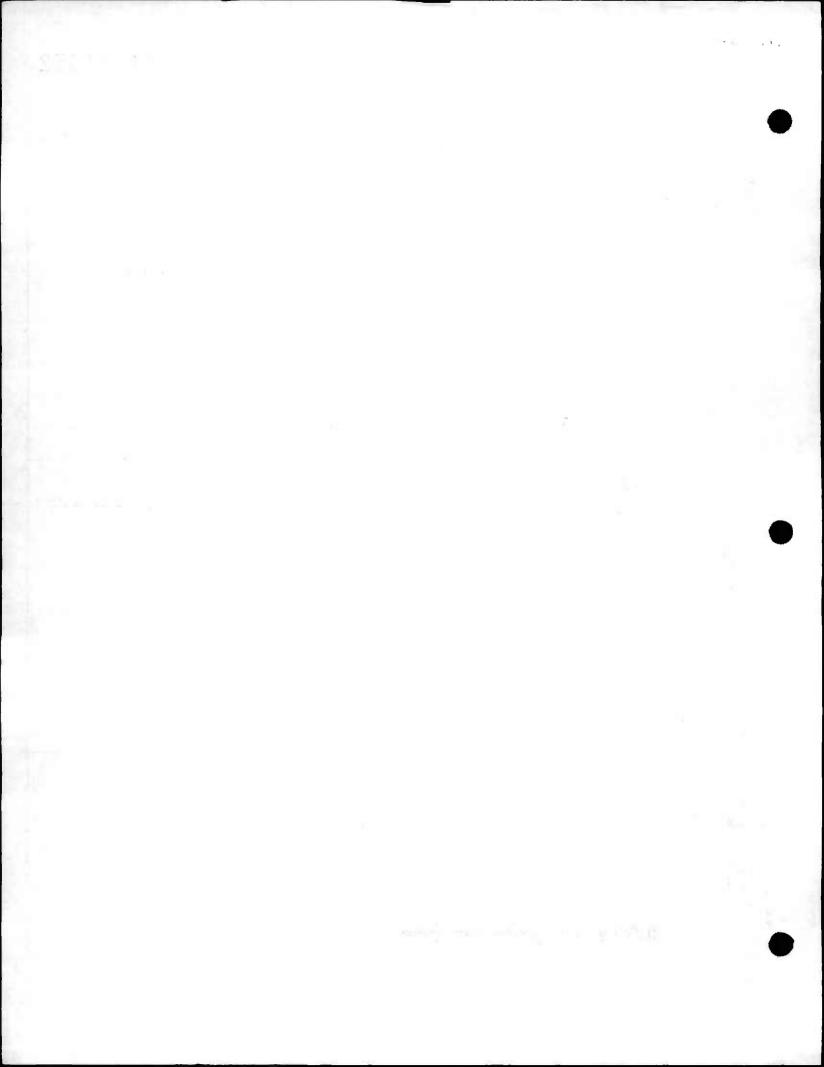
FOR STATE REGISTRAR

B	
BOX 68760,	
BOX	
P.O.	
RECORDS,	
AL REC	
OF VITAL	
/ISION	

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 0320 M FRANCES MARTHA KURTZ 7. DATE OF BIRTH (Month, Day, Year 8. AGE (In yrs. lest birthday)

8. O YRS. 4. SOCIAL SECURITY NUMBER 5. SEX 6. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 215-24-7231 DAYS 1 | M 2 | XF MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR A.A. MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? MARYLAND 1 YES 2 X NO BALTIMORE LANDSDOWNE FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP COOE in and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to burial, cremation, or removal. 2221 SMITH AVE. 21227 . A death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or Noif yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2.
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: BY 3 🔀 Widowed 4 🔲 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) during most of working Elementary/Secondary (0-12) College (1-4 or 5+) 8th O **HOMEMAKER** OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) # ALBERT E. CLINE BE NELLIE HAYDEN notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WALTER A. KURTZ 895 DORIS DR. ARNOLD. MD 21012 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) must be 20a. METHOO OF DISPOSITION
1 🖾 Burial 2 🗆 Cremation 3 🗆 Ramoval from Stata DATE 20c. LOCATION - City or Town, State AKEVIEW MEMORIAL PARK 4 Donation 5 Other (Specify) SYKESVILLE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME dam SECOND AVE, S.W. GLEN BURNIE MD 21061 within 24 hours after the medical 23. PART I, Enter the diseases, or complicatione that ceused the deeth. Do not antar the mode of dying, such as cardiac or reepiratory arrest, shock, or heart failure. List only one ceuse on sech line. **Approximate** interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) ardiac event. executed Gastron testand traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING this certificate has been signed by the attending physician with the State Dept. of Health and Mental Hygiene prior to 8 olon (au ce CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: AMP. 23 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL Item **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO itlent 2 - ER/Outpatient 3 - DOA OR ATTENDING PHYSICIAN: 4 🗆 Nure ng Home 5 - Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 26a, DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural M 1 YES 2 NO В After t Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide O THE HOSPITAL OR ATTENDIR O THE FUNERAL DIRECTOR: Af Is filed within 72 hours after de IMPORTANT: If Item 28 Is 6 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and menner as stated. 29a, CERTIFIER 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 732469 zaeverous/2 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SARVES MD 105 Nel 21401 31. DATE FNT PO PLATE TABLES OF A THOMAS 1991 ¹⁰⁰

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



OR ATTENDING PHYSICIAN: The THE HOSPIT THE FUNER

COMPLETED

BE

2

	0	ï	
	neral director, page 5 should be detached for use as the burial-transit permit Pages 1.2	2	
	G HILL		
	Sit ner		
CARD.	al-tran		
5	burla		
Maling	as the		
alle I	use		
Į.	ed for		
2	etach		nce.
5	be d		ato
ומווופח	should		liffed
3	De 5 s		00 8
i ay	or, pa		ust b
año o	direct		E
arıı, r	neral		эшіше
000	the fu	Mal.	l ex
200	in by	гето	edica
5	filled	On, Of	he m
	letely	гетаt	nt, t
200	COMP	rial, c	c eve
	n and	to bu	ımati
	hysicia	prior	r trac
	ling pt	ygiene	othe
	attend	ntal H	γ, οτ
2	y the	nd Me	크
	ned b	alth ar	any
5	en sig	of He	hows
	as be	Dept.	23 8
	icate	State	item
	certif	h the	d, or
	er this	th wit	arke
	R: Aft	er dea	is T
	SECTO SECTO	irs aft	≡ 28
-	AL DI	72 hor	If Ite.
	UNER	ithin	ANT
the man was the state of the st	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dire	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi-
)	2	2	Ĭ

FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR RTIF	RTMENT	OF I	EALTH DEAT	AND I	MENTA	L HYGII		9		3	16	53
1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH				3. TIM	E OF I	DEATH
JOSHUA FREDERICK KELLY					MONT	Н	16		51	06	:10) AM				
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.					8. BIRTHPLACE (State or Fore			or Fornian
212-10-734	4	1 M 2 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h. Day, Year 09	190	7	Count	ry)		
9a. FACILITY NAME (If not in	natitution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					עא						
		OSPITAL .	ASSOCIAT	ION		GLEN			,			000	A . A		NUC	TY
RESIDENCE OF DEC	10b. COUNTY															
	100. COUNTY		10c. CITY, TOWN OR LOCATION										10d. If	ISIDE		
MD	ANNE	ANNE ARUNDEL GLEN BURNIE								_		NO NO				
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?							41									
101											- 1					

FUNERAL DIRECTOR 404 KENT ROAD 21060 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puarto Rican, etc.) IF YES, GIVE WAR OR DATES ΒY 1 TYES 2 X NO 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 NONE MAINTAINANCE FOREMAN B. G. & E. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) UNKOWN BE UNKOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 WILLIAM CHARLES 404 KENT ROAD GLEN BURNIE, MD 21060 20g, METHOD OF DISPOSITION
1 A Burlel 2 Cremetion 3 20b. PLACE ANODATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE 4 Donation 5 Character GLEN HAVEN MEMORIAL PARK GLEN BURNIE, MD 21. SIGNATURE OF FUNERAL SERV 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE 21061 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. ahock, or haart fallura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) ardiopulmonary mmod CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL ВҰ

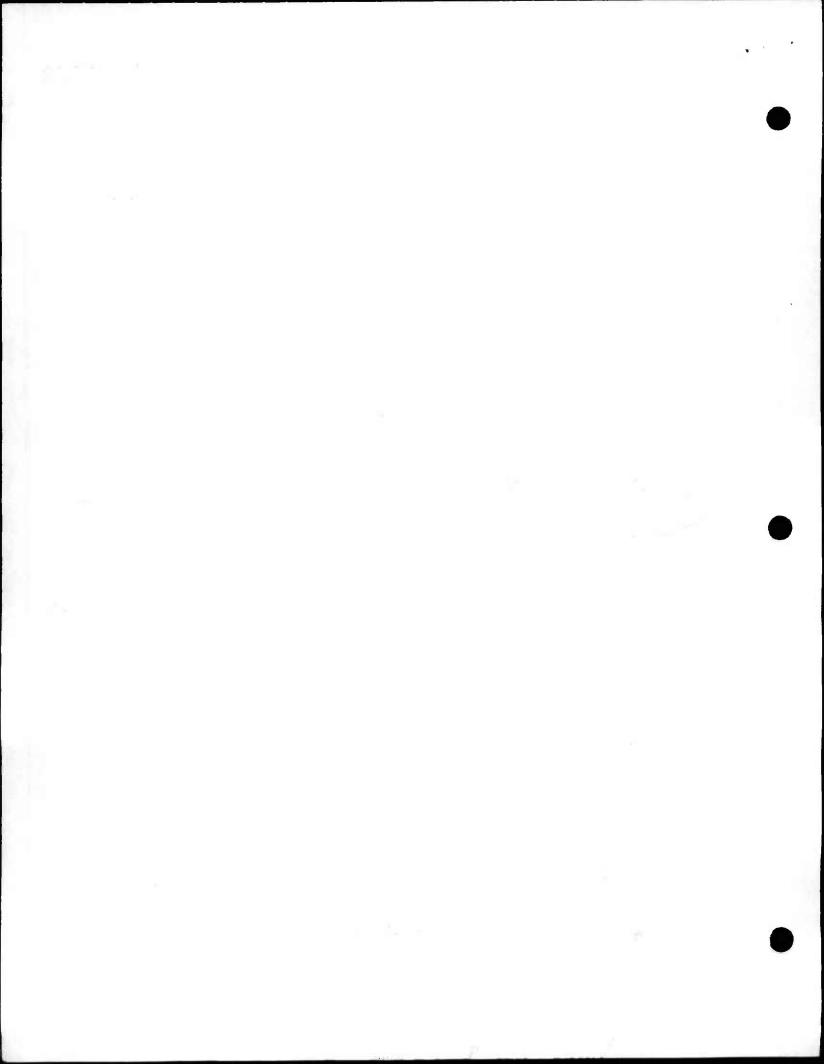
EXAMINER?			28. PLACE OF DEATH (Check only one)								
1 TYES 2	NO	HOSPITAL: 1 X Inpetient 2 - ER/Outpatient 3		1ER: Nursing Home 5 □ Rasidence	8 Other (Specify)						
27. MANNER OF DEATH		28a. DATE OF INJURY	28b, TIME OF	28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCURED						
1 Natural 2 Accident	5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?	200. DESCRIBE HOW INJURY OCCURED						
3 Suicide 4 Homicide	8 Could not be datarmined	28a. PLACE OF INJURY — A1 ho building, atc. (Specify)	ome, larm, etraet,	factory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

	_	
9a. CERTIFIER (Check only	1 [CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as atsted.
one)		MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, desth occured at the time, data and place, and due to the cause(a) and manner as stated.
	_	

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, IRA KAPLAN, M.D./7845 OAKWOOD RD/GLEN BURNIE MARYLAND 21061/

32. REGISTRARE SIGNATURE 1991

29d. DATE SIGNED (Month, Day, Year) 9



											(91	31654
		1 - STATE REGISTRAR	STATE OF M	ARYLAND	DEPAR	RTMENT	OF H	EALTH AND DEATH	MEN	ITAL HYGIEN	E		3=15p
	1	1. DECEDENT'S NAME (First, Middle, Last)	naror	d P. Ke			UF	DEALH		REG. NO.		4	1. TIME OF DEATH
		HAROLD KEMPSK	E.							1 / / 8	19	YEAR	H/18/ "
		4. SOCIAL SECURITY NUMBER 213-05-0963	5. SEX	6. AGE (in yrs. ia 73 7	.,	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D	MATE OF BIRTH / Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
pino		9a. FACILITY NAME (If not institution, give		75 /	4 THS.	9h CITY	DOMN OF	R LOCATION OF	11	-12-191		Mary	
2, 3 should	OR	CHURCH HOSPIT				BAL			DEATH		N/A		AIH
es 1, 3	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	Υ		10c CIT	Y. TOWN OR	LOCATI	ON					
f. Pag	DIR	MD N/	A			ıltimo						1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
permi	IAL	10e. STREET AND NUMBER			1			ZIP CODE			10g. CITI	ZEN OF W	NAT COUNTRY?
transit	FUNERAL	6401 Eastbourne					2	1224			U.S	.A.	
as the burial-transit permit. Pages 1,	BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 13 IF YES, GIVE WI WWII	YES 2	RMED NO	10	yes, spe	NDENT OF NISP cify Cuban, Maxi 2 XNO Spec	can, Pur	RIGIN? (Specify Year arto Rican, atc.)	or No —	Specify	
Se as	ETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DE	CEDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF BUS	INESS/IND	Whi	te
be detached for use at once.	E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	****	. DO NOT L	,	ring mosi	of working					
detached Once.	COMPL	11th Grade 17. FATNER'S NAME (First, Middle, Last)		Mad	chini	st	-			Continer		Can	
	C	John Kempske						Mamie		fman	Surname)		
5 should notified	O B	19s. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street an			Number, City or Town	n, State, Zip	Code)	
page 5	ř	Mildred E. Kempske 6401 Eastbourne Avenue, Baltimore, Maryland 21224 20s. METHOD of DISPOSITION 20s. METHOD of DISPOSITION 20s. PLACE AND DATE OF DISPOSITION (Name of DATE OF DISPOSITION (Name of DATE OF DISPOSITION OF DATE OF											
ector, pe		₩ Buriel 2 Cremation 3 Rem	oval from State	cemetery, cre	matory or o	ther plece)			1				
funeral director, xaminer musi		4 Donation \$ Other (Specify)	CENSEE	_ Oak I	<u>awn</u>			ADDRESS OF F	TT/	21 Balt	imor	e, M	aryland
ompletely filled in by the funeral dir 1. cremation, or removal. event, the medical examiner		▶ Kathley	m. Mu	yphy		Joh 641	n C 5 B	. Mille elair R	er, Road	Inc. . Baltim	ore,	Mary	yland 21236
of in by the or removal. medical e		23. PART I. Enter the diseeses, Dr ahock, Dr heart failure.	complications that List only one caus	caused the se e on each the	eth. Do r	ot enter ti	ne mod	e of dying, au	ich aa	cardlec or respir	atory arr	eet,	Approximate Interval Between
y filled tion, or the m		IMMEDIATE CAUSE (Final disease or condition	n	0									Onset and Death
completely fille ial, cremation, event, the		resulting in death)	a. DUE TO (OR AS A CONSE	OUENCE OF	- n	200	7 *					Vkn.
	Z	Sequentially list conditions.	b										į
" O E I	FICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	DUENCE OF	7:							
attending physician ntal Hygiene prior to y, or other traun	FIC	CAUSE (Disease or Injury thet initiated events	c. DUE TO (OR AS A CONSEC	DUENCE OF	7:							
H H	E	resulting in death) LAST	d										
E & Be	L CE	PART II. Other eignificent condition	s contributing to d	eath but not r	esulting i	n the undi	rivina	cause given in	n Part I	. 24a, WAS AN /	Manager		
Health and Mei Ows any Injur	EDICAL		tear?		Far	0.	,	3		PERFORI	MED?	1	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sig Head	ME			0						1 🗍 YES 2	X NO		OF DEATH?
certificate has been the State Dept. of 1, or item 23 sho												1	
State	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO NO	HOSPITAL:			OTHER:	26. PLA	CE OF DEATH (C	heck onl	ly one)			
d, or	PHYS	27. MANNER OF DEATH	1 Inpetient 2 1		28b. TIM		g Nome Sc. INJUI	5 Realdence	7	Other (Specify) DESCRIBE HOW IN	IIIBY OCC	HIBED	
fter this c eath with marked,	ВУР	1 Natural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Day	Year)		URY	WOR		100.	DEGOTION TOWN	JOH! OCC	ONED	
A D S	ED	3 Suicide 6 Could not be 4 Nomicide detarmined	28a. PLACE OF building, at	INJURY — At ho	me, lerm, e	treat, lactory	, office		28t. I	LOCATION (Street ar City or Town, State)	nd Number	or Rural Ro	ute Number,
DIRECTOR hours afte item 28	1	20- CERTIFIED							Ц,				
RAL 0	COMPL	(Check only 1 CERTIFYING PNYS	CIAN: To the best of m	y knowledge, de	ath occurre	d at the time	o, data a	nd place, and du	a to the	cause(a) and mann	or an atate	ed.	C-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
THE FUNERAL fled within 72 h	- 11	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE		militarion and/or i	rivestigation	n, in my opir				data and place, and			
TO THE be filed	B	AF	10.	m		V1	2	29c. LICENSE NU	3	22	29d. DATE	SIGNED (Month, Day, Year)
	2	30 NAME AND ADDRESS OF DERSON WA	O COMPLETED COLOR	OF DESTRUCTION	/					-	- ()	//	0///

BALTIMORE,

21231

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

N.

BROADWAY

199 32. RECOGNETIONS STENLING

100

DR.NAZEMI

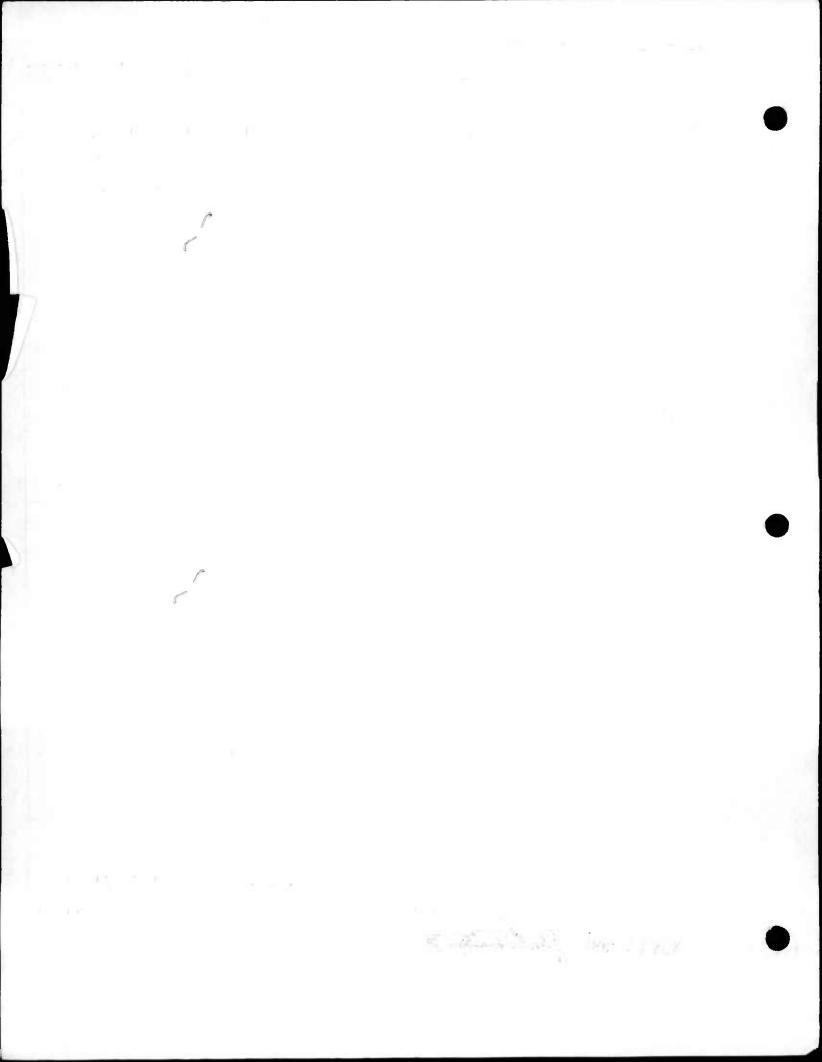
31. DATE FILED (MONTH DIMPORT)

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

hosp	ache		ei G
the	det		10
ď.	d b		20
aine	houl		He
ret	5 5		a
y be	age		Pe
ma	100		nst
9 90	lirec		E
æ	ral		ine
Seath	fulle		хап
fter (the	oval.	aie
IFS a	9	rem	pe
3	led i	0,	Ē
1 24	ly fill	ation	the
withi	plete	Сещ	ent,
nted	COM	ial, (20
xecu	and	par (Tage
be e	Jan	or to	3ULT
ate	hysic	pri pri	1
artific	00 b	giene	othe
th ce	endii	H	10
dea	e att	enta	'nά
the	y t	≥ P	Ξ
thai	ped L	th a	any
uires	Sign	Hea	SM.
req	neen	o.	Sho
AM.	las L	Dept	23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
CIAN	rtific	he S	0
1XSIC	IS Ce	ith ti	ed,
G Ph	ar th	th w	ark
DIN	Affe	dea	E
TEN	TOR:	after	28
R A	REC	Urs :	E
10	0 7	2 ho	1116
SPITA	ERA	in 7.	E
F O	F	with	MA
뿔	품	filed	POR
2	2	De 1	E

	Items:23 pa for 1 - STATE REGISTRAR	STATE OF	,28a,b,c,d,e,f MARYLAND / DEPART CERTIFIC	per MEO 12/5/ MENT OF HEALTH AND CATE OF DEATH	91 G-682 MENTAL HYGIE		31655
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Office August	3. TIME OF DEATH
	TODD		B. KII	LMEYER	MONTH 1 1	DAY 7EAR	
	4. SOCIAL SECURITY NUMBER	5. SEX		F UNDER 1 YEAR # UNDER 24 HRS.	7. DATE OF BIRTH	14 1991	5:40 a M
	220 76 1605	1X M 2		T GHOLD IN THE	(Mingth Day Year)		intry)
	9a. FACILITY NAME (If not institution, give s				1000	,	1.and
00			P	B. July	11 7:50	0	NDEL
DIRECTOR	NORTH ARUNDE	L HO!	- W	MEMO FRO	A SALE	TO STATE OF	THE DE LI
ם 일	10a. STATE 19b. COUNT		2013		1000	19	INSIDE CITY
<u> </u>	Maryland Ar	ne Ar	C-A	Kathy Morr	Is avan	- 1	LIMITS?
	10e. STREET AND NUMBER		c Ax	प्रचल चल	4744		YES 2X NO
FUNERAL	415 rainbow Ct.	Apt	VELL			•	COUNTRYT
빌			70	550			tates
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DI FORCE		Br.			merican imitan, te. etc.
B	3 Widowed 4XX Divorced	IF YES,	al V	DO NOT	ISSUE COPI	ES,	White
	15. DECEDENT'S EDU	CATION	Or Man	SEE KATI	Y OR MARIO	ON	WILLCE
	(Specify only highest grade	completed)	R. Ven				
1 2	Elementary/Secondary (0-12)	College (1	188 m	FIRST!	19 DE	920	my
COMPLETED	12		PAS	2	loo Form		iny
8	17. FATHER'S NAME (First, Middle, Last) Melvin	R.	664	(3)	ace me		
H		r. •	21/1	The same	reared dill	EGEENS	
2	19a. INFORMANT'S NAME (Type/Print)		776	5	t	ile.	
-	Melvin R. Killmey	er	1.7	15 no At	1 ,		12
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	oval from S	£73°	Fother? nel	Cay.	- 0	erio
	4 Donation 5 Other (Specify)		11/1	1 %	D. M. Kil	Money	1
1 1	21. SIGNATURE OF UNERAL SERVICE LIC	ENSEE	W.	1 090	Deer III	2	
1 1	I Stale X	Lite	13	Etta, not	mi Kel	meur	21122
-	23. PART I. Enter the diseases, or o	200	× 1/1	acher, pres	vin per		21122
	shock, or heart failure.		1//				Approximate ntervai Between
	IMMEDIATE CAUSE (Final		AL FIL	4.	37-651	6	
	disease or condition resulting in deeth)	. Coc	1911	Miller War W -2			
1 1				Strate Manager Man	410-8	, ,	
2	Sequentially list conditions,	b		1-	4/1 9	6/2000	3
CERTIFICATION	if any, leading to immediate			Park	110-1	8100	
5	cause. Enter UNDERLYING CAUSE (Disease or injury	c		1 /			
1 1 1	that initieted events resulting in death) LAST						
E	resulting in death) EAST	d					
0	PART II. Other significant condition	e contributing (to death but not require				
8	PART II. Other significent condition	e contributing i	to death but not resulting in	the underlying cause given i	PERFO	ORMED?	AVAILABLE PRIOR TO
MEDIC					1 0 YES	2 NO	COMPLETION OF CAUSE OF DEATH?
Σ					/ `		1 YES 2 NO
ÿ							
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)		
S	1X YES 2 NO	1 Inpatient 2		OTHER: Nursing Home 5 Residence	8 Other (Specify)		
РНУ	27. MANNER OF DEATH	28e. DATE (DF INJURY 28b. TIME (Day, Year) INJUR		28d. DESCRIBE HOW	INJURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	11/	14/91 4:40	AM 1 YES 2 NO	subject	ingested	drug
	3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At home, farm, stre g, stc. (Specify)	et, factory, office	26f. LOCATION (Street	and Number or Rure	I Route Number.
12	4 Homicide determined	house			City or Town, State	TATA MAT	ndrop Court
PLET	29a. CERTIFIER 1 CERTIFYING PHYSI				IGIEN Burr		
Σ	(Check only one) 2 MEDICAL EXAMINE	R: On the heats of	of my knowledge, death occurred	at the time, data and place, and de	se to the cause(s) and ma	anner as stated.	
COMI			examination and/or investigation,	in my opinion, quath occured at th	e time, data and placa, a	and due to the cause	e(s) and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	100	MA	29c. LICENSE N	UMBER	29d. DATE SIGNI	ED (Month, Day, Year)
5	11 (non	Kelle	(114)	0.C	.M.E.	11/	15/1991
	30 NAME AND ADDRESS OF PERSON WHO		USE OF DEATH (ITEM 27) (Type, Pi	int)			
	J. LARON LOCKE	M	111 PE	NN STREET	BALTIMORE	, MARYI	LAND 21201
	31. DATE FILED (Month, Day, Year)	22. REGISTS	AR'S SIGNATURE				
	NOV 1 0 1991 4	was David	on-Handall				



BALTIMORE, MARYLAND 21215-0020

l	
١	
	200
	i
	20100
	L
	F
	140
	CATIL
П	ũ

	2.3 should		
	Sager 1		
s 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2		notified at once
may be	or, page		ed ta
Page 6	al direct		ner mi
ISPLANT: THE TAW FEQUIPES THAT THE GEATH CERTIFICATE DE EXECUTED WITHIN 24 TRULS Affect death, Page 1	e funera	Je J	exam
urs after	in by th	remova	edical
24 7101	/ filled	tion, or	the m
3 Within	mpletel	, crema	yent.
execute	and co	bunial o	natic s
ate De	nysician	prior t	r traur
Certific	ding ph	Hygiene	r othe
e death	he after	Vental	ury. o
mai m	ed by t	th and	any in
rednires	en sigr	of Heal	Shows
III IGW	has be	e Dept.	m 23
CIAIN:	rtificate	he Stat	or ite
L L	r this co	h with 1	arked,
ENDING	R: Afte	ter deat	I is m
OH AI	DIRECTO	ours aft	lem 28
PIIAL	ERAL (in 72 h	IT: If it
IN THE HUSPITAL OR ALLENDING PRICE	TO THE FUNERAL DIRECTOR: After this certifical	be filed within 72 hours after death with	MPORTANT: If item 28 is marked
2	10	De fi	IMP

	Items:23 pa	STATE OF MAR	iyland / Depar	ITMENT OF H	IEALTH AND MI	ENTAL HYGIEN	E)	31655
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF		REG. NO.			
						2. DATE OF DEATH MONTH DA		EAR	IME OF DEATH
	TODD 4. SOCIAL SECURITY NUMBER	B.		LLMEYE			4 199		:40 a M
	220 76 1605	1 X M 2 □ F	QE (In yrs. last birthday) 28 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	Month, Day, Year)	962	BIRTHPLAC Country) Mary	E (State or Foreign
~	9a. FACILITY NAME (If not institution, give s	itreet and number)		9b. CITY, TOWN O	OR LOCATION OF DEAT	Н	9c. COUNTY	OF DEATH	NY D. E. T.
DIRECTOR	NORTH ARUNDE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				BERNIE		ANNE	AKU	NDEL
		nne Arundel		Y, TOWN OR LOCAT	Glen Bu	rnie		1 [INSIDE CITY LIMITS? YES 2X NO
FUNERAL	415 rainbow Ct.	Apt.G			21061		l		country? tates
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4XX Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YES, GIVE WAR O	ES 2 X NO	Il yes, spe	ENDENT OF HISPANIC scify Cuben, Mexicen, I 2 X NO Specify:	ORIGIN? (Specify Yea Puerto Ricen, etc.)	or No- 14.	RACE — A Black, Wh Specify:	merican Indian, Ita, atc. White
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT'S (Give kind of v	USUAL OCCUPATIO work done during most se retired.)	ON st of working	16b. KIND OF BUS	I SINESS/INDUST	TRY	Will Co.
COMPLETED	Elementary/Secondary (0-12) 1.2	College (1-4 or 5+)		Operator			nting	Compa	any
BE CO	17. FATHER'S NAME (First, Middle, Last) Melvin	R•]	Killmeyer		Lynda	(First, Middle, Maiden :	0	nnen	
10	19a. INFORMANT'S NAME (Type/Print) Melvin R. Killmey	/er			ake P1.,			21.1	22.
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remarks Densition 5 Other (Specify)	oval Irom State	20b. PLACE AND DATE Cometery crematory or of Meadowridge	of DISPOSITION (National Property of the Prope	al Park 1	DATE 20c. LOC 1/18/91 E	cation – city 1kridg	or Town, S)
	21. SIGNATURE OF FUNERAL SERVICE-LIC	Lann	(mm)	22. NAME AN MCCU 3204	ID ADDRESS OF FACIL 11y Funer Mountain	al Home o Rd., Pas	f Pasa adena,	dena MD	21122
	23. PART I. Entar the diseases, or c shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cocaine	n aach lina.	ion	de of dying, auch a	a cardiac or reapli	retory arrest,		Approximata Interval Batween Onset and Death
NO	Sequentially list conditions,		S A CONSCIONATE OF	·):					
- 1		b							
ICAI	if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	с	AS A CONSEQUENCE OF				*		
SERTIFICAT	cause. Entar UNDERLYING	с	AS A CONSEQUENCE OF				•		
N: MEDICAL CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa	cDUE TO (OR A	AS A CONSEQUENCE OF	7):	cause givan in Pa	rt I. 24e. WAS AN PERFORI	AUTOPSY MED?	COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\subseteq \) NO
_	CAUSE (Disease or Injury that initiated aventa reaulting in death) LAST PART II. Other algorificant conditions 25. WAS CASE REFERRED TO MEDICAL	c. DUE TO (OR A	AS A CONSEQUENCE OF	n the underlying		PERFORI	AUTOPSY MED?	COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
_	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST PART II. Other algorificant conditions	d DUE TO (OR A	AS A CONSEQUENCE OF	in the underlying 28. PL OTHER:	ACE OF DEATH (Check	PERFORI	AUTOPSY MED?	COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
_	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d	AS A CONSEQUENCE OF the but not resulting in t	26. PL OTHER: 4 Nursing Home E OF 28c. INJL	ACE OF DEATH (Check	only one)	AUTOPSY MED?	AVAII COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH?
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST PART II. Other algnificant condition. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending (Investigation)	DUE TO (OR A d	Consequence of the but not resulting in the bu	28. PL OTHER: 4 Nursing Home LOFY 28c. INJU UNY WOF AM 1 Y	ACE OF DEATH (Check 5 5 Residence 6 JRY AT RK? ES 2 NO	only one) Other (Specify) Bd. DESCRIBE HOW IN	AUTOPSY MED? NO NO NURY OCCURE	AVAII COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\text{NO} \) NO
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated aventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 5 Could not be 4 Homicide detarmined	DUE TO (OR A d	Dutpetient 3 DOA RY 28b. TIME BY 4 2 4. 4. 0 UNIV.—At home, farm, or	28. PL OTHER: 4 Nursing Home LOFY 28c. INJU UNY WOF AM 1 Y	ACE OF DEATH (Check 5 Residence & [Action 1] 7 AT RK? ES 2 NO 26	only one) Other (Specify) d. DESCRIBE HOW IN	AUTOPSY MED? NO NO NO NO NO NO NO NO NO NO NO NO NO	AVAII COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated aventa reaulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural STORY NO NO NO NO NO NO NO NO NO NO NO NO NO	DUE TO (OR A d	Dutpatient 3 DOA RY 28b. TIME INJU 91 4:40 UNY — At home, farm, at Specify)	26. PL OTHER: 4 Nursing Home E OF	ACE OF DEATH (Check 5 G Residence 6 [JRY AT RK? ES 2 NO 26 and place, and due to 10	only one) Other (Specify) Bd. DESCRIBE HOW IN SUBJECT IN SULLOCATION (Street ar City or Yown, State) Flen Burni The cause(a) and manual	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	AVAII COM OF D 1 ED ED Lural Route I Lindre	ASLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO Ug Number, Op Court
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated aventa reaulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural STORY NO NO NO NO NO NO NO NO NO NO NO NO NO	DUE TO (OR A d. HOSPITAL: 1 Inpetient 2 M ER/C 28a. DATE OF INJUI (Morth, Day, Yes 11/14/ 28a. PLACE OF INJ building, sic. (S house CIAN: To the best of my kr	Dutpatient 3 DOA RY 28b. TIME INJU 91 4:40 UNY — At home, farm, at Specify)	26. PL OTHER: 4 Nursing Home E OF	ACE OF DEATH (Check 5 G Residence 6 JRY AT RK? ES 2 NO 26 and place, and due to leath occured at the time	only one) Other (Specify) Bd. DESCRIBE HOW IN SUBject City or Town, State) IL LOCATION (Street ar City or Town, State) Illen Burni The cause(a) and manue, data and place, and	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	AVAII COM OF ID 1 ED ad dr ture! Route Is indre use(e) and	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO Number, Op Court manner as stated.
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated aventa resulting in death) LAST PART II. Other algnificant condition: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Net urs 5 Pending Investigation 5 Pending Investigation 5 Pending Investigation 6 Pending Investigation 6 Pending Investigation 6 Pending Investigation 6 Pending Investigation 6 Pending Investigation 6 Pending Investigation 7 Pend	DUE TO (OR A d	Dutpetient 3 DOA RY 28b. TIME INJU 91 4:40 URY — At home, farm, at Specify) nowledge, death occurrestion and/or investigation	28. PL OTHER: 4 Nursing Home E OF	ACE OF DEATH (Check 5 G Residence 6 [JRY AT RK? ES 2 NO 26 and place, and due to 10	only one) Other (Specify) Bd. DESCRIBE HOW IN Subject i SI. LOCATION (Street ar City or Town, State) The cause(a) and manue, data and place, and	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	AVAII COM OF ID 1 ED ad dr ture! Route Is indre use(e) and	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO Number, Op Court manner as stated. h, Day, Year)



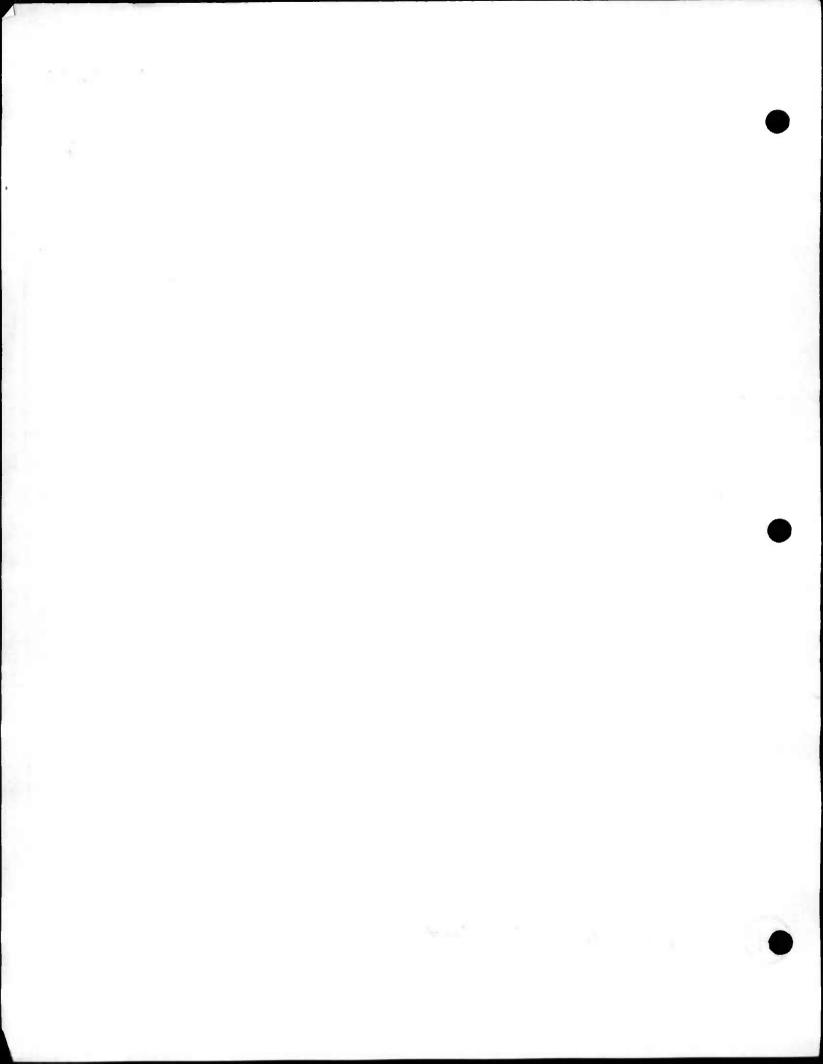
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial. cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	hours after death. Page 6 may be retained by the hosp	ed in by the funeral director, page 5 should be detached	, or removal.	medical examiner must be notified at once.	
Z D = -	TO THE HOSPITAL OR ATTENDING PHYSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	ithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIEN
n	ECEDENT'S NAME (First Middle Look)			1120.110.

- STATE REGISTRAR	011112 01 11	C	ERTIFIC	CATE	F DEA	TH				
					, DEA		2. DATE OF DEATH		QYEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			at hirthday	E (IMPER 4 VE				10,13		M.
216-28-4315	1 □ M 2 📉 F	82				MIN.	10-11-1	909	Sal	isbury, Md
Franklin Squa	re Hospi	tal	6				ATH			re County
			IDC. CITY	TOWN OR LO	CATION			-		
Md. E	Baltimore								- 1	10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
100. STREET AND NUMBER 2441 Fairway									ZEN OF WI	
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	FORCES? 1	YES 2 T	RMED	IT yes	, specify Cube	n, Mexicen	, Puerto Ricen, etc.)		Specify	
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DE	ECEDENT'S US	UAL OCCUP	ATION	27	166. KIND OF BU			
Elementary/Secondary (0-12)		' I			most of working	9				
			clerio	cal					Lack	well Co.
	ev				18. мот	NER'S NAM	E (First, Middle, Maiden Rvall	Sumeme)		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AI	ODRESS (Stre			_	on Ctata Tia	Codel	
William R. Ki	ggins		2441	Fair	way,	Dun	dalk, Mo	d. 21	1222	
	emoval from State	complete or	amptoni or other	nlanni						· .
	LICENSEE	Gree	n Moi	int C	remat	tory	11-18-9	91 Ba	1to	.,Md.
1.1.11 61	7							cal F	lome	. Inc.
23. PART I. Enter the diseases of	or complications that	caused the de	oth Do set	2134	Wil:	LOW	Spring I	Rd.,I	Dund	
shock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	Adenoc	carcinon	na of !			ng, such	as calulae of resp	matury arre		Approximata Interval Between Onset and Death
		ON AS A CONSE	OUENCE OF):							
if any, laading to immediate	DUE TO (OR AS A CONSE	QUENCE OF):							
CAUSE (Disease or injury	c	OR AS A CONSE	DUENCE OF							
resulting in death) LAST	4									i l
PART II. Other significant conditi	one contribution to	footh but not a	manufatura ta d							
	one contributing to		esuiting in t	na underly	ing causa g	Iven in Pa	PERFOR	RMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28	PLACE OF DE	ATN (Chao)				
EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3		THER:						
1 X Netural 5 Pending	26e. DATE OF I (Month, Da	NJURY	28b. TIME O	F 26c.	INJURY AT WORK?	2		NJURY OCC	URED	
2 Culetde —	26e. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, farm, stre	et, factory, of	ffice	2	261. LOCATION (Street a City or Town, State)	and Number o	or Rural Rou	te Number,
(Check only 1 CERTIFYING PN	SICIAN: To the best of m	ny knowledge, de mination and/or i	ath occurred a	t the time, d	ate end place,	end due to	the cause(e) end men	ner as state	d. ceuse(e) a	nd menner ee stated.
		X	20			_				117271
and the same of th										
00. NAME AND ADDRESS OF PERSON V										
Dana Coates, Date Filed (Month, Day, Year)		Frankli	in Squa		rive	Balt	imore,MaD	. 2:	1237	
	1. DECEDENT'S NAME (First, Middle, La Lillian J. 4. SOCIAL SECURITY NUMBER 216-28-4315 9e. FACILITY NAME (If not institution, girling franklin Squa RESIDENCE OF DECEDENT 10b. COUMD. 10e. STATE 10b. COUMD. 10e. STREET AND NUMBER 2441 Fairway 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S E (Specify only highest or Elementary/Secondary (0-12) Unknown 17. FATNER'S NAME (First, Middle, Last) Clarence Kell 19a. INFORMANT'S NAME (Type/Print) William R. Ki 20e. METHOD OF DISPOSITION 1 Burlei 2 K Cremetton 3 R K 20e. METHOD OF DISPOSITION 1 Burlei 2 K Cremetton 3 R Shock, Dr haart faillur immediate Cause. Enter Underly immediate	1. DECEDENT'S NAME (First, Middle, Last) Lillian J. KIGGINS 4. SOCIAL SECURITY NUMBER 216-28-4315 9e. FACILITY NAME (If not institution, give street and number) Franklin Square Hospi RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY Md. 11. MARITAL STATUS 1 Never Married 2 Married 3. MANITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Never Married 2 Married 3. MARITAL STATUS 1 Netural 5 Married 3. MARITAL STATUS 1 Netural 5 Married 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 1 Netural 5 Married 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 1 Netural 5 Married 3 Married 3 Married 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 2 MARITAL STATUS 3 MARITAL STATUS 4 DOUGTON 4 MARITAL STATUS 1 MARITAL	Decedent's Name (First, Middle, Last)	DECEDENT'S NAME (First, Middin, Last) Lillian J, KIGGINS	Lillian J. KIGGINS 4. SOCIAL SECURITY NUMBER 216-28-4315 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 2178. MONTHS DOWNER 216-28-4315 5. SEX 2178. MONTHS DOWNER 216-28-4315 5. SEX 2178. MONTHS DOWNER 216-28-4315 5. SEX 2178. MONTHS DOWNER 2179. PRAILITY NUMBER 218. PRAILITY NUMBER 219. PRAILITY NUMBER 2441 Fairway 10. COUNTY 30. STATE 30. STATE 30. STATE 30. STATE 30. MONTHS DOWNER 31. DECEDENT'S EDUCATION (Specify only Ingrised growing in the Sex Sex Sex Sex Sex Sex Sex Sex Sex Se	Lillian J. KIGGINS 4. SOCAL SECURITY NAME (First, Middon, Last) Lillian J. KIGGINS 4. SOCAL SCURITY NAME (IN DATE AND NAME) 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 216-28-4315 5. SEX 217-10 MONTHS 5. SEX 216-28-4315 5. SEX 217-10 MONTHS 5. SEX 216-28-4315 5. SEX 217-10 MONTHS 5. SEX 216-28-4315 5. SEX 217-10 MONTHS 5. SEX 216-28-4315 5. SEX 217-10 MONTHS 5. SEX 217-10 MONTHS 5. SEX 217-10 MONTHS 5. SEX 217-10 MONTHS 5. SEX 217-10 MONTHS 5. SEX 217-10 MONTHS 5. SEX 217-10 MONTHS 5. SEX 217-10 MONTHS 5. SEX 217-10 MONTHS 5. SEX 5. S	DECEDENTS NAME (Pist, Middle, Last) Lillian J. KIGGINS 4. SOCIAL SECURITY NUMBER 2. 16 - 28 - 4315 5. SEX 2. S	DECEDENT MAME (First, Microse, Last) Light of pEATH S. DATE of PEATH	DECEDITION DATE (FIGURE 1) Lillian J. KIGGINS SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY INAMED TO LIVE (FIGURE 2) SOCIAL SECURITY SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL SEGURE 2) SOCIAL	DECEMPITE AMAR (PIRK MANIN) Last Lillian J. KIGGINS





Pennsylvania

YEAR

Worcester

10g. CITIZEN OF WHAT COUNTRY?

Specify:

S. A. 14. RACE — American Indian, Black, White, etc.

REG. NO. 2. DATE OF DEATH

November
7. DATE OF BIRTH
(Month, Day, Near)

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Michille, Land)

4. BOCIAL SECURITY NUMBER

EMILY DONN

-	•
13146	
w	
=	
57	
-	
-	
ന	
7.7	
-	
BOX	
ж.	
◌.	
\sim	
_	
-	
~	
ш.	
_	
-	
Ö.	
-	
~	
п.	
-	
-	
RECORDS,	
rn	
ω,	
34	
\Box	
_	
œ	
-	
$\overline{}$	
~	
•	
==	
m	
- 4	
-	
62.	
_	
-	
VITAL	
-	
-	
9	
_	
$\overline{}$	
u	
-	
-	
~	
-	
~	
E 3	
~	
-	
4.00	
rn.	
-	
-	
-	
-	
-	
DIVISION	
-	
-	

189 01 1676 1 - M 2 XF 82 Jan. 6. 1909 permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 12207 St. Martins Neck Rd. Bishopville RESIDENCE OF DECEDENT IDE, CITY, TOWN OR LOCATION 10b. COUNT 10s. STATE Maryland Worcester Bishopville 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 12207 St. Martins Neck Road as the burlal-transit 21813 hospital or attending physician. 11. MARITAL STATUS ts. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 X NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 YES 2 X10 1 Never Married 2 Married BY Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Class should dif work stone storing most of working) 15. DECEDENT'S EDUCATION 15h KIND OF BUSINESS/INDUSTRY (Specify only highest grade or b Elamentary/Secondary (0-12) College (1-4 or 5 +) Beautician Cosmetologist 11 detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meider Surrame) ž 2 76 Enoch retained by Donn BE Wanda page 5 should notified 19s. INFORMANT'S NAME (Typis/Print) 19b. MAILING ADDRESS (Steel and Number or Pural Pouts Number City or Town, State, Zip Code) 2 Al LaVie 12207 St. Martins Neck Rd. Bishopville, MD 21813 80 2 20e METHOD OF DISPOSITION
1 Solution 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of currenary, cramatory or 20c. LOCATION - City or Town, State ars after death. Page 6 may must Nativity Cemetery
22. NAME AND ADDRESS OF FACILITY Mary's Plymouth Twp., PA examiner BURBAGE FUNERAL HOME 108 Williams St. Berlin, MD filled in by the fi on, or removal. medical Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 8 IMMEDIATE CAUSE (Final n and completely fille to burial, cremation, the disease or condition resulting in death) within event, DUE TO JOB AS A CONSEQUENCE OF): percuted arleno traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSE If any, leading to immediate cause, Enter UNDERLYING attending physician ntal Hygierle prior It certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 signed by the atte PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL Droen H shows any 1 TYES I'M NO certificate has ber the State Dept. 3 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) them OTHER: 1 □ Inpetient 2 □ ER/Outpetient 3 □ DOA 4 □ No 1 YES TO NO ng Home 5 % Residence 6 🗆 Other (Specify) b 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 384. DESCRIBE HOW INJURY OCCURED With t marked, 1 Natural 2 Accident 5 Pending M 1 YES 2 NO BY After death investigation ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 🔲 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 28 is COMPLETED DIRECTOR: / 4 Homicide llen. 8 1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. RUNERAL I WITHIN 72 h = 2 MEDICAL EXAMINER: On the beals of exami TO THE HOSPITA TO THE RUNERA The filed within 73 IMPORTANT: II vestigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 286. SUBMATURE AND TITLE OF CERTIFIER 86 uch C dervis 2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jack C. Lewis Polybranch Rd. Selbyville, DE Dr. 31. DATE FILED, Martin, Day, Hear) - -32. REGISTRAR'S SIGNATURE Like Saindre Bordall NOV 1 o 1991

LaVIE

6. AGE (In yes, last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1/YEAR IF UNDER 24 HRS.

91 31657

3. TIME OF DEATH

3:30 A

PLACE (State or Foreign

10d. INSIDE CITY LIMITS?

1 TYES 2X HO

White

Interval Between

Onset and Death

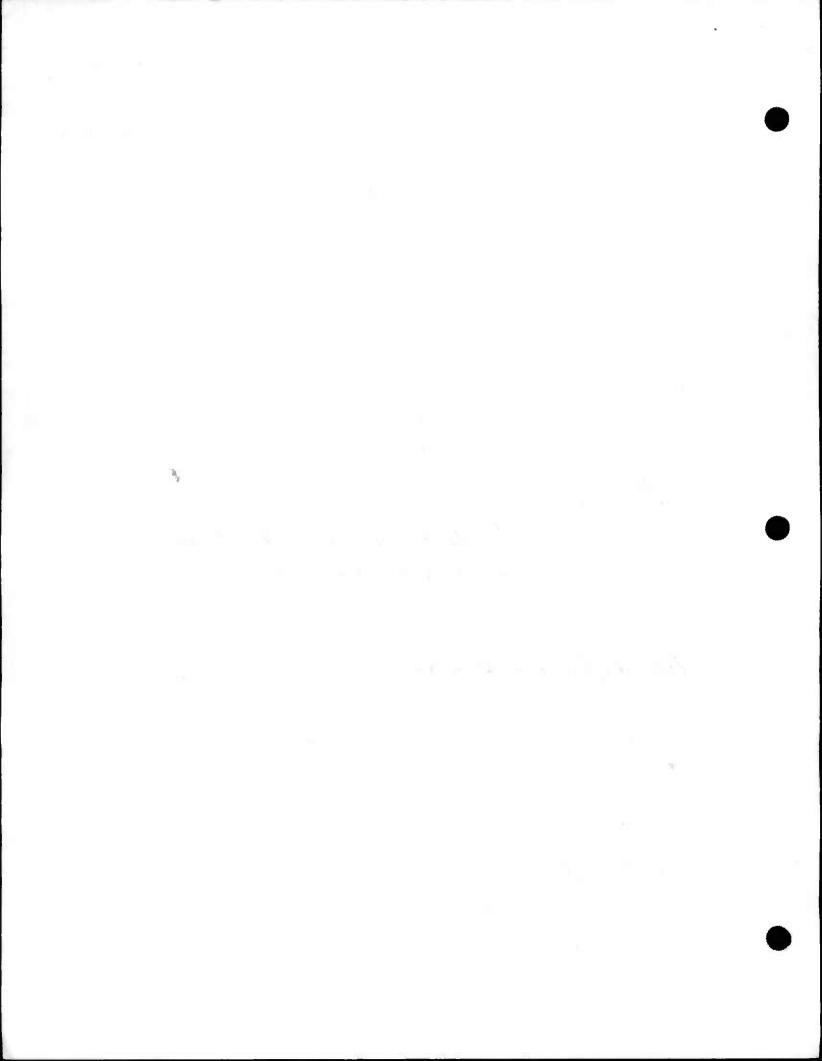
24b. WERE AUTOPSY FINDINGS

1 TYES 2 NO

29d. DATE SIGNED (Month, Day, Year)

.

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?



Pages 1, 2, 3 should

permit.

use as the burial-transit

or, page 5 should be detached for

Ħ

notified

Pe

:	6	0		-
)	9	ctor.		270
	age	dire		10
	Р.	era		Ē
	deat	f		ухаг
į	her	the	Oval	ie
	Sa	D D	rem	dic
	00	pa ii	5	E
	24	1111	tion.	the
	thiu	etel	вша	ť,
	A p	dm	5	eve
	cute	D D	urial	lic
	exe	1 20	to b	EE
	9	iciar	10	Je
	cate	Shirts	e p	er 1
	ertif	0	ge	듐
	th	pua	E.	5
•	dea	e at	lent	N.
	the	y th	2	트
	that	D D	h an	any
	ires	sign	lealt	50
	nba.	en	10	hoy
	AMP.	s be	pr.	33
	he	e ha	ŏ	E
	N. T	icate	Stat	100
	ICIA	entit	the	9
	HYS	Jis C	Ę	ed,
	G P	er #	-	Tar
	NO	Att	des	\$9
	TEN	TOR	after	88
	RA	REC	SIT	E
	0 7	0	4	흗
	PITA	FRA	7	E H
	HOS	SI	MITTE	AN
	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p.	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must i
	10	EC	E .	4

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF OEATH Grace Lopresti YEAR Drace 2250 prest 1991 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) MONTHS DAYS 212-42-5930 1 - M 2 15 F HOURS 96 10-12-1895 Italy 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore City N/A RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland N/A Baltimore City 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4251 Sheldon Avenue 21206 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO BY 3 Wildowed 4 Divorced Specify White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY ost of working Щ (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL N/A Butcher Butcher Shop 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Sumerne) Joseph Scalia Unknown 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 9 Peter V. Lopresti 4251 Sheldon Avenue, Baltimore, Maryland 21206 20e. METHOD OF DISPOSITION

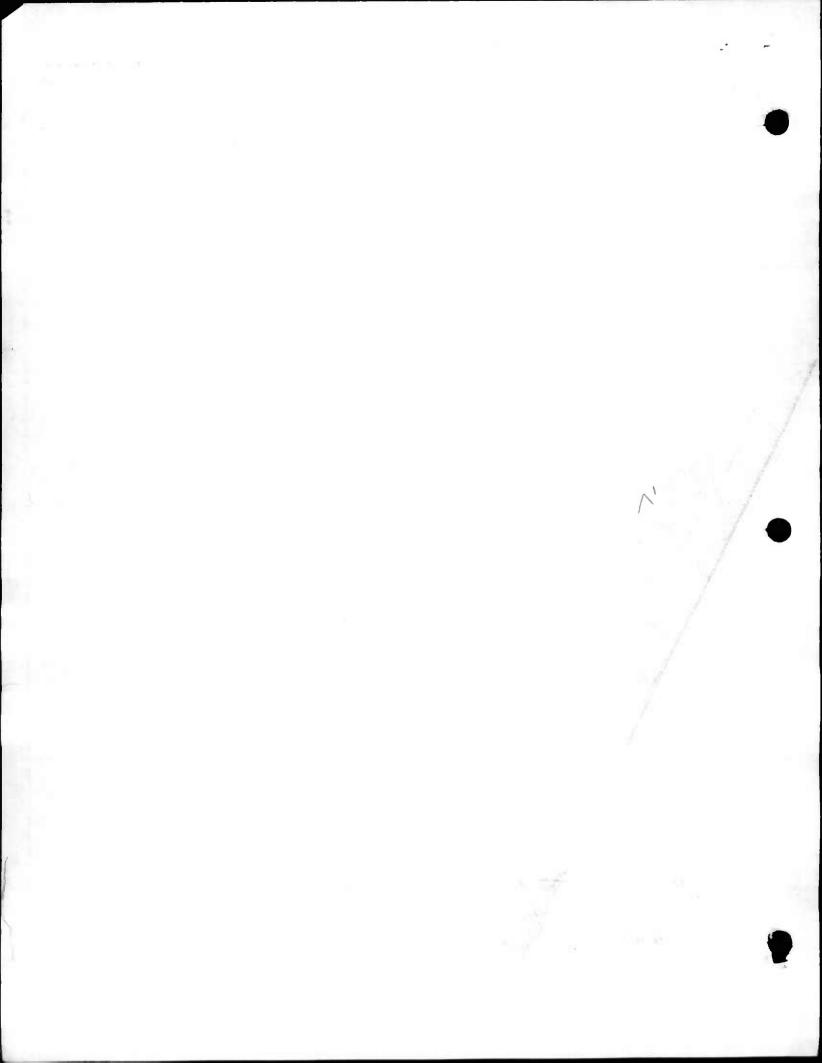
| Burlel | 2 □ Cremetion | 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 4 Donetion 5 Other (Specify) Holy Redeemer Cemetery 11/2 11/20 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Final **Onset and Death** disasse or condition anu reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) runonine CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 MINO imile 1 YES 2 NO PHYSICIAN: h comala 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetiant 2 | ER/Outpetiant 3 | DOA OTHER: 1 YES 2 NO me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end piece, and due to the ceuse(e) end manner ea stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 8 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (1/ EM 27) (Type, Print) 2 Joo 1 Lock Kour Ave RAYHUNRO Good Samarins A medical resident 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



NOV19

1991

icha Davidson

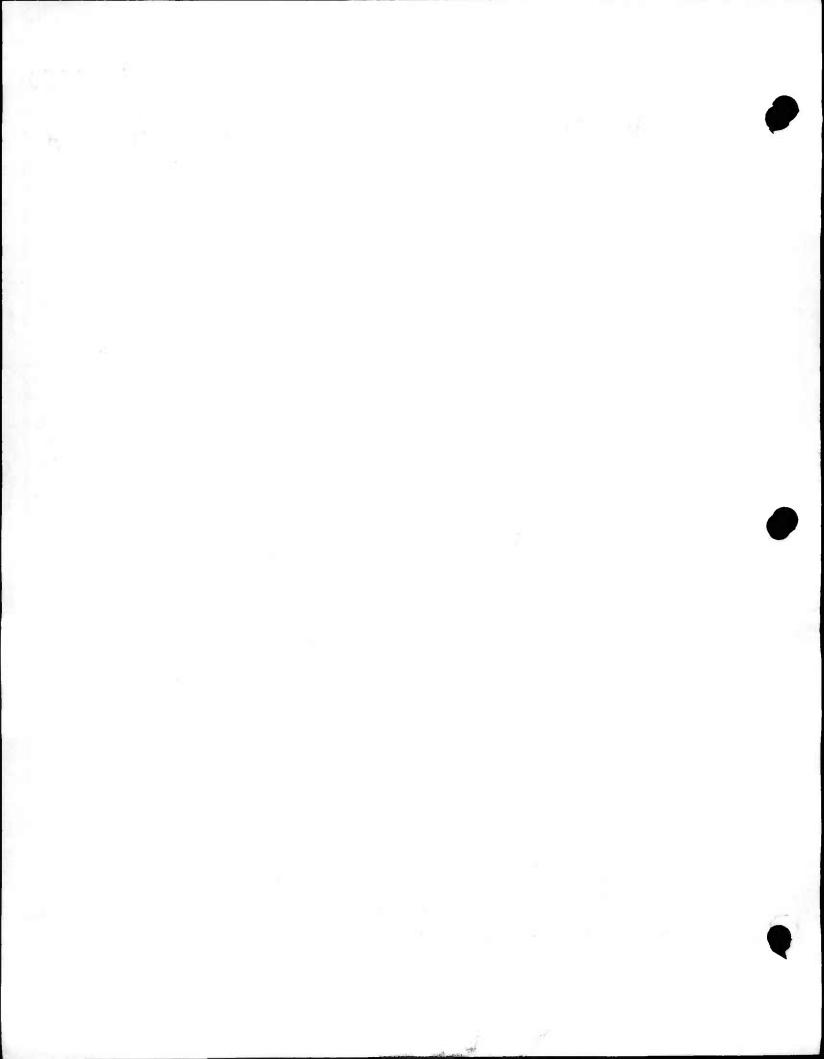


The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	the funition of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transfer namer pages 1.2 a should	mation, or removal.	nt, the medical examiner must be notified at once.	
TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIFFECTOR After this certificate has been signed by the attending physician and comple	be filed within 72 hours when death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.		
	1. DECEDENT'S NAME (First, MICORIO, LISS) 1. DECEDENT'S NAME (First, MICORIO, LISS) 2. DATE OF DEATH MOCHTH MOCHTH MOCHTH NOV. 3. TIME OF DEATH MOCHTH MO		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1. UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Nar) Country) 7. DAY OF BIRTH (Month, Day, Nar)		
OR N	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DOT SECONDS HOSP. PAIL OF THE SECONDS HOSP.		
اق	/RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10s. CITY TOWN OR LOCATION		
DIRECTOR	maryland BAITIMORE 10d. HISTOR 10d. HISTOR 11D YES 2 \(\text{ NO NO. IN THE CITY LIMITS?} \)		
FUNERAL	106. STREET AND NUMBER 109. CLTIZEN OF WHAT COUNTRY?		
BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 14. RACE — American Indian, 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 16. Porces? 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 18. RACE — American Indian, 19. Was Decembert of Hispanic Origin? (Specify Yee or No- 19. Was Decembert of Hispanic Origin? (Specify Yee or No- 11. Was Decembert of Hispanic Origin? (Specify Yee or No- 12. Was Decembert of Hispanic Origin? (Specify Yee or No- 14. RACE — American Indian, 15. Was Decembert of Hispanic Origin? (Specify Yee or No- 16. Was Decembert of Hispanic Origin? (Specify Yee or No- 17. Was Decembert of Hispanic Origin? (Specify Yee or No- 18. RACE — American Indian, 19. Was Decembert of Hispanic Origin? (Specify Yee or No- 19. Was Decembert of Hispanic Orig		
ED	BIACO		
LETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPATION (Give kind p4/work done during most of working) 18b. KIND OF BUSINESS/INDUSTRY		
COMPLET	17. FATHER'S NAME (First, Middle, Lasty (8. MOTHER'S NAME (First, Middle, Meigen Symmer))		
BE C	KAYMOND GREEN MAGGIE Anderson		
5	(90. INFORMANT'S NAME (TyperPfint) 19b. MAILING ADDRESS (Greet and Number or Rural Royle Number, City or Toxy), State, Zip Gode) 19c. Information of Rural Royle Number, City or Toxy, State, Zip Gode)		
	20e. METHOD OF DISPOSITION Description		
	21. SIDNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND APDRESS OF FARMETY & CUNERAL HOME		
	yoseph L. Russ 2222 W. North Ave. Boll. mysize		
	23. PART 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heart failure. List only one cause on each line. Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) ■ Metatatic CanCer A ® Breast Onset end Death Onset end Death		
NO	Sequentially list conditions, ff any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):		
FICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury) that initiated events c. Due to consequence or ju		
CERTIFICATION	resulting in deeth) LAST		
1	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS		
EDICAL	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Σ	OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)		
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Normalient 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)		
BY PH	26s. DATE OF INJURY 1 Netural 5 Pending 26s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY 28s. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED		
8	2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide determined 25s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 25s. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (More			
	BELVARIO D. GONZALES JE WWO Son W. Baltumy. Md. 2/22		
	31. DATO FO MONTH. DON MONTH DON MONTH DE MANAGEMENT DE MA		





0020	
21	
21215	
	-
Z	
LAND	,
\equiv	
Œ	
MARY	
-	
Ш	
H	
2	
TIMORE	1
\vdash	

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	Ě
)	9
	Page
	death.
1	after
h	hours
,	24
•	within
	executed
	ಜ
	eath certificate
,	death
	the
	that
	requires that
	SW.
	The
	3 PHYSICIAN:
1000	IR ATTENDING
н	20

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	LOCK	ett		2. DATE OF DEATH	YEAR	3. TIME OF DEATH
_	A = 16 0	SEX 6. AGE (In yrs. I	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Year)	8. BIR COUNTY OF	rginiA
DIRECTOR	Evergleen Nursing Home BAltimore City						
	MARY AND 106. COUNTY		10c. CITY, TOWN OR LOC	more			10d. INSIDE CITY LIMITOT
FUNERAL	632 N. PAUSO	on 5t	1	2/2/7		10g. CITIZEN OF	WNAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	NO If yee, a	CENDENT OF HISPANIC pecify Cuban, Maxican, S 2 NO Specify:	ORIGIN? (Specify Ye Puarto Rican, etc.)	a or No — 14. RA Bla Spe	CE — American Indian, ick, White, atc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) (PECEDENT'S USUAL OCCUPAT Give kind of work done during m fe. Do NOT use retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTRY)/ACK)
8	17. FATHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 19a. INFORMANT'S NAME (Noe/Print)	Lockett		DRUS	E (First, Middle, Meiden	Lock	ett
2	Mr. James 1	ockett!	96. MAILING ADDRESS (Street 34/2 Fsse	and Number or Rural Rol	Number, City or Tox	in, State, Zip Code)	21207
	20e. METHOD OF DISPOSITION 1					Town, State	
						of Home	
	23. PART I. Entar tha diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Batween					Approximate Intarval Batwean	
immediate cause (Final disease or condition resulting in death) a				Onaat and Daath			
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, b.						
ICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.						
CERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):						
PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?			b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDI	1 YES 2 NO OF			OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		20.00	ACE OF BEATH ON			
SIC	EXAMINER? 1 YES 2 NO No No No No No No No						
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN.		8d. DESCRIBE HOW I	NJURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)			81. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(a) end manner as stated.						
29b. SIGNATURE AND THE ADDITION OF THE PROPERTY OF THE PROPERT				29d. DATE SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS PERSON THO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) A. Hetternan 1777 Russestom Pel 2/208					,	
alfr -	31. DAYE ELES WORTH, Doy 1991	.32. REGISTRAR'S SIGNATURE	82	Tax love		VIUS	

and the second s

pino

	30	
	, 2,	i
	Sed	
	F. P.	
	E	
	isit p	
CIAN.	-tra	
2	buria	
2	the	
iei	as as	
5	or us	
Š	ed fe	
2	etach	nce.
7	e e	at o
3	pino	pe
Eldi	sho s	otil
25	age :	De n
11143	or, p	ust
ine o	direct	E
. ra	eral (nine
Oca.	ff.	еха
di c	y the	ca
S	in b	ned
42	filled on, o	he n
	etely	H, 1
8	ompliand,	eve
200	nd c	atic
3	ian a	E
Alte	hysic pric	ir tra
	giene	othe
	tendi al Hy	0
90	he al	juny
Đ	and	ıy in
20	igned	18 31
	en si	Pow
W	as be	23
9	ate ha	E
AN.	rtifica	0 1
VG PHYSICIAN. THE IAM requires that the Usath Celtificate be executed Within 24 hours after death. Tage of his relative by the Hospital of all	is ce	ed,
2	er th	nark
NON	R: Aft	S
AILE	CTOF afte	28
8	IFEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Hem
IM	PAL 2	=
à	박 등	=

3 | 66 | FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 12, WILLIAM Ε. LIENENKAMPER 1991 NOV. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign 215-05-6334 1 X M 2 - F 74 YRS. Jan. 1917 Baltimore, MI 9e. FACILITY NAME (If not institution, give atreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR North Arundel General Hospital Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY Maryland Anne Arundel Pasadena 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? 330 Magothy Road 21122 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerlo Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. FORCES? 1 XYES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried 1 TES X NO Specify: B White 3 XWidowed 4 Divorced WW ETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) ost of working Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8th. Shipfitter Shipbuilding & Dryddck 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest Lienenkamper Clara Thiele BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Penny L. Burke 668 Riverside Drive Pasadena, Md. 21122 20e. METHOD OF DISPOSITION
1 Burlel 2X Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Nama 20c. LOCATION -- City or Town, State OATE Metro Crematory, Inc. 11 /91 Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
MC Cully Funeral Home of Pasadena 3204 Mountain Rd. Pasadena, MD. 21122 minna ne 23. PART I. Enter the diseases, plicetione that caused the death. Do not antar the mode of dying, auch as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition te Mxocai resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 0 Easis CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate DUE TO ON AS A CONSEGUENCE OF): e. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 | YES 2 10 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending investig 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stata) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 🔲 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manu-296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) H



2

un (

31. DATE FILED (Month, Day, Year) NOV19

Colvin Carter

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WI

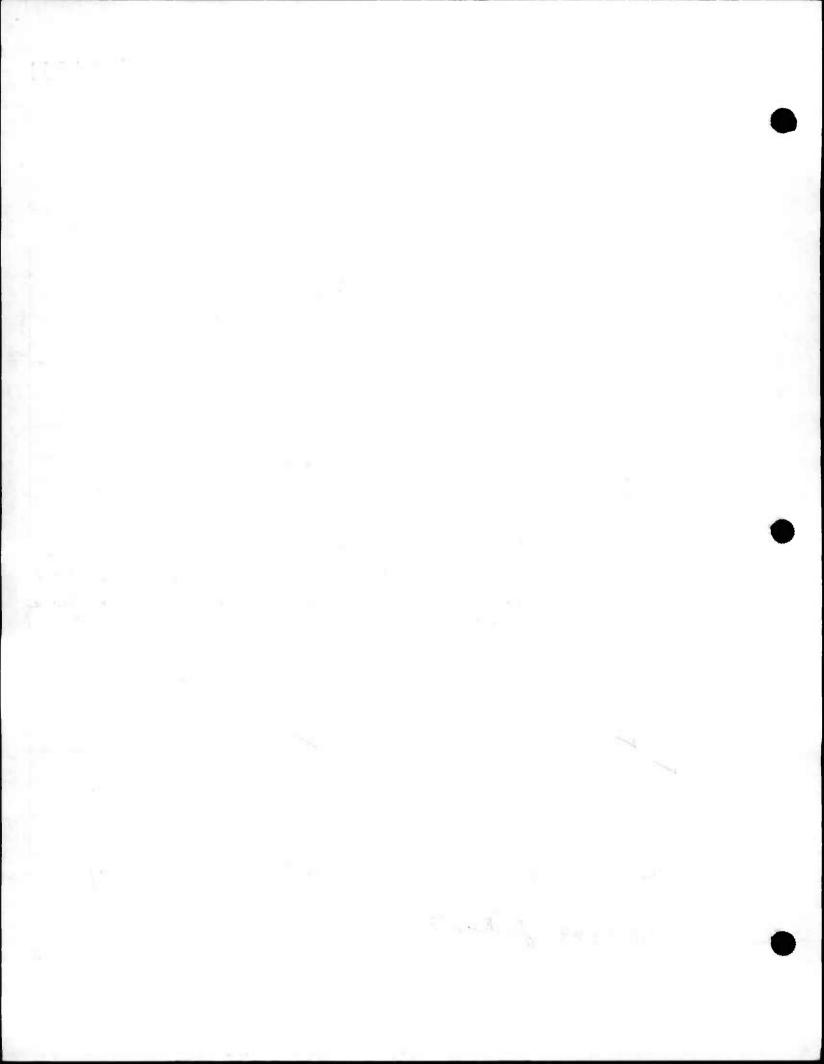
32 FEBRUARY BY AND STREET

4710 Pennington Avenue

DHMH-16 Rev 1/89

21226

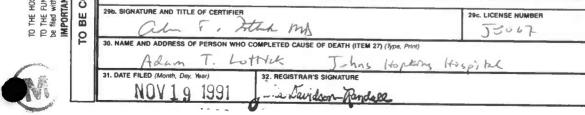
Baltimore, MD.



AL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	f Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

					Q	1 31662	
	1 - STATE REGISTRAR	STATE OF MARYLAND /		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	1 31002	
	1. DECEDENT'S NAME (First, Middle, Last) MARIE	Eggette			2. DATE OF DEATH MONTH, DAY,	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las	yrs. F UND	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Mortil). Day, Year) 12 25 4	8. BIRTHPLACE (State or Foreign Country)	
TOR	99. FACILITY NAME (If not institution, give s	NTY OF DEATH					
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALLIMORE						
FUNERAL		PRESTON	77	101. ZIP CODE 2/2/3	10g. CITI	IZEN OF WHAT COUNTRY?	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	IMED 13	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 — YES 2 NO Speci		14. RACE — American Indian, Black, White, atc.	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	completed) (Gi	ECEDENT'S USUAL OF BOTH OF BOTH OF BOTH OF BOTH USE THE BOTH OF BOTH O	e during most of working	16b. KIND OF BUSINESS/INC	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)	Minick	10056	18. MOTHER'S N	AME (First, Middle, Meiden Surname)	ANS	
TO E	19. INFORMANTIC N.M.F. (Knorthield)						
	20e. METHOD OF DISPOSITION Burlet 2 Cremation 3 Remote Donation 5 Other (Specify)	cemeter ore	AND DATE OF DISPO	, Cen	DATE 200 LOCATION	AVE + Part ST	
	21. SIGNATURE OF FUNERAL SERVICE LIC	· Locks ?	7 1	2. NAME AND ADDRESS OF FI	4 h. Cent	ral as	
	IMMEDIATE CAUSE (Finel	complications that caused the de List only one cause on each line.	eth. Do not ante	or the mode of dying, suc	ch ee cerdlec or respiratory arr	Approximata interval Between Onset and Death	
	disease or condition reaulting in deeth)	DUE TO (OR AS A CONSEC	•			Hmos	
ATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b. Peripheral DUE TO (OR AS A CONSEC	Vusuale DUENCE OF):	· Dy		5 415	
ERTIFICATION	CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):	\$ Company			
MEDICAL C	PART II. Other eignificant condition	e contributing to death but not m	esulting in the u	inderlying cause given in	1 Pert I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C/	heck only one)		
YSI	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: ursing Home 5 1 Residence	8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	CORPO	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At hor building, atc. (Specify)	ne, ferm, atreet, fac	ctory, office	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,	
OMPLET		CIAN: To the best of my knowledge, des R: On the besis of exemination and/or in					

29c. LICENSE NUMBER



29d. DATE SIGNED (Month, Day, Year)

11-18-91

1 Fax to the control of

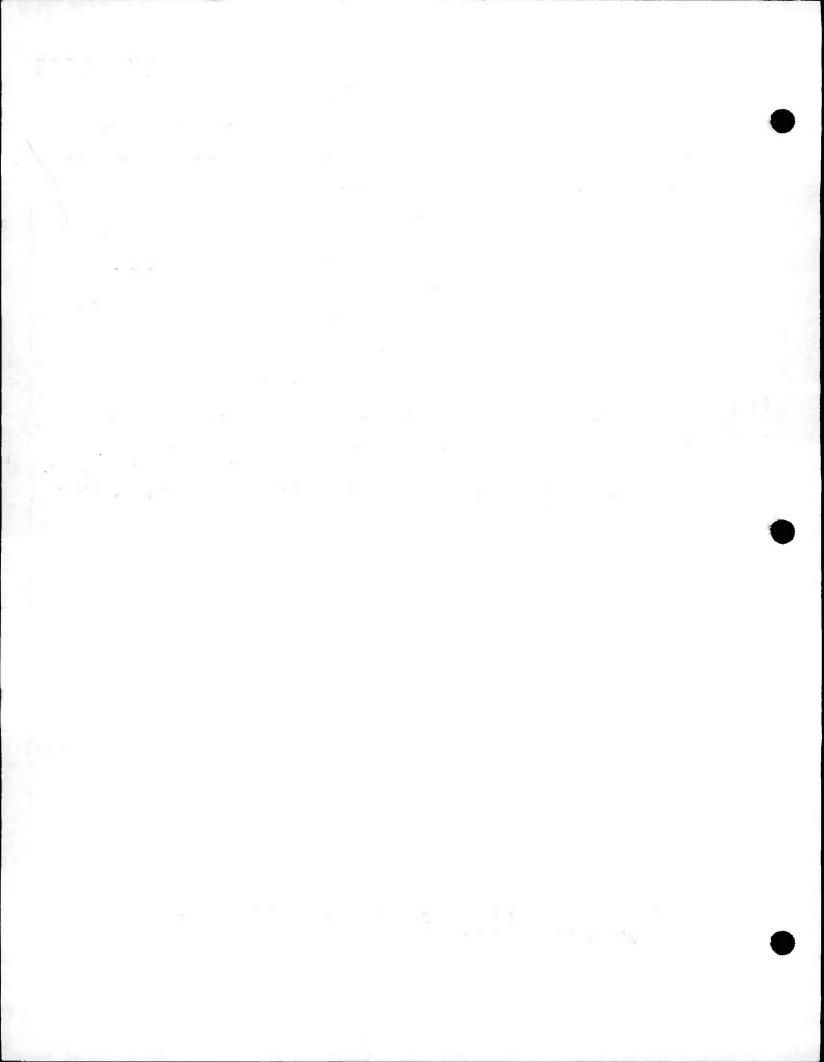
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Thours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	712-01-01-11-11									7.12	G. 140.			
,	1. DECEDENT'B NAME (First, Elsie Ma		:h							2. DATE OF DE MONTH	18	91	YEAR	3. TIME OF DEATH 4:00 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)					IF UNDER	1 VEAD	IF UNDER	24 MDR	7. DATE OF BIRTH			e DIOTA	IPLACE (State or Foreign
	266-28-0132 1 D M 2 XX					MONTHS	DAYS	HOURS	MIN.	(Month, Day,	Yeer)		Counti	γ)
	9e. FACILITY NAME (If not in			69	1110.	oh CITO	/ TOWN	WN OR LOCATION OF DEATH 06/07/22 North 9c. COUNTY OF DEATH			th Carolina			
œ	8302 Sagra							more	ON OF DE	MIN	1		time	
6	RESIDENCE OF DEC		Duu			Do	AT CT	HOLE	_		1	Bal	LLIM	ore
ñ	10e. STATE	10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCA	TION				>,		10d. INSIDE CITY
DIRECTOR	Maryland	Ci	.ty		Ba	altin	more						1	1 X YES 2 NO
A	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?
EB	5964 Glen F	alls A	Avenue					2120	6		_	U	.S.	A .
BY FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AI		13.				IC ORIGIN? (Spi		or No-	14. RACI	E Americen Indian, k, White, atc.
<u>></u>	1 Never Merried 2 2 3 Divo			MAR OR DATES	110			2 XNO			•10.)		Spec	the.
				T										White
COMPLETED	(Specify onf	EDENT'S EDU y highest grade	completed)	(0	ECEDENT'S Sive kind of a. Do NOT u	work done	during me		ng	16b. KIND	OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	House						T Yo			
×	17. FATHER'S NAME (First, M	liddlo I net)			nouse	SMTI	=	T 40 1107	HED'S MA	ME (First, Middle,	Hon		_	
8	Hugh Lacy		oner									ourrierrie)		
H	190. INFORMANT'S NAME (TELLET	140	h Mail IN/	ADDRES	C /Ctmat			Kirkman Route Number, Cit		Ctoto 7/o	Codel	
۵	Robert W		1							Balti				27
	20a, METHOD OF DISPOSIT		•	20b. PLAC					wau			_		wn, Btate
	1X Burlet 2 Crematic	n 3 🗆 Rem	oval from State	of cemetar	cremator	y or other	place)		tor				-	MD.
	21. BIGNATURE OF FUNERA		ENSEE	Juliu	CIID					CILITY Din	nel	Func	ral	Home, Inc.
	· All	1L	so of	7		- 1								D. 21206
	23. PART/I. Enter the d	išeases, ori	on plications the	t caused the d	eath. Do									Approximate
	shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)		a.	O COR AS A CONSE	àb	27	Ar	res	-					Interval Between Onset and Death
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injit that infiliated events resulting in death) LAS	diste ING Jry	b. DUE TO	OR AS A CONSE	red QUENCE C	OF):	nt	Ou	are	c Ca	100	in am	۵.	
ادّ	PART II. Other algolfice	ent condition	s contributing to	daeth but not	reaulting	In the u	ndariyir	g cause	given in	Part I. 24a.		AUTOPSY	24	b. WERE AUTOPSY FINDINGS
										_ 10	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED T	O MEDICAL					26. P	LACE OF I	DEATH (C/	neck only one)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE		ne 5 □ R	eeldence	6 Other (Spe	iclfv)			
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending						NJURY OC	CURED							
ETED BY	2 Accident 3 Suicide 6 Homicide	Investigation Could not be determined		OF INJURY — At It i, etc. (Specify)	ome, farm,	street, fac	ctory, offi	ce		28f. LOCATION City or Tox		and Number	r or Rural	Route Number,
COMPLE	one)		ICIAN: To the best of											e) and manner as stated.
TO BE C	296. Secretary and Title	1 /7	letyu	i				296.140	ENSE NU	MBER 637				D (Month, Day, Year)
-	Francis	Grumbi	ne, M.D.	6701	N. Ch	arle	es S	treet	Ba:	Ltimore	, ME).		
	31. DATE FILED (Month, Day,		32. HEGISTER	ARIS SIGNATURE	Mande	82								



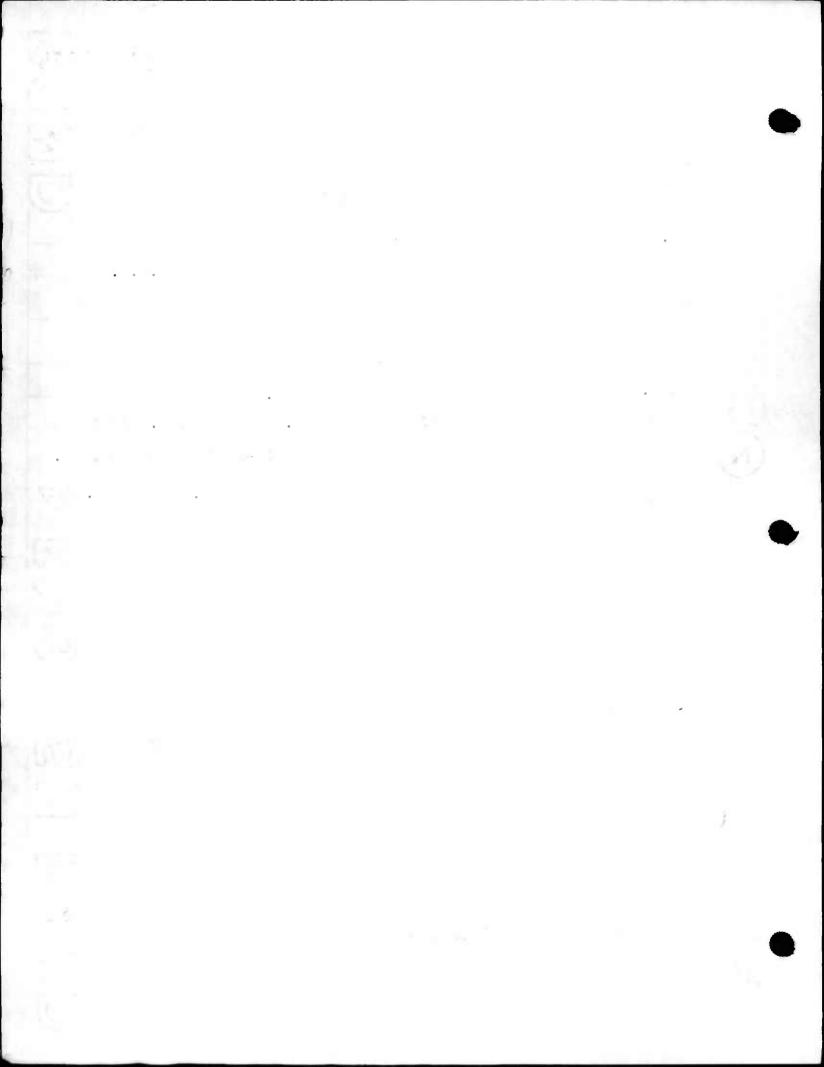
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

be retained by the nospital of attending physician.	decrees mae 5 should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should	ne must be notified at once.
TO THE HOSPITAL OR ALLENDING PHYSICIAN: THE IAW TEQUINES DIST. BY BEING THE HOSPITAL OR ALLENDING STIEF USE THE HOSPITAL OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physician and completely filled in by the hours of the bound be detached for use as the build-transit permit. Pages 1, 2, 3 shows the complete of the bound of	- 34

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGII	ENE
	C	ERTIFICATE	OI	F DEAT	TH		REG. N	VO.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN				
	1 DECEDENT'S NAME (First Micirile I not)	ames Moore		ORB.		2. DATE OF OEATH MONTH	DAY YE	3. TIME OF DEATH		
			s. lest birthday) IF U		IF UNDER 24 HRS.	7. DATE OF BIRTH	6 9	BIRTHPLACE (State or Foreign		
	220 - U7 - 7390 15	M 2 □ F	7 / YRS.	THE DAYS	HOURS MIN.	(Month, Day, Year) 12 - 20	-19	Country)		
			9b.		R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH		
2	Liberty Medical	Center		_	imore					
DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCATI				10d. INSIDE CITY LIMITS?		
	Md a	Baltimore 101. ZIP CODE				1 TYES 2 NO				
E							U.S			
BY FUNERAL	1 Never Married 2 Married	WAS DECEOENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	M_NO □	if yes, spe	ENDENT OF HISPAN city Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify You, Puerto Rican, atc.)	ea or No— 14.	RACE — American Indian, Black, White, etc.		
	3 Widowed 4 Divorced							speci ^M White		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted)	a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos	N It of working	16b. KIND OF BI	JSINESS/INDUST	TRY		
	Elamentary/Secondary (0-12) Co	ollege (1-4 or 5+)	Retin	0 7						
Š S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
BE	Unk.				Unk					
2	19a. INFORMANT'S NAME (Type/Print) Sharon Jones					Noute Number, City or To				
	29m METHOD OF DISPOSITION	20b. Pl	ACE AND DATE OF	DISPOSITION	(Name	OATE 20c. L	OCATION — City	or Town, State		
	1 Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		etary, crematory or or unt Zio	n Cem	etery 1	1-19 91	Balti	more, Md.		
	21. SIGNATURE OF PUNERAL SERVICE LICENSE	11./		22. NAME AN	O ADDRESS OF FA	CILITY				
	Moull 1	ryl	-					or St. 21217		
	23: PART I. Enter the diseeses, or compehock, or haert failure. List	olications that caused the only one cause on aech	a deeth. Do not e line.	enter the mod	da of dyling, auc	h aa cardiac or ree	piratory erreat	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	POSSIBLE	= 100	LAPA	102	TNEARC	2041	Onset and Death		
	reaulting in death) a	P 6 5 5 1 13 2 12 DUE TO (OR AS A CO A /Z T/E/Z/O	INSEQUENCE OF):	CAND	776	· VI-AKE	170~			
Z	Sequantially list conditions,	ARTERIO	SCZER	070'6	HEAR	27 A15	EASE			
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF):							
읦	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):							
CERT	resulting in death) LAST									
اد	PART II. Other significant conditions co						N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
2	MULTIPLE CHRONIC	DECUBI	Tus u	LLER	3	1 TYES	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDIC	CHRONIC	BBSTRNU	DUE L	4N4	AISEAS	E		1 TYES 2 NO		
Ä	31=124R	Æ5.								
PHYSICIAN:	EXAMINER?	SPITAL:		THER:	ACE OF DEATH (Ch	8 Other (Specify)				
Ä	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT	28d. DESCRIBE HOW	INJURY OCCUR	EO		
8	1/ Netural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atree	t, factory, office		281. LOCATION (Stree City or Town, Stat	t and Number or : e)	Bural Route Number,		
P.E	29a. CERTIFIER (Check only	: To the best of my knowleds	ge, death occurred at	the time, data	and place, and due	to the cause(a) and m	anner as stated.			
ŏ Ö	one) 2 MEDICAL EXAMINER: O	n the basis of exemination an	nd/or investigation, in	my opinion, d	eath occured at the	tima, date and place,	and dua to the c	suse(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	and of	Ne an		29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEATS	(ITEM 27) (Type Prin	D	D 23	300	1 1	1.16.71		
	SUDHIR. D. P	ATEL.	2600 2	1600	ES.	13 allo	NO.	21215		
	30. NAME AND ADDRESS OF PERSON WHO CO SUDTURE. D. P. 31. DATE FILEO (Month, Day, Year) NOV 1 9 1991	32. JEGISTRADIS SIGNATU	- Randell							





permit, Pages 1, 2, 3 should

BAL	deat	\$	exa
מ	after	nova	Ca
	DUITS	I in the	ned
ı	24 19	filled ion,	he
'n	ithin	emat	mt, 1
9	w ba	omp al, cr	2
200	mood	and o	atte
2	De e	cian for to	Taur
n	icate	physi ne pr	er t
Ċ	certi	ding	to
Ţ	eath	atten ntal F	y, 0
2	the d	Me	=
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	that	ed by	amy
۲	ulres	sign	M.S
ř	hed /	been t. of	sho
AL	e lav	has	1 23
Ē	Ë	State	Te
>	CIA	the	.0
5	PHYS	this with	rked
2	ONIG	After	E
7	TEND	DR: /	8 18
>	R AI	RECT LITS 3	E
ם	AL 0	의 전 전	=
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun- he find within 27 hours after death with the State Deot, of Health and Mental Hotiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exar
	F 15	E P	RTA
	T O	日日	MPO
	-		_

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SUITE # 907

P. BEGISTERAS'S SIGNATURE PUNA DAYAGON Mandell

BALTO, MD 21202

301 ST. PAUL PLACE

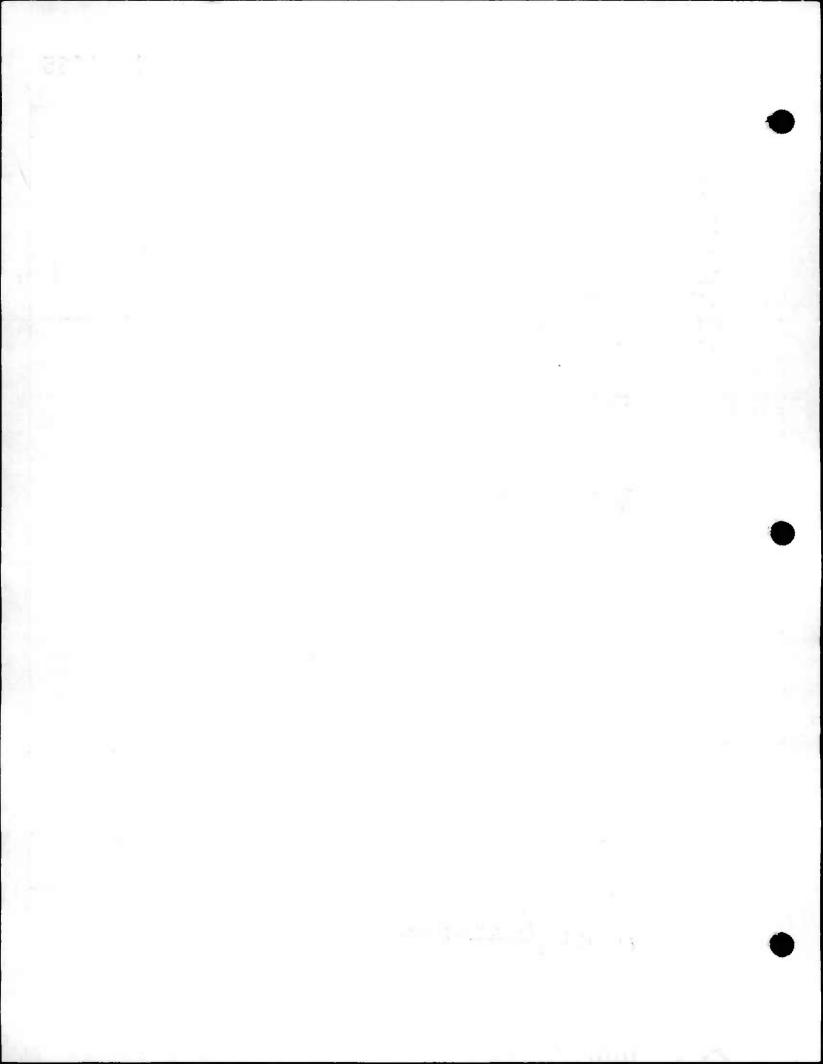
NOV19

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF OEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Franklin J. Mayr, Sr. Nov. 14,1991 7. DATE OF BIRTH (Month, Day, Year) 6/11/1918 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 216-01-7737 73 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1 W.Conway St. Balto.City,Md RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland 1- YES 2 NO Balto.City.Md. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 1 W. Conway St. 21201 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMEO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1-YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White W.W.2 ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Baltimore City 8th.Grade Sr. Inspector 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George. Mayr Miller Anna 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) Mr.Franklin J.Mayr, Jr. 1917 E.Deep Run Rd. pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State nation 3 - Ramoval from State Burlal 2 Cremation 3 I Donation 8 Other (Specify) examiner must Of cemetary, crematory or other place)
Dulaney Valley Mem.Gar.11/18 Cockeysville, Md. 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230 21. SIGNATURE OF FUNERAL SERVICE LICENSEE McCully Funeral Home. 130 E. Fort Av or remova 23. PART | Enter the diseases, or complications that caused the death Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. Interval Betw **IMMEDIATE CAUSE (Final** Onset and Death Aprocapity andiovarable Design the the resulting in death) event, traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF)-CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in daeth) LAST 6 Injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Obstruction Providing Oscare any 1 | YES 2 | NO OF DEATH? 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State I OTHER: HOSPITAL: 1 TES 2 NO 1 Dipatient 2 ER/Outpatient 3 DOA ne 6 Rasidence 6 - Other (Specify) 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending Investige 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) -52 ETED. 6 Could not be 4 🔲 Homicida 28 tem 29a. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Morallauet 11/19 D 28673





BALTIN
13146,
BOX
P.O. BOX
L RECORDS,
I OF VITAL
OF
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZATIOURS after death. Page 6 may be retained by the hospital or attending physician.

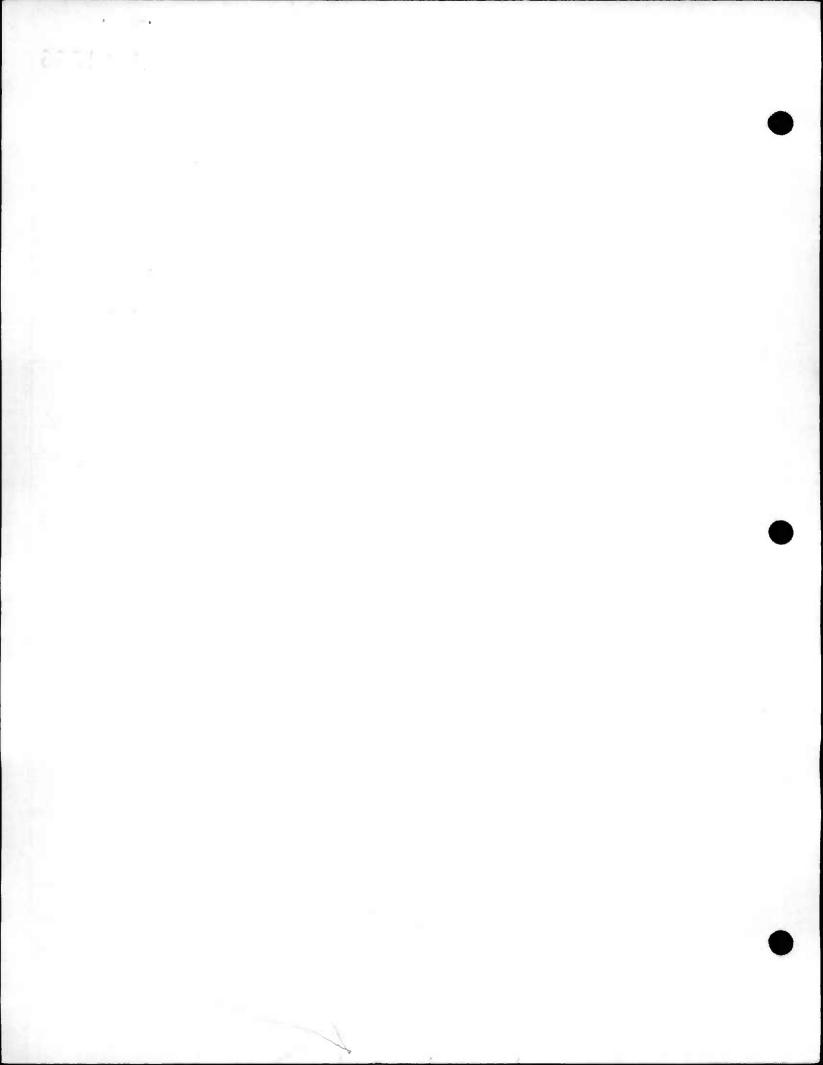
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	4 OCCUPATION NAME (First Address Area)						1100.11		The state of the s
	1. DECEDENT'S NAME (First, Middle, Lest) HOYECR Mc Kas	2			0	100	2. DATE OF DEATH MONTH	18	YEAR 91 0405 A M
	4. SOCIAL SECURITY NUMBER 25/07/2203	5. SEX 1 (1) W 2 □ F	6. AGE (In yrs. last bir	thday) IF UI MONT	HS DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-1921	8. BIRTHPLACE (State or Foreign Country)
	9a, FACILITY NAME (If not institution, give st	reet and number)		9b,4	ETY, TOWN	OR LOCATION OF	OEATH	9c. COU	NTY OF GEATH
OR	Mercy Medial (exter			x lhi	me, 1	10		
띮	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1010	DC. CITY, TOV	VN OR LOCA	TION			10d. INSIDE CITY
L DIRECTOR	MAYUAM					nore			1 YES 2 NO
FUNERAL	522 ORCHARD STREET 2120					2120	/	10g. CIT	1. S. A.
E	11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. AP ZD 13. WAS OECENDENT OF HISPAI 1 Never Married 14. WAS OECENDENT OF HISPAI 15. WAS OECENDENT OF HISPAI 16. WAS OECENDENT OF HISPAI 17. Never Married 18. WAS OECENDENT OF HISPAI 19. Never Married 19. Was oecendent of Hispai 19. Was oecendent of				PANIC ORIGIN? (Specify ican, Puarto Rican, atc.)	Yes or No-	14. RACE — American Indian, Black, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			2 NO Spe			Specific / Ack
TED	15. DECEDENT'S EDUC (Specify only highest grade		16a, DECED (Give A	ENT'S USUA	L OCCUPATE one during mo	ON est of working	16b. KIND OF	BUSINESS/INI	DUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	*) Inc. Do	NOI use rear	ed.)				
NO.	17. FATHER'S NAME (First, Months, Land)	1,			-	18. MOTHER'S	NAME (First, Middle, Mak	Surname)	
BE (DAYK MY	Ay				201	Tie C	090	rs
2	190. INFORMANT'S NAME (Type/Print)	mck	196. M	AILINO ADDI	RESS (Street	and Number or Rui	A Route Number, City or	Town State, Zi	m / 2 1201
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	numl from Dante	20b. PLACE OF (Other place)	OISPOSITION	(Name of ce	metery, cremetory of	20c.	LOCATION -	Cify or Town, Stata
	4 Donation 5 Other (Specify)			Son	Fores	the.	em. 1	BALL	to Co. Ind.
	21. SIGNATURE OF PUNERAL SERVICE LIC	Rus	e)		JOSE	ND ADDRESS OF	BUSS FU	Nerk	nth and 2124
	23. PART I. Enter the diseases, or o	complications the	at caused the death	. Do not e	nter the mo	de of dying, s	uch se cardiac or re	spiratory an	
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one ca	use on such line.	/					Interval Between Onset and Death
	disease or condition resulting in death)	Luna	(ancar	- 12	1 den	Carcil	(cma)		
z		DOE IS	(OR AS A CONSEQUE	NGE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUE	NCE OF):					
	CAUSE (Disease or injury	e. DUE TO	OR AS A CONSEQUE	NCE OF:					
FE	that initiated events resulting in death) LAST	4.	• • • • • • • • • • • • • • • • • • • •						3
	PART II. Other significant condition	s contributing to	death but not resu	ilting in the	undarlvin	a cause alven	in Part I 24e was	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL			addin out not root	in and	o di odi iyin	y cause given	PERI	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								2 <u> </u> NO	OF DEATH?
_									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH	Check only one)		
14S	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3 FINJURY 2:	DOA 4		ne 5 🗆 Residenc	e 6 C Other (Specify)	W IN ILIEN OC	CURED
	1 Natural 5 Pending		Day, Year)	INJURY	W	YES 2 NO	200. DESCRIBE NO	W INSOMI CO	CONED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — At home, etc. (Specify)	farm, street,	factory, offic		281, LOCATION (Stre City or Town, St		r or Rural Route Number,
E	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best :	f my knowledge dest	Approx 4 1	the state of the	and place	to to the same of the fi		
COMPLETED							fus to the cause(s) and the time, data and place		ted. he cause(a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIES					29c, LICENSE			E SIONED (Month, Day, Year)
0	Gettert F. Ca	Ulhan	MI					•	11/16/11
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITEM 2	7) (Type, Print)					
	31. DATE FILED (Mgpith, Day, Mend 91	32. PEGISTA	A Security of A	6					
	MINTER	1		4					





9	
BOX	
$\mathbf{\alpha}$	
Ö	
α.	
RECORDS,	
2	
5	
ŭ	
Ш	
Œ	
A	
F	ì
5	
ON OF VIT	
$\frac{1}{2}$	i
5	-
$\frac{1}{2}$	-
VISION	į
\leq	9
	-

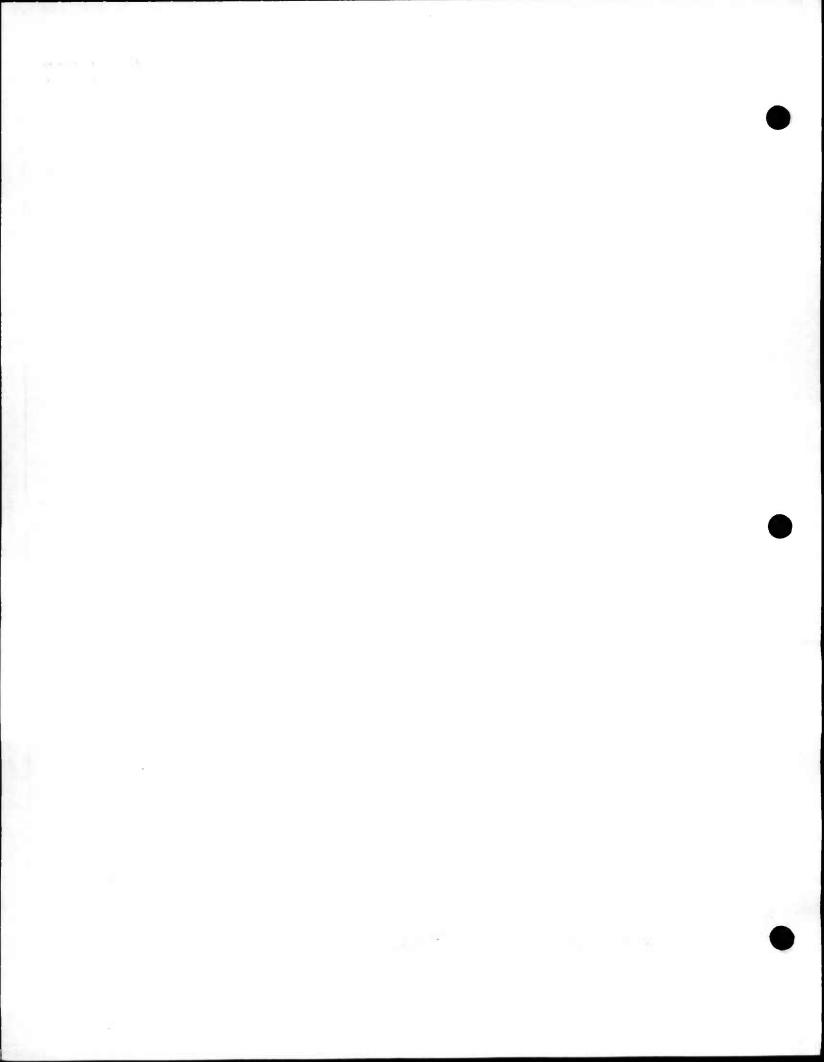
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL OIRCITOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	MENT OF H	EALTH AND	MENTAL HYGIEN		01007
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Violet A. N		Viola A	Nilser	l	11 16		7:00 A.M. M
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign
	084-10-8113 9e. FACILITY NAME (If not institution, give s	1 □ M 2 🔀 F 85	O YRS.			12/23/05	Per	nsylvania
Œ	5725 Johnson Str				OR LOCATION OF E	DEATH	9c. COUNTY O	
5	RESIDENCE OF DECEDENT	eet		Balti	lmore		Anne A	Arundel
BY FUNERAL DIRECTOR	Markel and Anno	Arundel		TOWN OR LOCAT	ION			10d, INSIDE CITY LIMITS?
0	1	Arundel	Ba.	Ltimore				1 YES 2 X NO
RAI	100. STREET AND NUMBER 5725 Johnson Stre	ot-		101	21 225			F WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	110 101100				U.S.	· A •
F	1 Newer Merried 2 Merried	FORCES? 1 YES	2 1 NO	If yes, sp	ocity Cuben, Mexic	NIC ORIGIN? (Specify Yea en, Puerto Rican, etc.)	or No- 14. R.	ACE — Americen Indien, leck, While, etc.
18	3 Widowed 4 Divorced	II TES, GIVE WAR ON DA	iles	1 YES	2 NO Speci	fly:	Wif	iite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S U	JSUAL OCCUPATION OF MORE	ON st of working	16b. KIND OF BUS	INESS/INDUSTR	Y
E	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	- Controlling			
ME	12 Years 17. FATHER'S NAME (First, Middle, Last)		Account	ent		Insuran		
	Michael Dugan				Helen	McIntire	Surneme)	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ANDRESS (Street a		Route Number, City or Town	0	
2	Fred Nilsen		5725	Johnson	Street 1	Baltimore,	Marvlar	nd 21225
	20e. METHOD OF DISPOSITION		PLACE AND DATE OF	F DISPOSITION (No.			ATION — City or	
	3 ☐ Remote 4 ☐ Donetion 5 ☐ Other (Specify)	G1	etery, cremetory or oth Len Haver	Memori	al Pk	11/19 Gle		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FA	ACILITY		
	Kukaid	& Davis		4001 E	itabia 1	Gonce F Highway Bal		
	23. PART i. Enter the diaeasea, or c	omplications that caused	the death. Do no	ot enter the mod	de of dying, suc	ch as cardisc or respir	atory arreat.	Approximate
	iMMEDIATE CAUSE (Final	List only one cause on ea	ch lins.				, ,	interval Between Onaet and Death
	disesse or condition resulting in death)		inton					i diad and boats
		DUE TO (OR AS A	CONSEQUENCE OF)	20				
ON	Sequentially list conditions,		CONSEQUENCE OF	S				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO COMP AS A T	CONSEQUENCE OF)	:				
F	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A	CONSEQUENCE OF)	<u> </u>				
분	reaulting in desth) LAST	4						
	PART II. Other algnificant conditions	contributing to death bu	t not resulting in	4-1-11				
PHYSICIAN: MEDICAL	agiment condition	s contributing to death bu	t not reaulting in	the underlying	cause given in	Part I. 24s. WAS AN A PERFORI	WTOPSY 2 MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 TYES 2	□ NO	COMPLETION OF CAUSE DF DEATH?
≥								1 TYES 2 NO
Y Y	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpet		OTHER:	1.4	6 ☐ Other (Specify)		
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME INJU	OF 28c. INJU	INY AT	26d. DESCRIBE HOW IN	JURY OCCURED	
BY	1 Natural 5 Pending Investigation	(,,	INSO	**	ES 2 NO			
	3 Suicide 8 Could not be determined	26e, PLACE OF INJURY - building, etc. (Specifi	At home, ferm, atr	eet, factory, office		281. LOCATION (Street ar City or Town, State)	d Number or Rura	ni Route Number,
Ē,								
COMPLETED	29e. CERTIFIER (Check only one)	CIAN: To the best of my knowled	dge, death occurred	at the time, date	and place, end due	to the cause(s) and menr	er es stated.	
ġ.	2 MEDICAL EXAMINER	R: On the basis of exemination	end/or investigation,	In my opinion, de	ath occured at tha	Ilme, date and piece, and	due to the ceus	e(s) end mennar as stated.
H	286. SIGNATURE AND THE OF CERTIFIER		-MA		29c. LICENSE NUI	WBER	29d. DATE SIGNI	ED (Month, Day, Year)
2	30 NAME AND ADDRESS OF DESCRIPTION	COUNTY ST	1.10		D 17	743	▶ // ─	16-91
	30. NAME AND ADDRESS OF PERSON WHO LISEEN WASON.	000 / . /	1.4		(a	PALT	ALA	01200
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNAT		nonsh	June 1	BALTO	1711	CICUS
	NOV 1 9 1991	Julia Davidson						
	1001	10001						





tal	for	
hospi	tached	83
the	e de	it on
b D	Di Di	9
retaine	5 shou	notifie
ay be	page	be
6 m	ctor,	nust
Page	al dire	ner
death.	funera	теха
after	y the	cale
SUDOL	d in b	medi
1 24 1	ly fille	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Deat of Health and Mental Hydiane point to bring presented.	IMPORTANT: If Nem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ecute	nd co	atic
be ea	cian a	mne.
ficate	physi	her t
certi	Hvoie	10
death	e atte	II,
at the	by th	i i
es tha	gned	S an
requir	of He	show
e law	has Dent	1 23
N: Th	State	Item
SICIA	certif	1, 0,
S PHY	or this	arke
NDIN	: Afte	E S
ATTE	CTOR	28
OR	DIRE	Item
PITAL	PAL	= 2
HOS	FUNE	TAN
뿚	THE	POR
2	2 2	Σ

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEP	ARTME	NT OF H	IEALTH AND DEATH	MENT		E	3	1668
9	1. DECEGENT'S NAME (First, Middle, Last)		OLITT	IIOA	IE OF	DEATH	2. DAT	REG. NO		1	3. TIME OF DEATH
1 3	CHRISTO	OPHER MICHAEL	NUTT				MON	ITH D	\$ 199	YEAR	0300
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthda		DER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		. BIRTHPI	LACE (State or Foreign
	058-70-7476	1 🔀 M 2 🗌 F	7 YRS	- MONTH	S DAYS	HOURS MIN.		nth, Day, Year) 27–84		Country)	XAS
	9a. FACILITY NAME (If not institution, give	street and number)	-			OR LOCATION OF D	PEATH	27 04	9c. COUNT		
DIRECTOR	1703 Old Calv	BRY CT		2	EVEN	NN, M	D		Anth	EA	YOUNDEL
1 1 1	10a. STATE 10b. COUNT	Υ	10c. (HY, TOW	N OR LOCATI	TON	_			13	IOd. INSIDE CITY
	MARYLAND ANNE	ARUNDEL	S	EVER	N					- 13	LIMITS?
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE		*	10g. CITIZ		AT COUNTRY?
띨	1703 OLD CALVER	T CT.				21144			U.S	Δ	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	1	3. WAS DECE	ENDENT OF HISPA	NIC ORIG	ilN? (Specify Yes			- American Indian.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			If yee, spe	2 A NO Speci	an, Puerto	Rican, atc.)		Black, 1 Specify:	- Americen Indian, White, etc.
							,			орасну.	WHITE
B	15. DECEDENT'S EQU (Specify only highest grade	ICATION a completed)	18e. OECEOENT	'S USUAL	OCCUPATIO	N st of working	10	Bb. KINO OF BU	SINESS/INOU	STRY	
١٣١	Elementary/Secondary (0-12)	College (t-4 or 5+)	We. Do NO	use retired	f.)						
COMPLET	1	0	STUDE	NT				SCHOO	L		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First	, Middle, Maiden	Surname)		
H	ROBERT EDSEL N	UTT, SR.				DAWN K					
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG AOORE	SS (Street en	nd Number or Rural	Route Nu	mber, City or Tow	n, State, Zip C	lade)	
-	DAWN HAMILTON		170	3 OLI	D CAL	VERT CT.	SEVI	ERN, MD	2114	4	
	20e. METHOD OF DISPOSITION t □ Burlet 2 OX Cremation 3 □ Ram	coval from State Com	. PLACE AND DAT	other plec	e)	me of	DA	TE 20c. LO	CATION — CI	ty or Town	n, State
	4 Donation 5 Other (Specify)	M	IETRO ĆF	REMAT	ORY		11	-18CAT	ONSVII	LE,	MD
	II. SIGNATURE OF FUNERAL SERVICE LI	ENSEE /)		.23		D AOORESS OF FA	CILITY				
	Herra 1	Unitors				LETON FU				AT E	MD 21061
4	23. PART I. Enter the diseases, or	complications that caused	the death. Do	not ente	er the mod	de of dving, auc	th as ca	W. GLE	N DUK	VIE,	Approximate
	shock, or heart failure. iMMEDIATE CAUSE (Final	Liat only one cause on e	ach line.					ondo or reap	ratory arres	и,	interval Between
	diagona or condition	Quit m	1		- 1	١.					Onset and Death
	reaulting in death)	a. Acute M. DUE TO (OR AS A	CONSEQUENCE	OFI:	N) Y	enken	214				4yr 11mg
z			- 5	. ,							
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE	OF):							
₹	cause. Enter UNDERLYING	C									
Ē	CAUSE (Disease or injury that initiated eventa	OUE TO (OR AS A	CONSEQUENCE	OF):							1
듄	resulting in death) LAST	d.									
	PART ii Other significant condition										
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to death be	ut not resulting	in the u	underlying	cause given in	Part i.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
ă								1 TYES 2		C	OMPLETION OF CAUSE F DEATH?
Σ										1	YES 2 NO
ä											
÷	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only a	ne)			
λ NSI	t 🗆 YES 2NZ NO	1 Inpatient 2 ER/Outp	etlant 3 🗆 DOA	4 Nu	ER: ursing Home	5 K Raeldence	8 Oth	er (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF	28c. INJUI WOR	RY AT	28d. DE	SCRIBE HOW IN	JURY OCCU	RED	
B	1 Natural 5 Pending 2 Accident Investigation			M		ES 2 🔏 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	- At home, ferm	, street, fe	ctory, offica		28f. LO	CATION (Street a	nd Number or	Rural Rout	e Number,
	4 Homicide determined						City	or Town, Stete)			
COMPLETED	29a. CERTIFIER t CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occu	rred at the	time, data a	ind place, and due	to the co	use(s) and men	ner as stated		
8	one) 2 MEOICAL EXAMINE	R: On the basis of exemination	end/or investigat	lon, In my	opinion, des	ath occured at the	time, date	e end pleca, end	due to the	eusefs) er	nd menner se stated
	296 SIGNATURE AND TITLE OF CENTIFIES							7.550, 310			
8	J) annil am	auber mo of h	~ .		6	29c. LICENSE HUN	PEH (181			onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPA ETED CAMPS OF THE				W W	71	101	- 18	1/0/	rembag1



30. NAME AND ADDRESS OF PERSON WHO COM Braden A Thouse 31. DATE FIFE WHOPITY 90%, 1991

AND DEDT POUL

Per Hembre

Watter Red Am

To INIVED SIC FORT

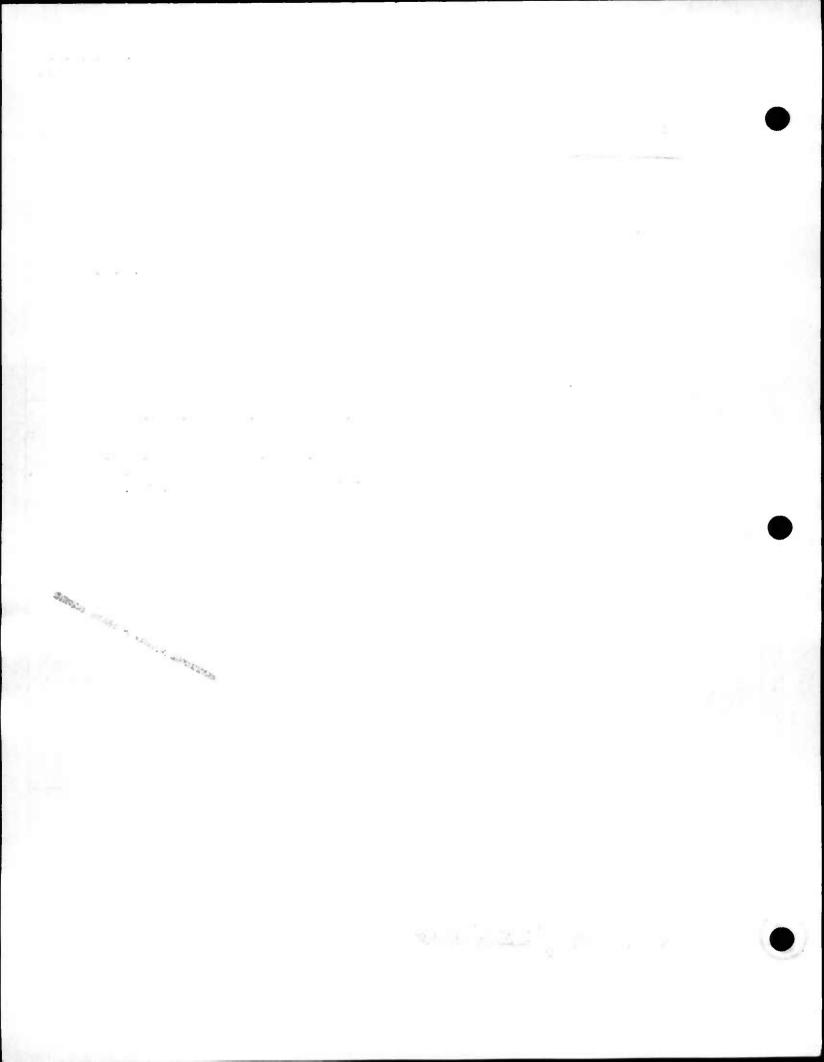
and the second second

and the

HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending newerician	FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should writh after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	STANT II Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
132	AL DIRECTOR: After 72 hours after death	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic even

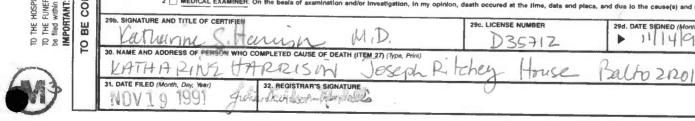
	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND / CE		ICAT	E OF	DEA.	AND N Th	MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Last) Eugene 0-	fter							2. DATE OF DEATH		YEAR 9/	3. TIME OF DEATH
	246-53-3376	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year 5 - 26 -	4000	Coun	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF DEA			Ma JUNTY OF I	ryland
OR	University H	ospital							e City	, CO	ONT OF	DEATH
DIRECTOR	10a. STATE 10b. COUNT			10c, CIT	Y. TOWN	OR LOCAT						
	MD.				В	alti	mor	e Ci	ity			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER 1701 Eutaw Pl	200				10f	212	17		10g. CI	TIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARM								U.S	.A.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 N			ff yea, spe	cify Cuba	n, Maxican Specify:	IC ORIGIN? (Specify , Puarto Rican, etc.	Yea or No-	Blac	E — American Indian, k, Whita, atc. Black
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Gh	ve kind of a	work done	CCUPATIO	N at of workin	a a	16b. KIND OF	BUSINESS/IP		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	se retired.)	rive			Cit	y Gov	vern	ment
	17. FATHER'S NAME (First, Middle, Last) Richard M.	Offer							NE (First, Middle, Mail			
BE (19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRES	S (Street a	nd Number	Jess	sie Tay	lor	Ple Code	
5	Bertha Hall			-	_			y St	oute Number, City or Balt			
	#Greater 2 □ Cremation 3 □ Ram 4 □ Donation 5 □ Other (Specify)	oval from Stata	cemetery, crem	natory or o	ther place	Nat '	ne or	Cem.	DATE 20c.	LOCATION -	- City or To	own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	4 4			22. E	NAME AN	D ADDRES	S OF FACI	F/H	21-2	7 N.	Monroe St.
	Doutha	Hecto	\ #2	281		. ц. г	HILL	ттря	Ba Ba	lto.	,MD.	21217
CERTIFICATION	that initiated eventa resulting in deeth) LAST	e. Exsand DUE TO DUE TO DUE TO DUE TO	COR AS A CONSECUTOR AS A CONSE	NEMCE OF	1000 1000 1000	uje di nimo ndary unt	orna	descend aort	cending opaid. ling thousand train	4	a aor	Approximata interval Between Onaet and Death
IN: MEDICAL	PART II. Other algnificent condition	e contributing to	death but not re	euiting i	n the un	deriying	cause g	iven in P	. 0	WINDOWS V		WERE AUTOPSY PINOINGS AMALABLE PIROR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Check	s only onej			
PHYSICIAN:	27. MANNER OF DEATH	1 Ill Inpetient 2 []	-	DOA 286, TIME	4 C. Num				Other (Specify)			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, De	y, Year)	MAI	M M	WOR			284. DESCRIBE HOY	Y INJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE Of building, o	INJURY — At home dx. (Specify)	e, farm, s	treet, facto			_	City or Yours, Sta	it and Number (e)	r or Rural N	toute Number;
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beat of a	my knowledge, deat	h occurre	d st the ti	me, date a	nd place,	and due to	o the cause(a) and n	anner aa sts	tad.	
В В	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER		and an artist and	- JacigatiOf	-, iii iiiy 0			SE NUMB				
TO BE	Edward & Me	wo					aru, LIUEI	TOE NUMB!	En	29d, DAT	II/IT	(Month, Day, Year)
		st, md	Unive		Print)	mar	plane	P Ho	sprtal	BaH	inde	e, mD
	31. DATE FILED (Month, -Day, Year)	32. REGISTRA	'9-SIGNATURE	90.								

)3

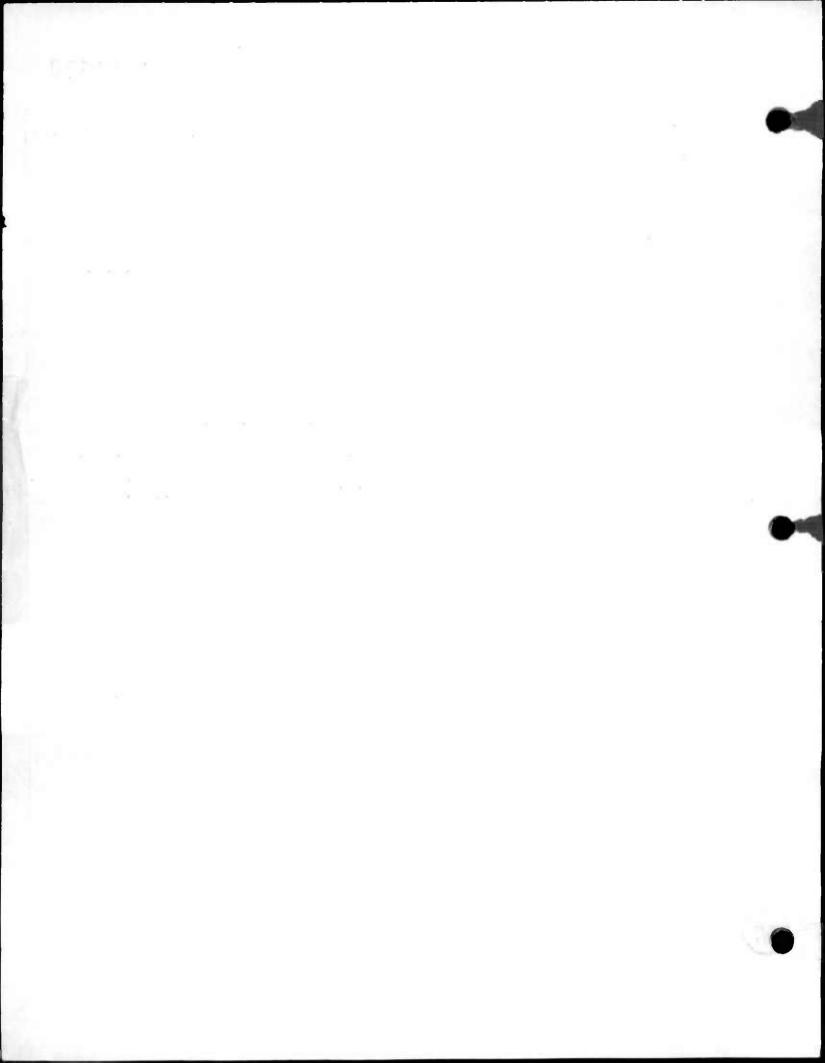


STATE OF THE STATE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ׅ֚֡֝֝֡֝֝֡֝֟֝֝֡֟֝֝֡֜֜֜֝֡֓֜֜֜֜֜֓֓֡֜֜֜֜֜֜֡֓֓֡֡֡֡֡֡֡֡֡֡֡֡֡	d by	d be	d at
Ž	etaine	shou	otiffe
í	be r	age 5	be n
5	6 ша	ctor, p	Just
	Page	direc	ner n
į	leath.	funera	xamil
ò	ifter d	the the	cal e
	OURS	In by	nedic
,	24 h	fillection.	the
, S	within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or centoral.	vent,
2	cuted	d con	tic e
<	be exe	ian an	auma
í	icate	physic ne pric	er tr
į	certif	Hygier	r oth
5	death	ental	JIY, 0
	at the	by the	y inj
	es th	gned salth	S an
	requir	een si	show
į	e law	has b Dept.	23
	N: Th	State	Item
	SICIA	certif	d, 0r
	G PH)	er this	arke
	NDIN	R: Aft	- S
	ATTE	RECTO Irs aft	m 28
1	AL OF	AL DIF	If Ite
	DSPIT.	Then 7	NH:
	H H	HE FI	ORTA
	101	5 3	MP

									9	1 3	R1670
	FOR 1 - STATE REGISTRAR	STATE OF N				F HEALTH OF DEAT		ENTAL HYGIEN	E	i	,,,,,,
	1. DECEDENT'S NAME (First, Middle, Last)	n		Chi.	ICAIL	JF DEA.		REG. NO.			
	CORA PIN	*						MONTH DA	*	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign
	218-28-0010	1 🗆 M 2 🕏 F	70	YRS.	MONTHS DA	YS HOURS	MIN.	3-25-2	1	Country)	
_	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATIO	ON OF DEA			NTY OF DE	
DIRECTOR	Joseph Riche	y Hospi	ce		В	altim	ore	City			
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TV		T 400 CIT	Y. TOWN OR LO						
H	MD.	.,			_	more (C:+5				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				Dalti	10f. ZIP CODE		<u> </u>	40 OITI		YES 2 NO
18	2 Sharrow Cou	124					207		10g. CI I		A COUNTRY?
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. AF	MED	13. WAS			ORIGIN? (Specify Yes	64 5	U.S	
	1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes	L specify Cuban YES 2 NO	n, Mexican,	Puerto Rican, atc.)	or No-	Black,	- American Indian, White, atc.
BY	3 Widowed 4 Divorced	1	MI 011 01.120		''	TES Z L THU	Specny:			Specify:	Black
	15. DECEDENT'S EDI (Specify only highest grad	UCATION de completed)	16a. DE	CEDENT'S	USUAL OCCUP	PATION g most of working		16b. KIND OF BUS	INESS/IND	USTRY	
Ü	Elementary/Secondary (0-12)	College (1-4 or 5+)		. Do NOT us	e retired.)	J Most of worning	7	(Cook		
COMPLETED								`	3001		
	17. FATHER'S NAME (First, Middle, Last)	· M11				18. MOTH		E (First, Middle, Maiden			
BE	Roosevel	t Muller						nnie Har			
2	Jannie Pinket	. 4-	190					ute Number, City or Town			
	200, METHOD OF DISPOSITION	. E	4				Bait	o.,MD. 2			
	7(17)Burlai 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	cemetary cre	matory or ot	of disposition	Name of	11	19-91 A	ATION —	City or Town	n, Sista
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	ALDO	llus	DO MANE	E AND ADDRESS					
	Douth	Slocks	# 1	281	E I.	Phil:	line	"F/H1721	-27	N.M	onroe St. 21217
	Number	Anno	· ·		1	. 1 111.		Balt	٥٠,١	MD.	21217
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that List only one cau-	caused the de ee on each line	ath. Do n	ot enter the	mode of dyin	ng, such a	ae cerdiac or respir	atory arr	est,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition		. ~		-						Onset end Death
	reaulting in death)	e. Metas	stanc	ca	runu	ma					
		CO O	OR AS A CONSEC	DUENCE OF	ን፡						
§	Sequentially list conditione,	b. DUE TO	OR AS A CONSEC	A VVG	me						
Ä	if any, leading to immediate cause. Enter UNDERLYING		on no n conce	VOLITOR OF	1-						
Ē	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A CONSEC	DUENCE OF):						
CERTIFICATION	resulting in death) LAST	d.									İ
1 1	PART II Other significant condition	cont-thutten to	1 -45 5 M m m = 4 -	**15- = 1							1
S	PART II. Other significant condition	as contributing to a	death but not re	eaulting ii	n the underly	ying cause gi	iven in Pa	ert i. 24s. WAS AN A PERFORI			YERE AUTOPSY FINDINGS WAILABLE PRIOR TO
EDICAL								1 TYES 2	□ NO	C	COMPLETION OF CAUSE OF DEATH?
Σ								_		1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	_								1	11
Σ	EXAMINER?	HOSPITAL:			OTHER:	. PLACE OF DE		11		1	
PHYSICIAN:	27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐		DOA 28b. TIME				Other (Specify)	0513	14	
	1 Natural 5 Pending	(Month, Day		INJU	URY	INJURY AT WORK? YES 2		ed. DESCRIBE HOW IN	JURY OCC	URED	
ВУ	2 Accident Investigation 3 Suicide S Could not be		INJURY — At hor	me, ferm, si				et LOCATION (Complete	4.46	00	
ETED	4 Homicide 8 Could not be datarmined	building, a	atc. (Specify)		in and indicately, o	THE	20	81. LOCATION (Street an City or Town, State)	id Number (or Hural Hou	te Number,
MPLET	29a. CERTIFIER (Check only one)	SICIAN: To the best of m	ny knowledge, des	nth occurre	d at the time, c	late and place, o	end due to	the cause(s) and menn	er an state	d.	



29d. DATE SIGNED (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

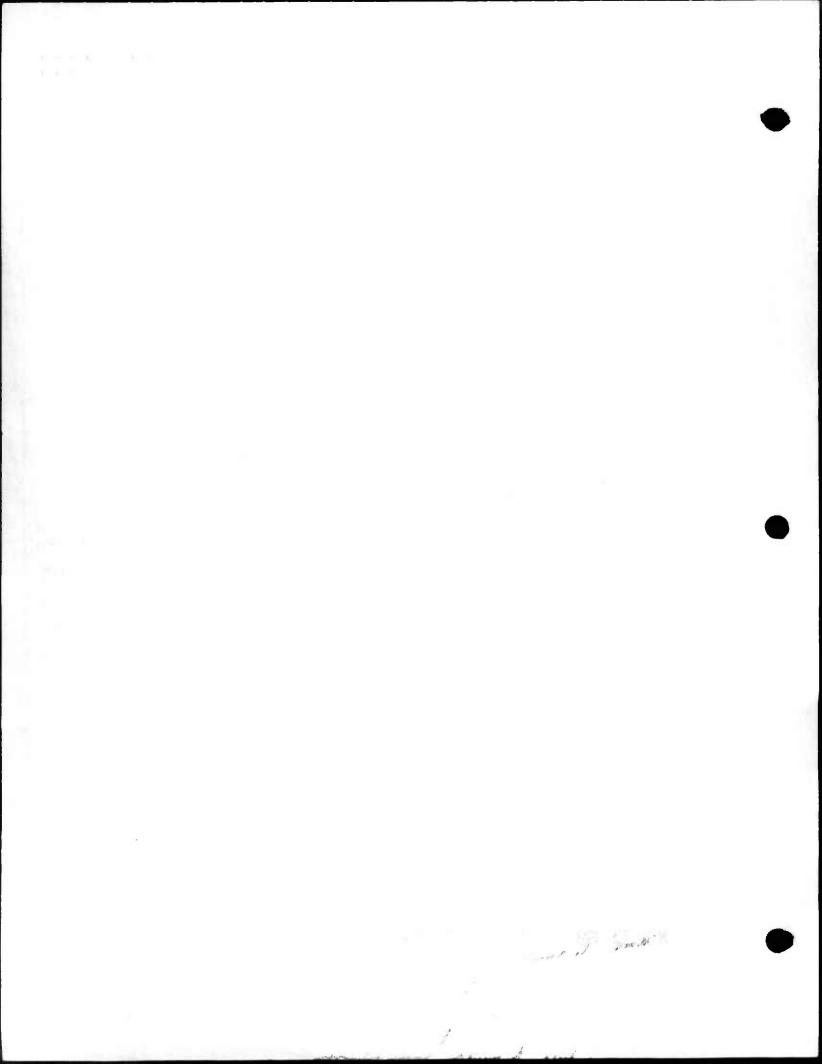
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	and the second second second	2011			OLITTI	ICAL		DEA	111		REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF MONTH	DEATN DA		YEAR	3. TIME OF DEATN
	DONALD		Tr.	DI	IELPS					1.1				1.00 A M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX		s. last birthday)	IF UNDE	R 1 YEAR	IF UNDE	A 24 HRS.	7. DATE OF	16		991	IPLACE (State or Foreign
	210 26 1525		1 ☑ M 2 ☐ F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	ly, Year)		Counti	γ)
l	219-26-1535	After all and	11	33			L			May 26	, 19	38	Ma	ryland
-	9e. FACILITY NAME (If not ins	muuon, give s	treet end number)			96. CITY	Y, TOWN	OR LOCAT	ION OF DE	ATH		9c. COU	NTY OF D	EATH
Ö	THE JOHNS	- норк	TNS HOSP	ΤΤΔΤ.		RA.	TTTN	ODE	CITY			DAT	TIMO	DE
DIRECTOR												LBAL	TIMO	RF.
2	10e. STATE	10b. COUNTY	Y		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
□	Maryland	Anne	Arunde1			Seve	rn							1 YES 2 INO
4	10e. STREET AND NUMBER							. ZIP COD	E			10n, CIT	IZEN OF Y	VHAT COUNTRY?
FUNERAL	1011 0											log. on	LEN OF F	WIAI COOMINITY
Z	1311 Donald	Aven				_		211					S.A.	
3	1 Never Merried 2 1	Married	12. WAS DECEDEN FORCES? 1			t3.	WAS DEC	ENDENT (OF NISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian, t, White, etc.
BY	3 Widowed 4 X Divorce		IF YES, GIVE V						Specify		it, accep		Speci	
														MILLE
COMPLETED	15, DECE (Specify only	DENT'S EDU	CATION completed)	16:	Give kind of	USUAL O	CCUPATIO	ON		16b. KIN	ID OF BUS	INESS/INI	DUSTRY	
Щ	Elementery/Secondary (0-		College (1-4 or 5	+}	life. Do NOT u	se retired.)	during mo	ISL OF WORK	ny.					
ם	Grade - 12		None		Truck	Drizz	or			m w				
8	17. FATHER'S NAME (First, Mid	idle, Last)	.,,,,,,		TLUCK	DIIV	CI	40 1407	NED10 1111	ME (First, Middl	ansp		tion	
		,,			_			18, MOI	NEH'S NAI	WE (FIRST, MIDD)	le, Maiden	Sumeme)		
BE	Jasper			Phe					sa				Dur	ner
2	19e. INFORMANT'S NAME (Typ	pe/Print)			196. MAILING	ADDRES	S (Street a	ind Number	r or Rural A	loute Number, (City or Town	, Stete, Zip	Code)	
	Yvonne Pie	rce			682 2	04th	Str	eet.	Pasa	adena,	MD	2112	2	
	20e. METNOD OF DISPOSITIO	ON		20b. PL/	ACE AND DATE	OF DISPOS	SITION (Na		1 400	DATE			City or To	wn State
	1 W Burlel 2 Cremetion 4 C Donetion 5 Other (1 3 ∐ Reme Soecify)	oval from State	cemeter	y, cremetory or o	ther plece)				1				
	21. SIGNATURE OF FUNERAL			lGle	n Have	n Mei	m P	ark	SS OF FAC	20-91	Gle	n Bu	rnie	MD
	010	(In	0.800	. 1						ck Fun	oral	Home	2	
	Robert	1	more !	Buhn	_									ND 01001
	23. PART I. Enter the dis	eases. Dr c	Depolications the	t caused the	e death. Do r	Int enter	the mo	de et du	nwy.	· / D · E ·	GTG	n Bu.	rnie	, MD 21061
	ahock, or he	art failure.	List only one cau	se on each	line.	ibt enter	tile illo	de oi dy	mg, auci	i aa cardiac	or respi	ratory an	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fina													Onset and Death
	disease or condition resulting in death)	>	DUE TO	1ATIC	SUDD	URA	1	14EM	MATER	MIA				16 Diane
			DUE TO	(OR AS A CO	NSEQUENCE OF	F):								
7			CUY	nA										16 DAYS
◙▮	Sequentially list condition				NSEQUENCE OF	n:								10 3.13
CERTIFICATION	if any, leading to immedicause. Enter UNDERLYIN													
유	CAUSE (Disease or Injury		DUE TO	(OB AS A COL	NSEQUENCE OF									
Ē	that initiated eventa reaulting in death) LAST		DOE 10	(OH AS A CO	NSECUENCE OF	-J:								
#	Control of the contro		1											
	PART II. Other algnificant	t condition	a contribution to	dooth but a	mé	- 40-								
MEDICAL	TANK COL	C	Contributing to	O-A	or resulting	n the ur	agerlying	g cause (given in F	Part I. 24a	. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8 1	BASALCE	0/	orcing L	M1 (), !-/	10E				_ 1	YES 2	NO		COMPLETION OF CAUSE
												A.		DF DEATN?
_ 11										-				1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICA: I												
\overline{c}	EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF O	EATH (Chec	ck only one)				
XS.	1 TES 2 NO		1 Inpatient 2	ER/Outpatien	M 3 DOA			e 5 □ Re	eldence 6	Other (Sp	ecify)			
포비	27. MANNER OF DEATH		28e. DATE OF (Month, D.		28b. TIM		28c. INJU			28d. DEŞCRIE	BE NOW IN	JURY OC	URED	
	Natural 5 Pe	ending vestigation	(MONIN, D	ay, rear)	INJ	URY M	t Y	RK? 'ES 2	I NO					
B	3 Suinido		28e, PLACE O	F INJURY — A	t home, ferm, s	tract test			-	*** * ******	11.40			
	- 0 U	ould not be itermined	building,	atc. (Specify)	it troine, rettin, a	tiont, tect	ory, brince			281. LOCATION City or Tox	wn, Stete)	nd Number	or Rural R	oute Number,
5														
립	29e. CERTIFIER (Check only	YING PHYSIC	CIAN: To the best of	my knowledge	, death occurre	d at the ti	lme, date	end place.	end due t	o the cause(s)	end men	ter ee stel	id	
COMPLETED	one) 2 MEDIC	AL EXAMINER	R: On the basis of ex	ramination end	l/or investigatio	n, In my o	pinton, de	esth occur	ed at the ti	Ime, data and	place and	due to the	e cenerals	end menner ee stated.
	29b. SIGNATURE AND TITLE O						Marie 1				L. 1004, 0110			
H	A A A	P CENTIFIER	m o	TOLDIS	Trabu	Say	ĺ	29c. LICE	NSE NUM	BER				(Month, Day, Year)
2	P. ILLIAM	IN	1 ,	TUS	17547							11	1161	/9/
F	30. NAME AND ADDRESS OF F	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Print)								
ı II	GLEWN KIT	HMA	1 1333	WALK	STLAUL	5 1	500	TIME	R5	MOD	71	23	5	4
l	31, DATE FILED (Month, Day, Ye.	ear)	#2, REGISTRA	R'S SIGNATIIO	E =			,, ,			-1		1	
	11 NOV 1-9, 1	991	Prais Daw	dson-Aa	ndess	ī								
	VIII T OF I	001	/	. (





(
1)
100
1
0

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND N	MENTAL HYGIEN		01012
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	FLSTE MAE 4. SOCIAL SECURITY NUMBER 5. SE		PARSONS		11 14		2:04 AM M
		6. AGE (In yrs. lest	birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS		7. DATE OF BIRTH	913	IRTNPLACE (State or Foreign ountry)
Ì	9a. FACILITY NAME (If not institution, give street and			N OR LOCATION OF DEA		Ma 9c. COUNTY C	ryland
CTOR	NORTH ARUNDEL HOSPI	TAL ASSOCIATI		BURNIE			A. COUNTY
FUNERAL DIRECTOR		Arundel	Pasadena				10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAI	683 Deering Road			101. ZIP CODE 21:	122	_	d States
β	1 Never Married 2 Married FC	MS DECEDENT EVER IN U.S. ARM DRCES? 1 TYES 2 TYNG YES, GIVE WAR OR DATES	O If yes,	ECENDENT OF NISPANI specify Cuban, Maxican ES 2 NO Specify:	, Puarto Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify: White
150	15. DECEDENT'S EDUCATION (Specify only highest grade comple		EDENT'S USUAL OCCUPA e kind of work done during	TION	186. KIND OF BUS	INESS/INDUSTF	īΥ
COMPLETED	12	ege (1-4 or 5+)	Momemake:				Domestic
BE CO	17. FATHER'S NAME (First, Middle, Last) Hugh		Young	18. MOTNER'S NAM	E (First, Middle, Malden	Surname)	Green
TO B	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (Street	t and Number or Rural A	oute Number, City or Town	n, State, Zip Code	7land 21122
	Mrs. Marlyn Haigis	20h BL 40F 44	ND DATE OF DISPOSITION			CATION — City o	
	Burtel 2 Cremetion 3 Removal fro Onation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Sunse	et Memori	al Parkl	1/17/91	Cumber	land, Md.
	Valerie S. Colyn	inh)	MC 320		neral Ho in Road		Pasadena ena,MD. 2112
	23. PART I. Enter the diseases, Dr compli- shock, Dr heert failure. List Dr	cations that caused the des	th. Do not enter the n	node of dying, auch	aa cerdiec or respi	retory arrest,	Approximate Intervel Between
	IMMEDIATE CAUSE (Final disease or condition reculting in death)	erebrova	salos	Reced	lent		Onset end Deeth
NO	Sequentially list conditions,	DUE TO (OR AS A GONSEOL	sien				
CATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OGE/NO (ON AS A CONSEQU	JENCE OF):				
CERTIFICATION	that initieted events resulting in deeth) LAST	DUE TO (OR AS A CONSEQU	JENCE OF)				
	PART II. Other eignificent conditions con-	rithman Glader Class					-
CAL	Atrial W	Sultation	switing in the underlyi	ng cause given in P	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI	0				1 (YE\$ 2	U NO	OF DEATN? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	/					
SICI	EXAMINER? HOS	perfect 2 ER/Outpatient 3	OTHER:	PLACE OF DEATH (Chec			
ΉΥ		8a. DATE OF INJURY	28b. TIME OF 28c. II	me 5 Residence 8	Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCURED	,
ВУ Р	1 Matural 5 Pending 2 Accident Investigation	(Month, Day, Year)		YES 2 NO			
	3 Suicida 6 Could not be 4 Homicide determined	8e. PLACE OF INJURY — At hom building, etc. (Specify)	e, term, atreet, tectory, off	Ica	281. LOCATION (Street a: City or Town, State)	nd Number or Rui	ral Route Number,
COMPLETED		o the best of my knowledge, deat the basis of examination and/or im					
	299 SIGNATURE AND TITLE OF CERTIFIER	The second secon	realigation, in my opinion,				/ /
TO BE	(for Carrier V	2		29c. LICENSE NUMB	56	▶ ///	14191
		1.D./7845 OAKW		#205/GLEN	BURNIE. MI	2106	1
	31. DATE FILED (Month, Day, Year) NOV 1 9 1991	La Javidson-Rand			,		

2

0
68760
9
N
00
w
9
BOX
0
\circ
-
ш
<u> </u>
O.
-
P.O.
-
10
\Box
-
Œ
0
$\mathbf{\circ}$
RECORDS,
$\mathbf{\circ}$
ш
-
ш.
1
-
\vdash
_
-
-
11
-
OF VITAL
~
4
0
O
VISION
S
-
Control of the last
=
_

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE EURRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cennation, or ennoral. IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ALGORIAN REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) ARY PINN 2. DATE OF DEATH MONTH DAY GEAR 20:02 M
	4. SOCIAL SECURITY NUMBER 5. SEX 1
OR	90. FACILITY NAME (If not institution, give street end number) SINAI HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH BALTI MORE 9c. COUNTY OF DEATH MD
E	RESIDENCE OF DECEDENT
L DIRECTOR	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 10d. CITZEN OF WNAT COUNTRY?
FUNERAL	1703 FRONWOOD CT Edgewood Md 21040 (1.5.A.
BY FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, apacity Cuben, Mexican, Puerto Rican, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, apacity Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. Yes, GIVE WAR OR DATES 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, apacity Cuben, Mexican, Puerto Rican, etc.) 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, apacity Cuben, Mexican, Puerto Rican, etc.)
	BIACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
OMP	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname)
BE C	Lulper Lewis Kose Lewis
10	Mrs. Merdith 5mith 833 W. PRATI STADIZIS BAILD, Mr. 21201
	20s. METNOD OF DISPOSITION 1 Pauriet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of carpetery, crematory-or other place) 4 Donation 5 Other (Specify)
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FUNERAL HOME
	Joseph L. Cuss 2232 W. North Ave. Balto. Ind. 2124
	23. Part I. Enter the diseasea, or complicatione that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between
1	IMMEDIATE CAUSE (Finel
	resulting in deeth) a. Respiratory arrest DUE TO (OR AS A CONSEQUENCE OF):
	DUE TO (OR AS A CONSEQUENCE OF):
NO	Sequentially list conditione, b. SUPSIS
AŢ	Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING
일	CAUSE (Disease or Injury C.
CERTIFICATION	that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST
E	d.
	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	1 YES 2 NO OF DEATN?
-	
¥.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: 4 Nursing Nome 5 Reeldence 6 Other (Specify)
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCUPED
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK?
	3 Suicide 28e. PLACE OF INJURY — At home, farm, street factory office 28f I COATION (Street and Number of Puri Russ)
COMPLETED	4 Nomicide determined City or Town, State)
귑	29e. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated.
8	one) 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and manner se stated.
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)
0	H. Rambon, MD
2	30. NAME AND ADDRESS OF PERSON TITLE COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)
	THEY MYNOGEN JMB:
	31. DATE Of Martingon, (39) Colored State Address on All Martingon, (39)



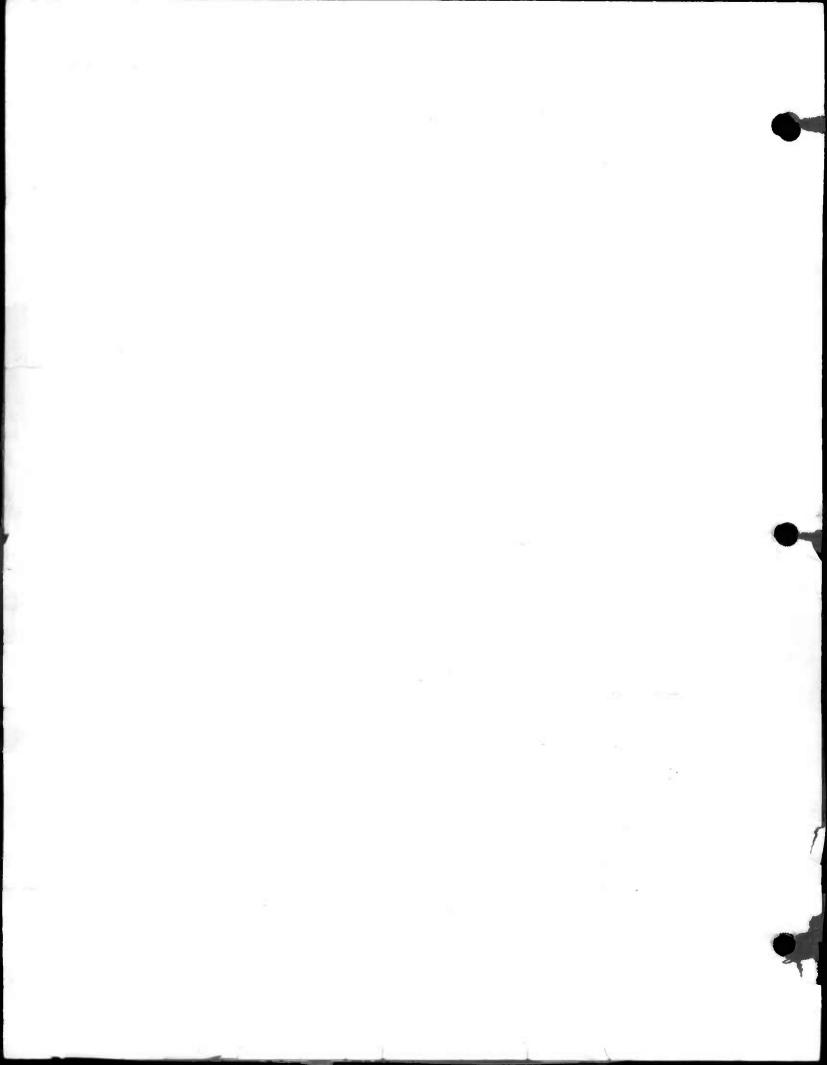
And the second

ייייי וואטוראין	cuted within a four after death. Page 6 may be retained by the host	I completely filled in by the funeral director, page 5 should be detache rital, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13144	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mains after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND / I CE		RTMENT					HYGIENI REG. NO.	9		3 674
	1. OECEOENT'S NAME (First, Middle, Last)	Carlee	EAVES	,5,	e				2. OATE OF MONTH	DA	15, 199	AR	ME OF OEATN
	4. SOCIAL SECURITY NUMBER 250 50 3720	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF (Morth, D	BIRTH Day, Year)	2-6	Country)	State or Foreign
	9a. FACILITY NAME (If not institution, give st	reet and number)	4.7		9b. CITY,	TOWN C	OR LOCATI	ON OF OE			9c. COUNTY	OF OEATN	
e l	Loch Raven VA Me	edical Ce	nter		BA	LTI	MOR	E					
DIRECTOR	100. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	TION	-				10d.	INSIDE CITY
뚬	MD			В	altim	ore	Rand	dallst	cown				VES 2 NO
ERAL	10e. STREET AND NUMBER	. /	0 1			101	ZIP COD				10g. CITIZEN	OF WNAT C	COUNTRY?
H H		nogh	TOGA VT.EVER IN U.S. ARN	150	1.0	WA C DEC		133	VIC ORIGIN?	(Parally Van	9	PACE A	merican Indian,
FUNI	11, MARITAL STATUS 1 Never Married 2 Merried	FORCES?	YES 2 NO] (If yes, sp	ecify Cubi		n, Puerto Ric			Black, Whit	te, etc.
ВУ	3 Widowed 4 Divorced	11 120, 0112	WAIT OIL GAILED				2 (4)	opoun	·			B	lack
ETED	15. OECEOENT'S EOU (Specify only highest grade		(Gh	e kind of	work done (CCUPATIO	DN est of work	ing	16b. K	INO OF BUS	SINESS/INOUST	RY	
급	Elementary/Secondary (0-12)	College (1-4 or 5	+)	DO 1101 C	ioo rouiou.y								
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First, Mic	ldle, Maiden	Sumarpe		
BE C	Chartie Rea	Neo					15/0	OMI	ė	MC	Rue	en	
10 E	Bety Reave		19b.	40	ADDRESS	S (Street a	C D	or Rural I	houte Number	City or Tow	n, segro, zip con	allst	5wn, 4d
	206. METHOO OF OISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE Cother plan	cel	EAT!	sume of cen	metery, cre	matory or VES 7	+ Vet	20c, LO	CATION - CHY	or Town, St	1/s, red
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE						ESS OF FA	CILITY				
	Glade	, W	Cura				h F/H O_Wa		Avenue				
	23. PART I. Enter tha diseases, of shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only ona ca									ratory arrest	,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	b. MET. OUE TO	O (OR AS A CONSECUTION OF	UENCE (RENA DF):								
Ü		d											
Ä	PART ii. Other aignificant condition	- 74				nderfyin	ig cause	given in	Part I.	24a. WAS AN PERFO		AVAIL	E AUTOPSY FINOINGS LABLE PRIOR TO IPLETION OF CAUSE
MEDIC	CONGESTIVE & RENAL F			120	RE_					1 YES	2 NO	OF C	DEATH?
	O NENAL F	MILURI						_				'	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	OEATN (C	heck only one))			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	4 Nu		me 5 🗆 l	Residence	6 🗆 Other	(Specify)			
ву РН	27. MANNER OF OEATH Natural 5 Pending Natural Investigation	28e. DATE C (Month,	OF INJURY Day, Year)	28b. Ti	ME OF YJURY M	W	JURY AT ORK? YES 2	□ NO	28d. OE\$0	RIBE HOW	INJURY OCCUP	REO	81
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY At he g, etc. (Specify)	me, farm	, street, fac	tory, offi	ce			TION (Street Town, State	and Number or)	Rural Route	Number,
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PHYS												manner se atsted.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	MD					29c. Li	CENSE NU	IMBER		29d. DATE S	IGNEO (Mg)	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WITH					# 4	14	BAL	TIMO	RE.	MD	218	201



31. OATE FILEO (Month, Day, Year)
NOV 1 9 1991



8
9289
8
9
×
80
\mathbf{m}
o
P.0.
а.
Ś
RDS,
<u>~</u>
ō
Ö
ш
RECOF
V
-
VITA
ii.
OF
\leq
Z
0
S
=
=

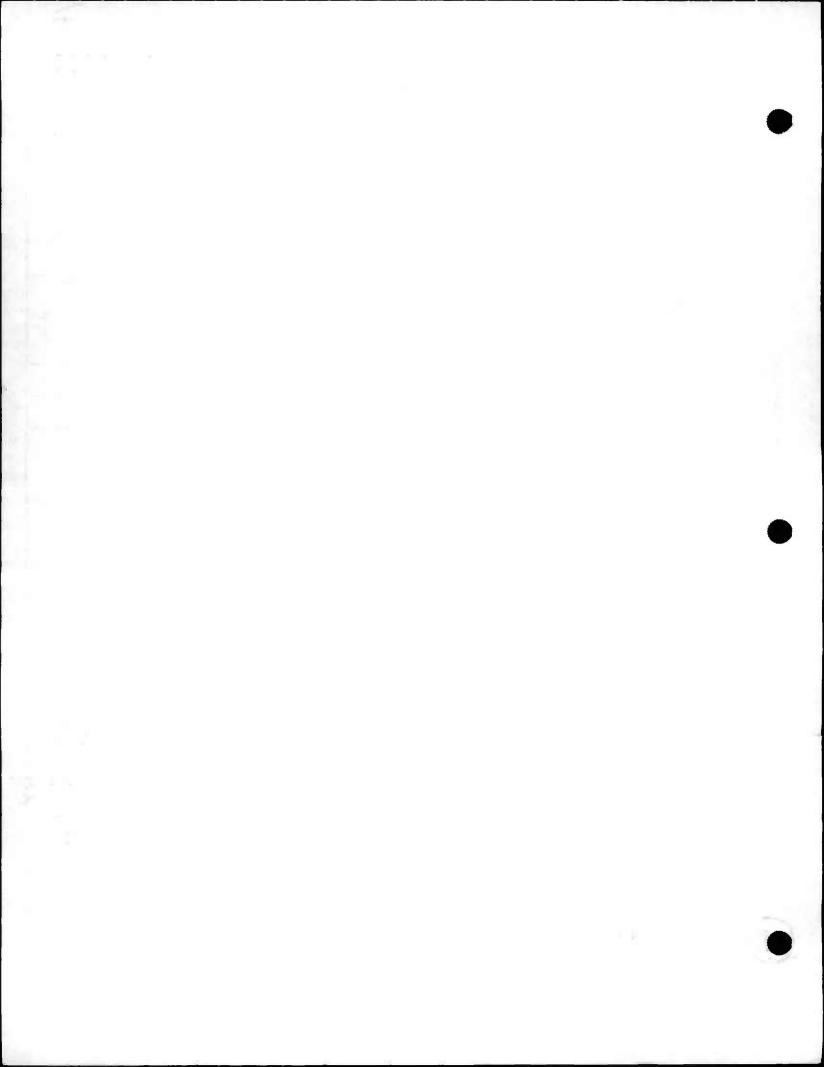
	3 chould	Dinous o	
month in the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Panes 1.2.3 should	within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be norified at nare
be executed within 24 h	clan and completely filler	ior to burial, cremation,	raumatic event, the
nat the death certificate	d by the attending physic	and Mental Hygiene pr	ny injury, or other t
IAM: THE TAW requires	rtificate has been signe	he State Dept. of Health	or item 23 shows a
A AL LENDING PRITSIL	RECTOR: After this cer	irs after death with th	m 28 is marked, c
TUSHINE UN	FUNERAL DIR	within 72 hour	ANT: If iter

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AN	ID MENTA	L HYGIENI	E	01013
	1. DECEOENT'S NAME (First, Middle, Las	t)			2. DATE	OF DEATH		3. TIME OF DEATH
	CLARENCE	KOSBOROUGI	H JR.		NO	V. P		EAR 91 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		INDER t YEAR IF UNDER 24 H		OF BIRTH	8.	BIRTHPLACE (State or Foreign
	248-42-4195	1 🔀 M 2 🗌 F	63 YRS. MON	THS DAYS HOURS MI		5-1928		Country)
	9e. FACILITY NAME (If not institution, give	street and number)		CITY, TOWN OR LOCATION O	F OEATH	2-1920	9c. COUNTY	OUTH CAROLINA
O.	5809 ROYAL OAK	AVE. (HOME)	BA	ALTIMORE				
ᇈ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN							
DIRECTOR		114		WN OR LOCATION				10d. INSIDE CITY LIMITS?
	MD. 10e. STREET AND NUMBER		B2	ALTIMORE				1 X YES 2 NO
FUNERAL	*			10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
N.	5809 ROYAL OAK			21207			USA	
5	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IF FORCES? 1 X YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma	SPANIC ORIGII exicen, Puerto	N? (Specify Yee Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	t TYES 2 X NO S	pecify:	,		Specify:
8	15. DECEDENT'S ED	UCATION	16a. OECEOENT'S USU/	AL OCCUPATION	161	, KIND OF BUSI	MESS (MALLS:	BLACK
ET	(Specify only highest grade Elementery/Secondery (0-12)	de completed) College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	lone during most of working	100	. KIND OF BOSI	inc33/inO03	ini
립	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	34/	STEELWORE	ŒR		BETHLEI	HEM ST	EEL
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					Middle, Maiden S		
BE C	CLARENCE ROSBORO	JGHSR.		FANNI				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Re			State Zin Co	rie)
2	KATHY ROSBOROUGI	H		AL OAK AVEN				
	20e. METHOD OF DISPOSITION	20b	. PLACE ANO DATE OF DIS	POSITION /Name of	DAT			or Town, State
	1√ Buriel 2 Cremetion 3 Reg 4 Donation 5 Dother (Specify)	moval from State cem	OODLAWN CE	ace)	1			lawn Dr., BALTO.CO
- 8	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE A		22. NAME AND ADDRESS OF	FFACILITY			
- 3	- (1/2 ax 1/2	1401 1 5	2101 1	JOSEPH H. BI				
	23 PART i Enter the diseases or	7000 T.	your !	913 W. BALTIMO	RE ST. E	BALTO. MI	21223	3, P.O. BOX 4433
	23. PART i. Enter the diseases, or ahock, or heart fellure	i. List only ona cause on a	ach iina.			diac or reapin	atory arrest	, Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	5,000	111 2/11	ms Cance				Onsat and Death
	reaulting in death)	a	an Cell	my (ance				lyean
		DUE TO (OR AS A	CONSEQUENCE OF):					
NO	Sequantially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF):					
EA!	if any, leading to immediata cause. Enter UNDERLYING	50C 10 (01 A3 A	CONSCOUENCE OF):					
음	CAUSE (Disease or Injury that initiated events	C, OUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST		,					i 1
		d.						
CAL	PART ii. Other aignificant condition	ins contributing to death be	ut not reaulting in the	underlying cause givan	in Part I.	24e. WAS AN A PERFORM		24b, WERE AUTOPSY FINOINGS
음						1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	N				ĺ			DF OEATH?
ä				-				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOGBITAL		26. PLACE OF DEATH	(Check only on	e)		
YS!	1 TES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpot		·IER: Nursing Home 5 □ Raelden	ce 6 🗆 Othe	r (Specify)		
표	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJURY AT WORK?		CRIBE HOW IN.	JURY OCCUR	EO
В	1 Natural 5 Pending 2 Accident investigation	The state of the s		1 YES 2 NO				
ED	3 Suicide 6 Could not be	26e, PLACE OF INJURY building, atc. (Speci	— At home, ferm, atreet,	fectory, office	261. LOC	ATION (Street and	d Number or R	iurai Route Number,
	4 Hornicide determined				City	or Town, State)		
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the beat of my knowle	edge, death occurred at t	he time, date end place, end	due to the cau	rse(e) and menn	er se stated	
S I	one) 2 MEDICAL EXAMIN	IER: On the beele of examination	and/or investigation, in a	ny opinion, death occured at	the time, date	end place, end	due to the ce	use(e) and menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE			29c, LICENSE				
BE	Vhilis You	1		D243			N 1	GNED (Month, Day, Year)
2	30. NAME AND AGORESS OF PERSON W	HO COMPLETEO CAUSE OF DEA	ATH (ITEM 27) (Type, Print)	10-13	-1		- 1	[0[]
								1
	31. OATE FILEO (Month, Day, Year)	3. REGISTBAR'S SIGNA	TUBE					
	NOV 1 9 1991	Juna Javidson	-Mandell					

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
DECEDENTIA MAME (Co. A. A.C		

	1 - STATE REGISTRAR	SIAIE UF MI			ICATE				NIAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, La	Jan	es P. Ro					_	. DATE OF DEATH	AY.	YEAR	3. TIME OF DEATH
	James	P. KOI	nose						11 - 13	5-194	7/	8:55pm
	4. SOCIAL SECURITY NUMBER	1 1	8. AGE (In yrs. last b		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. 7.	. DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State or Foreign try)
	215-01-4214	1 M 2 D F	84	YRS.				6	9-02-0	7		MD
œ	9a. FACILITY NAME (If not institution, gi	ve street and nymber)	101				R LOCATIO	ON OF DEAT	Н		NTY OF	
유	RESIDENCE OF DECEDENT	n Hage	rai		Tow	son			_	Ba.	tim	ore County
DIRECTOR	10a. STATE 10b. COU	INTY		10c. CIT	Y, TOWN C	OR LOCAT	ION				_	10d. INSIDE CITY LIMITS?
	Maryland	N/A		Ba	iltim	7						1 X YES 2 - NO
뒒	10e. STREET AND NUMBER	7					ZIP CODI					WHAT COUNTRY?
<u>u</u>	3101 Evergreen i	AVENUE 12. WAS DECEDENT	EVED IN U.C. ADM		140	_	1214		ORIGIN? (Specify Yes		S.A.	
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 NO		1 3	If yes, spe			Puarto Rican, atc.)	a or No-	Spec	E — American Indian, ck, White, etc. city:
COMPLETED	15. DECEDENT'S E (Specify only highest gr		(Give	kind of	Work done	CCUPATIO	N st of workin	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)			se retired.)							
Š	8th Grade 17. FATHER'S NAME (First, Middle, Last)		Owne	er			10 14077	HEDIO MAME	Hardwai		ore	
	Unknown	i						known		Sumame)		
H	19a, INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a			ite Number, City or Tow	n. State. Zi	o Code)	01311
입	A. Donald Schmid	dt	15	5904	Car	m11	Roa	d. P.	0. Box 24	15. N	lonkt	21111 con. Md.
-1	20a. METHOD OF DISPOSITION		20b. PLACE AI	ND DAT	E OF DISP	OSITION	(Name	ω,				own, Stata
	4 Donation 5 Other (Specify)	temoval from State	of cemetary, co Woodla	remator) WN					1/19 Bal	Ltimo	re,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE						SS OF FACIL				
	Jarthen	M. Merry	phy.		64	15 B	elai	r Roa	d, Baltir	mre,	Maı	ryland 21206
	23. PART 1. Enter the diseeses,	or complications that	caused the deat	h. Do								Approximate
	IMMEDIATE CAUSE (Final	ire. List only one caus	e Dii each line,				1	0 . /	- 0	Α.		interval Between Onset and Death
- 81	disease or condition resulting in deeth)	se.	ms -		me	cry	12	act	Mee	TLE	n	
		DUE TO'(OR AS A CONSEOU	ENCE O		U	n _/				,	
8	Sequentially list conditions,	b. DUE TO (OR AS A CONSEQU	ENCE O	fic		-0 -	OU	. Carr			
톳	if any, leeding to immediate cause. Enter UNDERLYING		eim			de	JOY	der	/4			
틸	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A CONSEOU	0		1						
CERTIFICATION	resulting in death) LAST	d. P	ayla	n	Son	0	de	001	are			
	PART II. Other algnificant condi	itions contributing to	death but not rea	suitina	in the ur	nderlying	ceues (given in Pa	ert I. 24a, WAS AN	ALITOPSY	24	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							100000		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								-	_ 1 □ YES	Z U NO		OF DEATH?
2									-			1 123 2 110
١٨	25. WAS CASE REFERRED TO MEDICA EXAMINER?						ACE OF D	EATH (Check	k anly one)			
ર્છ	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		6 5 🗆 Re	esidence 6	Other (Specify)			
E	27. MANNER OF DEATH	26a. DATE OF I (Month, Da		28b. TIR	ME OF JURY	28c. INJ WO	URY AT	2	ed. DESCRIBE HOW	INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigati				М		YES 2	NO				D. Report Science
	3 Suicide 8 Could not 4 Homicide determine	building, a	INJURY — At homate. (Specify)	e, farm,	street, fac	tory, offic		2	Ref. LOCATION (Street City or Town, State		er or Rumi	Route Number,
COMPLETED	onel	HYSICIAN: To the best of r MINER: On the basis of ex										(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERT	IFIER	20				29c. LIC	ENSE NUMBI	ER	29d. DA	TE SIGNE	D (Month, Day, Year)
10 8	MM82	N/M W	·				2).	372	10		11/1.	5/9/
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	ST-		e, Print)	HI	4051	PITA	1 Tor	250	M	MD
	31. DATE FILED (Month, Day, Year)	991 32. REGISTRAF	Day dron-R	inde	02							





BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

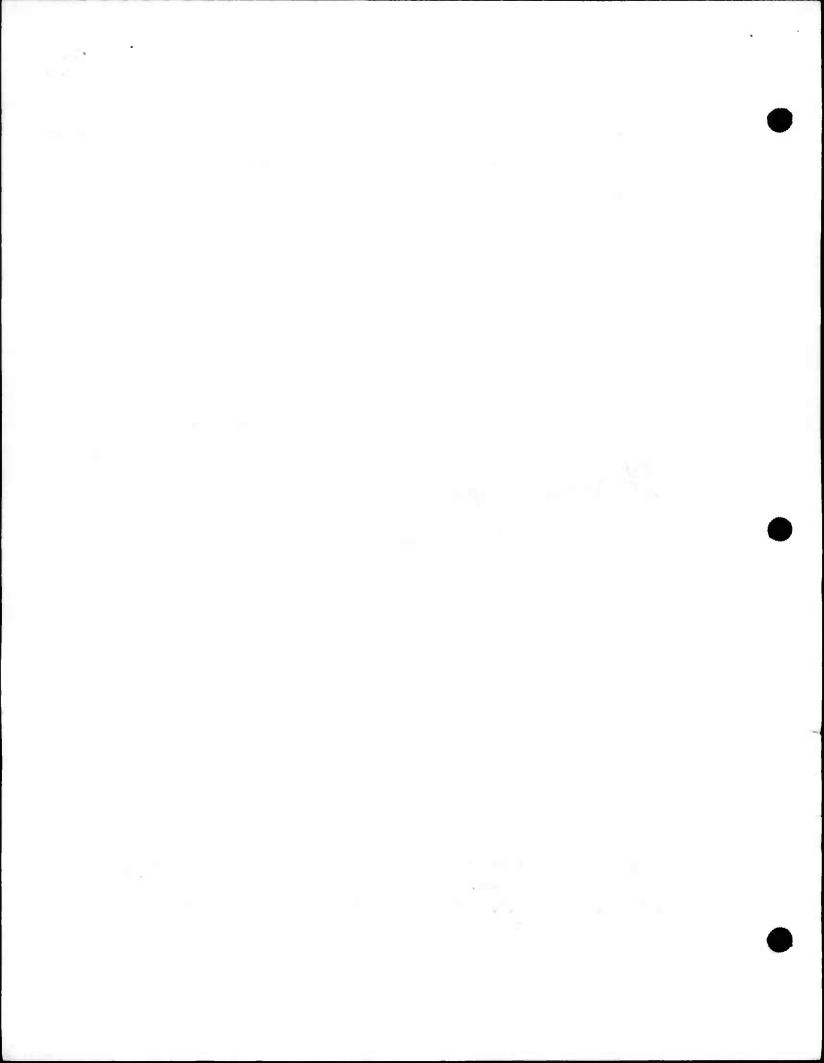
TO DE PROBLEM OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four data death. Page 6 may be retained by the hospital or attending physician.

TO THE PHYSICIAN: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after the burial-transit permit. Pages 1, 2, 3 should be marked, or them the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT, If them 20 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MAI		PARTMEN'			MENTA	L HYGIENE		•	
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE	OF DEATH		3	. TIME OF DEATH
CARRIE E. 1	RAYNE						MONT			YEAR	7:30AM
4. SOCIAL SECURITY NUME	BER	5. SEX 6.	AGE (In yrs. lest birth		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
219 42 7851		1 □ M 2 😾 F 88	} Y	RS. MONTHS	DAYS	HOURS MIN.		16, 19	02 8		bury, Md
9a. FACILITY NAME (If not in	stitution, give st	reet and number)		9b. CIT	r, TOWN O	LOCATION OF D				TY OF DEA	
Berlin Nur	_	ome		Ber]	lin				Word	ceste	r
RESIDENCE OF DEC	106. COUNTY		100	c. CITY, TOWN	OR LOCATI	ON					Od. INSIDE CITY
Md	Worce	star		erlin	On LOCALI	OIL					LIMITS?
10s. STREET AND NUMBER		stei	DE	TIII	101	ZIP CODE			10a CITIZ		T COUNTRY?
11832 Assa		Road				1811					AI COOKINII
11. MARITAL STATUS	ccagac	12. WAS DECEDENT ET	FR IN U.S. ARMED	13		LOII	NIC ORIGI	12 (Specify Year	USA		- American Indien.
1 Never Married 2	Married	FORCES? 1 [YES 2 NO	10.	If yes, spe	cify Cuban, Mexic 2 1 NO Spec	an, Puerto		J. 110_	Black, 1	White, atc.
3 Xidowed 4 Divo	rced	IF TES, GIVE WAR	OH DATES		I _ TES	Z MO Spec	ny:			эреспу:	White
15. DEC	EDENT'S EDUC y highest grade	CATION Completed)	16a. DECEDE	ENT'S USUAL C	CCUPATIO	N t of working	188	. KIND OF BUS	NESS/INDU	ISTRY	
Elementary/Secondary (0		College (1-4 or 5+)	Ilfe. Do I	VOT use retired.)							
6			Child	care	nurs	ery	c	hild c	are		
17. FATHER'S NAME (First, M						18. MOTHER'S N	AME (First,	Middle, Maiden S	Surname)		
George Hen		sett Rayne				Edith	Timmo	ns			
19a. INFORMANT'S NAME (nd Number or Rura					
Edith Jone	S		1183	2 Assa	teag	ue Rd,	Berli				
20a. METHOD OF DISPOSIT 1 IX Burial 2 ☐ Crematic		oval from State	20b. PLACE OF D other place)						ATION - C		
4 Donation 5 Other			Riversid	e Ceme	tery			Libe	rtyto	wn,	Md.
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		22	NAME AN	D ADDRESS OF F	ACILITY	Berlin	, Md.	21	811
> /r 3	Ruk	Buta	D	Bu	rbag	e Funer	al Ho	me, 10	8 Wil	.liam	s St.,
23. PART I. Enter the 6	Işeases, or o	omplications that co	used the death.	Do not anta	r tha mod	da of dylng, au	ch se car	dlac or raspir	etory arre	st,	Approximata
ahock, or h	aart fallure.	List only one cause	on each line.								Interval Batween Onset and Death
IMMEDIATE CAUSE (Fir disease or condition_	nai	Termina	1 Pneumo	nia							
reaulting in death)	9		AS A CONSEQUEN								
		ASCVD									
Sequentially list condit if any, laading to imme		J	AS A CONSEQUEN	ICE OF):							
cause. Entar UNDERLY	ING	Advance	d Age								
CAUSE (Disease or Injutation that initiated events		DUE TO (OF	AS A CONSEQUEN	ICE OF):		-					
resulting in death) LAS	ST	d									
PART II. Other significa	ent condition	e contributing to de	ath but not resul	ting in the u	ndo dula a	course shown b	n Doet I	24e. WAS AN	HITTOREY	045.1	WERE AUTOPSY FINDINGS
TAIT II. Other significa	ondition	a contributing to de	atti bat ilot lesui	iding in the t	ndariying	cause givan i	n Part I.	PERFOR		1	WAILABLE PRIOR TO COMPLETION OF CAUSE
								1 - YES 2	□ NO	- 1	OF DEATH?
										1	YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	ID MEDICAL	HOSPITAL:		OTHE		ACE OF DEATH (C	check only o	ne)			
1 NES 2 NO		1 Inpatient 2 E			_	5 - Realdence	7		-		
27. MANNER OF DEATH	Pending	28e. DATE OF IN. (Month, Day,		b. TIME OF INJURY		RK?	28d. DE	SCRIBE HOW IF	IJURY OCC	URED	
2 Accident	investigation					ES 2 NO					
3 Suicide 8 Homicide	Could not be detarmined	28e, PLACE OF II building, ato	NJURY — At home, . (Specify)	farm, street, fe	ctory, office		28f. LO	CATION (Street a or Town, State)	nd Number	or Rural Ro	ute Number,
one)		CIAN: To the best of my									
2 MED	DICAL EXAMINE	R: On the beals of axen	ination and/or inves	itigation, in my	opinion, d	eath occured at the	e time, dat	a and place, and	d dua to the	cause(a)	and manner as stated.
296. SIGNATURE AND TITLE	E OF CERTIFIER			_		29c. LICENSE N	JMBER				Month, Day, Year)
727	12-	1220		/		D02026			No	v. 14	1, 1991
30. NAME AND ADDRESS O											
Federico C		es, M.D.,	10622A	Ocean 1	Pines	, Berli	n, M	D 21811			
31. DATE FILED (Month, Day,	Year)	32. REGISTRAR'S	SIGNATURE								
NOV19	1991	Julia Davids	See -								



DIVISION OF VITAL RECORDS, P.O. BOA 13149,	BALLIMORE, MARILAND
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withink cours after death. Page 6 may be retained by the hos	fter death. Page 6 may be retained by the hos
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	r the funeral director, page 5 should be detach: loval.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.	91 31678
	1. DECEDENT'S NAME (First, Middle, I	- Ruth. Sch	RATIC		2. DATE OF DEATH MONTH DAY	9 YEAR 3. TIME OF DEATH
	2 19 - 20 -57. 9a. FACILITY NAME (If not institution,	2210M2 XF 65	YRS. MONTHS	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Yelr) 10/6/26 EATH 9c. C	6. BIRTHPLACE (State or Foreign County) BA (TO MD . OUNTY OF DEATH
HOL	7102 Greenwoo	od Avenue	В	altimore		Baltimore
DIRECTOR	10a. STATE 10b. CO	BAITO	10c. CITY, TOWN Balt:	or Location imore		10d. INSIDE CITY LIMITS? 1 □ YES 2 3000
FUNERAL	100. STREET AND NUMBER	enturan Aug		101. ZIP CODE	10g. (CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S.	ARMED 1:	I. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxico 1 — YES 2 NO Specifi		14. RACE — American Indian, Black, White, atc. Specify:
PLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0,12)	EDUCATION 16a. College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired Home Mak	e during most of working .)	166. KIND OF BUSINESS	/INDUSTRY
BE COMPL	12. 17. FATHER'S NAME (FIRST, MICHO, Las	Haffental SR.	IDINC Pak		AME (First, Middle, Melden Surnam	" In AN BURKHAROT
10 8	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town, State,	, Zip Code)
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify)	Hamoval from State	CE OF DISPOSITION (Name of comments, creme <u>tor</u> of aith Cemeter:	01	I — City or Town, State
	21. SIGNATURE OF FUNERAL SERVIC			2. NAME AND ADDRESS OF FA	CILITY	neral Home, Inc.
	23. PART () Enter the disease shock, or have valid IMMEDIATE CAUSE (Finel	s, or complications that coused the liure. List only one cause on each i	death. Do not ant	7110 Belair er the mode of dying, suc	10.34	
	disease or condition resulting in death)	a. CARDIAC DUE TO (OR AS A CON	ARRES	57	/	1979760
NO	Sequentially list conditions, if any, landing to immediate	DUE TO (OR AS A CON		RDIOVASCO	alar DISE.	ase YRS
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. CAROIAC DUE TO (OR AS A CON	SEQUENCE OF):	R DISCAS	se	4RS
CER		d. 11 4 5848				12)
PHYSICIAN: MEDICAL	CATOR ACT	ditions contributing to death but n	ot resulting in tha	undariying cause givan ir	1 Part I. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AN	25. WAS CASE REFERRED TO MEDIC	CAL		28. PLACE OF DEATH (C	heck only one)	
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatien	OTH			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigs		28b. TIME OF INJURY M	26c. INJURY AT\(^1 \) WORK? 1 \(\text{YES} 2 \) NO	28d. DEŞCRIBE HOW INJURY	OCCURED
	3 Suicide 8 Could n 4 Homicide determin		t home, farm, street, f	actory, office	281. LOCATION (Street and Null City or Town, State)	mber or Rural Route Number,
COMPLETED	cool only	PHYSICIAN: To the best of my knowledge AMINER: On the basis of examination and				CONTRACTOR OF THE PROPERTY OF THE PARTY OF T
TO BE C	296. SIGNATURE AND TITLE OF CER	ery, no Chen	7	29c. LICENSE NU DO 435	IMBER HM.	DATE SECRED (Secrets, One Year)
5	30. NAME AND ADDRESS OF PERSON	ON WHO COMPLETED CAUSE OF DEATH	(IVEM 27) (Type, Print)	10) On	21215	, ,
			3 16 6 316 71			

5 I

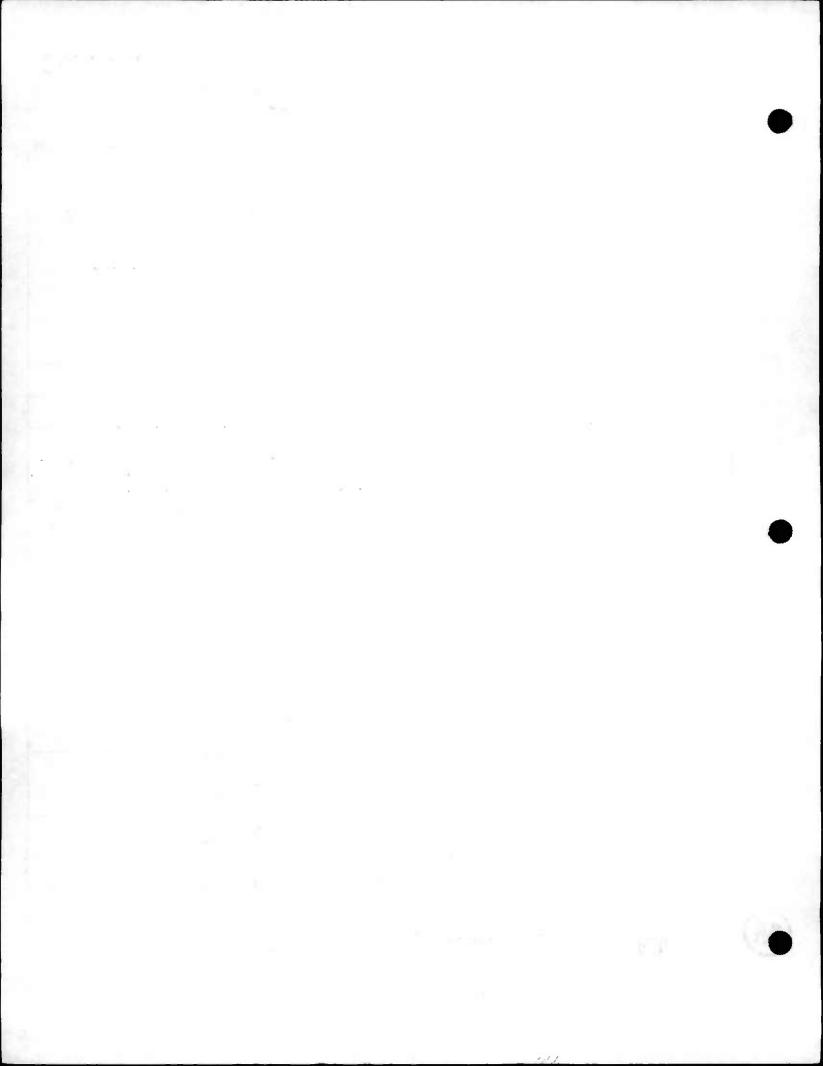
x 100 1

0

49-145 Leaven

_
-
9
9
8
9
\sim
2
0
m
_
\sim
U
ο.
10
S
2
~
-
0
63
~
ш
Œ
_
⋖
\vdash
_
>
<u>u</u>
0
_
Z
0
$\underline{\circ}$
70
37
>
_

216-20-5324 10-2 F 37 VRS SOUTHS ANY INDURS SWITCH S		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.						
THE DETERMINE OF PRESIDENCE OF		4. SOCIAL SECURITY NUMBER	8. SEX 8. AGE (In	MONTHS		7. DATE OF BIRTH (Month, Day, Year)	9 250 8. BIRTHPLACE (State or Foreign	
Section Sect	стов	98. FACILITY NAME (If not institution, give street and number) LIBERTY MEDICAL CENTER BALTO. M.D., RESIDENCE OF DECEDENT 96. COUNTY OF DEATH						
The Microwal of Chromosol Place (Chromosol Place) Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Chromosol Type Ty		MD			ltimore Ci		LIMITS? 1 YES 2 □ NO	
The content of the contribution of the contrib	NERA	4813 PARK 1			21215		U.S.A.	
Securitary Sec	B	1 Never Married 2 Married	FORCES? 1 TYES	2 NO	l yes, specify Cuban, Maxicar	, Puerto Rican, atc.)	Black, White, etc.	
198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State) 4 813 Park Heights Ave Balto MD 21215 20b. MELACE AND DATE OF DISPOSITION (Plants) 10b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State) 4 813 Park Heights Ave Balto MD 21215 20b. MELACE AND DATE OF DISPOSITION (Plants) 10b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State) 10b. MAILING ADDRESS (Street and Number or Rural Route) 20b. MELACE AND DATE OF DISPOSITION (Plants) 10b. MAILING ADDRESS (Street and Number or Rural Route) 11c. March And Address of Pacific Ave Balto MD 21217 11c. DATE (Street that diseases, or complications that caused the death. Do not antar the mode of dying, such se cardiec or respiratory served. 11c. Phillips F/HBalto MD 21217 22c. PART I. Enter that diseases, or complications that caused the death. Do not antar the mode of dying, such se cardiec or respiratory served. 11c. Phillips F/HBalto MD 21217 22c. MAIL AND ADDRESS (Street and Number or Rural Route) 11c. MAINTENDED CAUSE (Plants)	ETE	(Specify only highest grad	ie completed)	completed) (Give kind of work done during most of working file. Do NOT use retired.)				
198. MAILING ADDRESS (Street and Mumber of April Pouts Number, City or Town, State Antonio R. Smith 4313 Park Heights Ave. Balton MD 21215 299. METHOD of DISPOSITION Township of State Antonio Bother (Pouts) Township of Antonio Bother (Pouts) Township of State Antonio Bother (Pouts) Township of State Antonio Bother (Pouts) Township of State Antonio Bother (Pouts) Township of State Antonio Bother (Pouts) Township of State Antonio Bother (Pouts) Township of State Antonio Bother (Pouts) Township of State Antonio Bother (P	_	17. FATHER'S NAME (First, Middle, Last)	Unknown		18. MOTHER'S NAI		10)	
DATE SECURION PORT SECURION OF DISPOSITION (Name of Control of Con	0		ith					
#281 E.L.Phillips F/HBalto., MD. 21217 23. PART I. Enter the diseases, or complications thet caused the deeth. Do not antar the mode of dying, such se cardiec or respiratory arreat, shock, or heart failure. Liet only one cause on each line. Immediate CAUSE (Final disease or conditions are utility in disease or conditions are utility in disease) DUE TO (OR AS A CONSEQUENCE OF):		20e. METHOD OF DISPOSITION 7 ☐ Burlel 2 ☐ Cremation 3 ☐ Rer 4 ☐ Donation 5 ☐ Other (Specify)	20b.	PLACE AND DATE OF DISPO	OSITION (Name	DATE 20c. LOCATION	I — City or Town, State	
PART II. Other algnificant conditions contributing to daeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL IN ITEM COMPLETION OF COMPLET	LIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events						
Centifier Check only Centifier Check o	TIFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
Accident 3 Suicide 8 Could not be determined 29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. Certification Certificatio	: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d		darlying cause given in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS	
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — All home, farm, street, factory, office 29e. CERTIFIER (Check only OPC) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29e. SIGNATURE AND TITLE OF CERTIFIER 29e. SIGNATURE A	: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions are conditions as the conditions are conditional conditions are conditional conditions.	d. one contributing to deeth but HQSPITAL:	it not resulting in the un	26. PLACE OF DEATH (Che	PERFORMED? 1 VES 2	AVAILABLE PRIOR TO COMPLETION OF CAUS	
296. LICENSE NUMBER 296. L	PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	HOSPITAL: 1.2 Inpetient 2 ER/Outpet 28a. DATE OF INJURY (Month, Day, Year)	the the the the the the the the the the	28. PLACE OF DEATH (Cho	PERFORMED? 1 VES 2 OCK only one) 8 Other (Specify)	AMILABLE PRIOR TO COMPLETION DE CAU- OF DEATH? 1 YES 2 NO	
296. SIGNATURE AND TITLE OF CERTIFICES. 296. LICENSE NUMBER 91 296. SIGNATURE AND TITLE OF CERTIFICES. 296. SIGNATURE AND TITLE OF CERTIFICES. 297. SIGNATURE AND TITLE OF CERTIFICES. 298. SIGNATUR	BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 HO 27. MANNER OF DEATH Netural S Pending Investigation Pending Investiga	HOSPITAL:	thent 3 DOA OTHER INJURY M	26. PLACE OF DEATH (Che l: ling Home 5	PERFORMED? 1 VES 2 OCK only one) 8 Other (Specify) 28d. DESCRIBE HOW INJURY 281. LOCATION (Street and Nur	AMILABLE PRIDE TO COMPLETION DE CAU- OF DEATHY 1 YES 2 NO	
	BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Unpetient 2 = ER/Outpet 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY - building, etc. (Specifi	thent 3 DOA OTHER A Num 28b. TIME OF INJURY M At home, farm, street, factive ordge, death occurred at the 18	26. PLACE OF DEATH (Che 1: Ing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO pry, office me, data and place, and due	PERFORMED? 1 VES 2 Other (Specify) 28d. DESCRIBE HOW INJURY 281. LOCATION (Street and Nur City or Town, State)	AMALABLE PRIOR TO COMPLETION DE CAURO OF DEATH? 1 YES 2 NO OCCURED The control of the contro	



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	X 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physic	be executed within	24 cours after death. Page 6 may be retained by the hospital or attending pl
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	cian and completely	filled in by the funeral director, page 5 should be detached for use as the bi
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene phof to bunal, cremation, or removal.	or to bunal, cremat	don, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	aumatic event, t	the medical examiner must be notified at once.

-	NEGISTRAN				OLIT	IIIIOA	IL O	DEA		п	EG. NO.			
i								DEATH						
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In vi						11	1/		91	7:17p M
	095-28-259		5. SEX 1 □X M 2 □ F			RS. MONT	HS DAYS		MIN.	7. DATE OF B (Month, Day 6 / 2 /			Countr	y)
	9a. FACILITY NAME (If not in		,,				TITY TOW	N OR LOCATI	ON OF DE		7 33	90 001	NEW	York
œ	Greater Bal			Conto	מפ	30.	Tows		ON OF DE	AIN			ltim	7.11
읽	RESIDENCE OF DEC		nearear	OCTIO	- 1		1045	011						01 6
2	10a, STATE	10b. COUNTY			104	c. CITY, TOW								10d. INSIDE CITY LIMITS?
ō	Maryland	Balti	more			Time	oniur							1 TES 2X NO
BY FUNERAL DIRECTOR	10e. STREET AND NUMBER			"				101. ZIP COD						WHAT COUNTRY?
밀	2308 CN	etwood	Circle						093				USA	
급	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	2 NO		If yes,	apocify Cuba	ın, Maxica	iiC ORIGIN? (S n, Puarto Ricar		or No-	Black	American Indian, c, White, atc.
B	3 Widowed 4 Divo	orced	IF YES, GIVE V	MAR OR DATE	:8		1 🗆 Y	ES 2 X NO	Specify	/:			Speci	" White
		EDENT'S EDUC y highest grade		16		ENT'S USUA				16b. KIN	D OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (I		College (1-4 or 5	+)	life. Do l	NOT use retire	ed.)	most of workli	19					
			4		Ar	tist				Fr	ee L	.ance	Art	tist
COMPLETED	17. FATHER'S NAME (First, M	- 11								ME (First, Middl				
BE	William I		th, Sr.		_					red Ma	_			
힏	19a. INFORMANT'S NAME (ielo							Route Number, C				** • • • • • •
	Mildred 20a. METHOD OF DISPOSIT		litn	001 01			_	cemetery, crer		cie #3(City or To	. Md.21093
	1X Burial 2 Crematic	on 3 🗆 Remo	oval from State	ot	ther place)			•		. Ca	ŀ		-	
	21. SIGNATURE OF FUNERA	L SERVICE LIC			11115		22. NAME	AND ADDRE	SS OF FA			_	on,	Ma.
- 1	Paul Loghstampfor Lemmon-Mitchell-Wiedefeld													
-	Jane	Own	unsarange											VId.21093
	23. PART I. Enter the d shock, or h	eert feilure.	List only one ca	on each	ne deatn. h line.	DO NOT EI	nter the	mode or dy	ing, suc	n ss cardisc	or respi	ratory er	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition Pseudomonas aeruginosa pneumonia													
- 1	resulting in desth)													
_	DUE TO (OR AS A CONSEQUENCE OF): Metastatic esophageal adenocarcinoma								į					
흔	Sequentially list conditions, if any, leading to immediate													
CERTIFICATION	cause. Enter UNDERLY	ING	C											
	triat initiated events					A CONSEQUENCE OF):								
1	resulting in deeth) LAST													
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDIN													
<u>১</u>	Myotonic dystrophy									(,	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	DF DEATH?								1 Tyes 2 No					
_														
PHYSICIAN:	25. WAS CASE REFERRED T	TO MEDICAL						PLACE OF E	DEATH (Ch	eck only one)				
is l	1 YES 2 NO		HOSPITAL: 1 Nopetlant 2	☐ ER/Outpation	lent 3 🗆 l		HER: Nursing h	fome 5 🗆 R	asidence	6 Other (Sp	pecify)			
됩	27. MANNER OF DEATH		28a. DATE O (Month,	F INJURY Day, Year)	28	b. TIME OF	26c.	INJURY AT WORK?		26d. DESCRI	BE HOW I	NJURY O	CURED	
ВХ	1 X Natural 5 C	Pending Investigation							_ NO					
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE 6 building	OF INJURY — , etc. (Specify)	At home,	farm, street,	, factory, o	iffice			ON (Street i own, State)		or or Rural	Route Number,
COMPLETED	V	40101111111104												_
릴	Torroom oray		CIAN: To the best of											
S	2 MEC	DICAL EXAMINE	R: On the basia of	examination a	ind/or Inve	etigetion, in	my opinio	n, death occu	ured at the	time, data and	i placa, an	nd due to	the cause(a) and manner ea stated.
BE (296. SIGNATURE AND TITL	E OF CERTIFIE	POWE					29c. L/C	2888	MBER				(Month, Day, Year)
6	Mouard	L her	1 ND						,2000				1/18	3/91
	30. NAME AND ADDRESS O							. C+	D = 1 1	· · · · · · · · · · · · · · · · · · ·	MD	010	201	
	HOWard L. S	reger,	22 DECICED	ADIO DIOMAT	LIDE		aries	5 St.	Balt	. imore	, MID	212	104	
	31. DATE FILED (Month, Day	9 199	1 Julia	Davidson	n Ben	d.00								
		-			- 1									



•

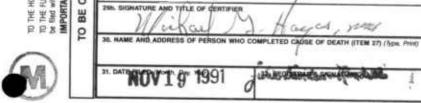
		should
		3
		ci.
		-
		Pages
		permit.
BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
0	D.	the
Ś	bu	SS
2	atte	Se
7	9	7
-	13	5
9	Sp	Pe
5	Ä	tac.
٩	the	8
7	3	be
AR	tained	should
2	9	10
щì	ay be	page
Œ	Ë	0,
0	9	E C
2	ge	÷
F	<u>.</u>	20
۲	sath	UNB
3A	0	e -
ш	fte	n by the
	6/3	5

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	y th	De c		7
	Pa	P		De
	tain	shot		1
	9	2		2
	y	age		pe
	E	or, c		127
	9 9	rect		Ē
	Se.	þ		ner
	ath.	ner		Ē
	de	e fu	=	ex3
	after	4	POL	9
	52	D D	ren	ig.
Ì	5	Pa	0	Ē
	24	#	lion	the state
	thin	etely	mal	H,
	W	ģ	C	3
	utec	00	Iria	2
	ехес	and	20	nat
	pe	jan	5	300
	ate	ySic	P	T
	tific	0 0	iene	the
	Ce	ü	PA PA	0
	eath	atte	Ital	χ,
	b e	the	Me	1
	at th	3	and	- A
	E C	per	=	and and
	uire	Sign	Hea	3
	reg	eeu	ō	5
	MP	S D	ept.	23
	The	e ha	te D	E
	Z	ficat	Sta	He
	ICIA	gue	the	0
	Ş	ils c	É	ed,
	G P	11 16	5	ark
	Ď	Aff	dea	E
	TEN	OR:	fter	60
	AT	ECT	Sa	n 2
	DR	OR	hou	te.
	B	Z	2	=
	95	ME	ã	皇
	X	2	¥	E
	E	Z	å	2
	2	P	ow find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	≊

						9 3 6 8				
	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	SAUNDERS	5		2. DATE OF DEATN MONTH DAY	YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. In	ast birthday) IF UNI	DER 1 YEAR IF UNDER 24 HRS		6. BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give s	17 - 73	YRS. 9b. Cl	TY, TOWN OR LOCATION OF	8-2-46	S.C.				
TOR	Selow MA	not NURS. He	me	BAITO.	City					
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY TOWN	OR LOCATION)	10d. INSIDE CITY				
	10e. STREET AND NUMBER	1 11-	BH	10f. ZIP CODE	10g. CITI	1 ₽ TES 2 □ NO				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	RMED 1	2/2	20 PANIC ORIGIN? (Specify Yes or No—	U.S.A.				
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 TIF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mexi	ican, Puerlo Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:				
0	15. DECEDENT'S EDU (Specify only highest grade		ECEDENT'S USUAL Give kind of work door	OCCUPATION e during most of working	16b. KIND OF BUSINESS/IND	15/ACK				
COMPLET	Elementary/Secondary (0-12)		DI SA	hili Ta						
	17. FATHER'S NAME (First, Middle, Last) 18. (FOTHER'S NAME (First, Middle, Meiden Surname) UNKNOWN									
TO BE	19a, INFORMANT'S NAME (Type/Print)	C / 1	96. MAILING ADDRE	SS (Street and Number or Run	al Boute Number, City or Town, State, Zip	(6de) ,				
F	M3F vonne	DAUNders	9 mi	NK/en	CT Essex	md. 21220				
X.	1 Suriel 2 Cremetion 3 Rem- 4 Donation 5 Other (Specify)	oval from State	AND DATE OF DISP		16 BAI	City or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ZENSEE	2	NAME AND ADDRESS OF	RUSS FUN	eral Home				
-	23 PAGE I Enter the Manager Page	or Kuss		23326.	NorthHue, 1	Sp/10 mc. 2124				
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, in immediate Cause (Final or respiretory arrest). A									
	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
_		DUE TO (OR AS A CONSEQUENCE OF):								
ATIO	it any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS A CONSE			0					
CERTIFICATION	that Initiated eventa reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): J. V. D. U. on Weeth in Jone d. J. V. D. U. on									
I	PART il. Other signiticant condition	s contributing to death but not	resulting in the t	inderlying cause given i	n Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO				
PHYSICIAN: MEDICAL					1 TYES 2 1NO	CDMPLETION OF CAUSE DF DEATH?				
N.	10									
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	Check only one)					
ΗXS	1 YES 2 NO 27. MANNER OF DEATN	1 Inpetient 2 ER/Outpetient 3	DOA 4 H	irsing Nome 5 - Residence	S Other (Specify)					
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY OCC	URED				
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet, fa	ctory, office	28f. LOCATION (Street and Number City or Town, State)	or Rural Route Number,				
COMPLETED	29e. CERTIFIER (Check only cost)	CIAN: To the best of my knowledge, de	eath occurred at the	time, date and place, and du	re to the cause(s) and manner as atate	od.				
δ.	one) 2 MEDICAL EXAMINE	R: On the basis of exemination and/or	Investigation, in my	opinion, death occured at th	e time, date and place, and due to the	csuse(s) and manner as stated.				

O white special strength



29d, DATE SIGNED (Morgh, Day, Year)

_	
	1
	,
-	
9	
æ	
~	
30	
BOX 68	
×	
0	
\simeq	
10	
	1
0	
Ω,	
RECORDS, P.O.	
S	
0	
~	
<u>u</u>	
0	1
0	
\sim	
<u> </u>	
ш	
OF VITAL	
_	1
-	į
_	,
_	1
-	:
LL.	3
$\overline{}$	3
_	1
7	Ì
~	
U	i
7	i
97	Ì
>	
DIVISION	
	1
_	1
	н

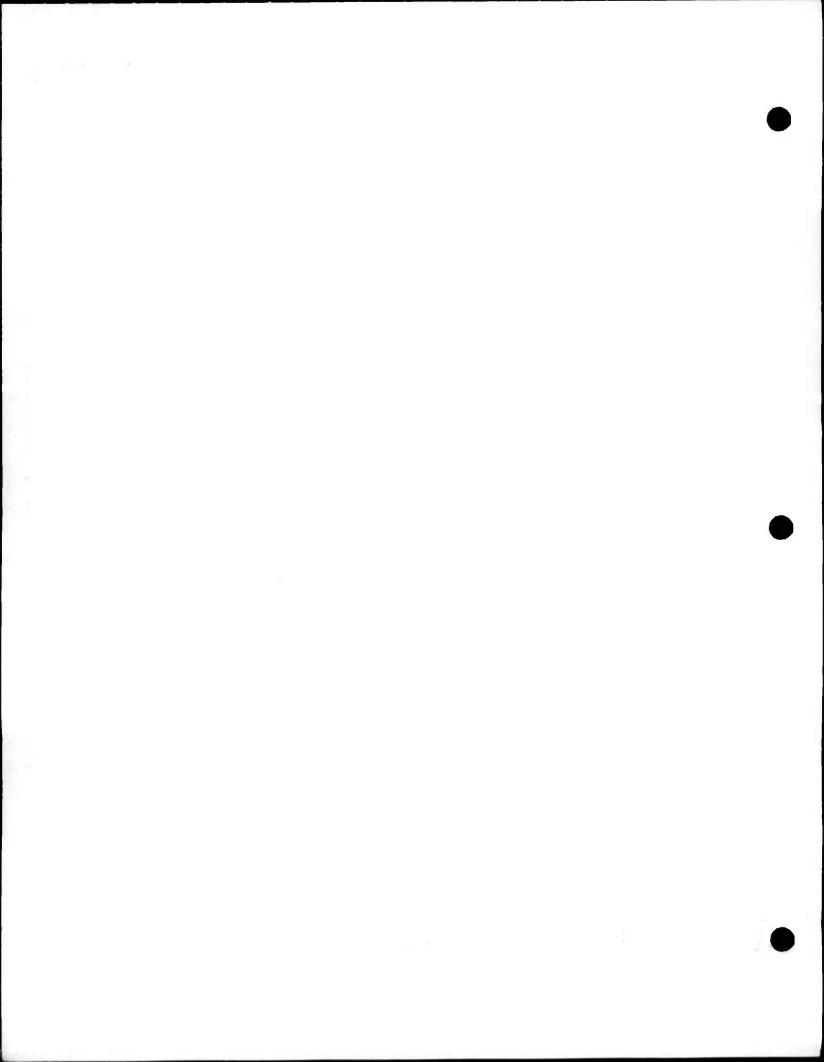
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE O		/ DEPARTMENT			MENTAL	HYGIENE
	C	ERTIFICATE	OF DEA	TH		DEC 110

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGIEN		1 31082
	1. DECEDENT'S NAME (First, Middle, Last John	Ronald	Talk	oott		2. DATE OF DEATH		3. TIME OF DEATH 6:40 A M
	4. SOCIAL SECURITY NUMBER 216-48-4999	1 × M 2 □ F 4	(in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 31 1	Tal	BIRTHPLACE (State or Foreign Country) Maryland
CTOR	9a. FACILITY NAME (If not institution, give 19625 Burke RESIDENCE OF DECEDENT			White	Hall	Baltin		
- DIRECTOR	Maryland Balt	imore		v, town on Locat Vhite Ha				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	19625 Burke				21161		U	OF WHAT COUNTRY?
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO MATES	If yes, sp	ENDENT OF HISPAN Holfy Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puarto Rican, alc.)		RACE — American Indian, Black, While, atc. Specify: White
COMPLETED	15. OECEDENT'S ED (Specify only highest grac Elementary/Secondery (0-12)	UCATION de completed) College (1-4 or 5+) 2	(Give kind of v life. Do NOT us	usual occupation of the profession of the control occupation of the profession occupation of the profession occupation of the profession occupation occupa	st of working	16b. KIND OF BUS	SINESS/INDUST	RY
BE CO	17. FATHER'S NAME (First, Middle, Last) John Elmer	Talbott			Isabe	ME (First, Middle, Maiden elle Rita M	lcKeoni	
٥	Deborah C.		196	25 Burk	e Road,	Route Number, City or Tow White Hal	n, State, Zip Cod II , Md .	^(e) 21161
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rar 4 Donation 5 Other (Specify)	noval from Stata cen	netery, crematory or ot Stablers	Cemeter	У	11/20/91	White I	
	Lowell	M. Lemmon	0	Lemmo	Padonia	ell-Wiedefe Rd. Tim	onium	Md. 21093
	23. PART I. Enter the disessea, or abook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	aMAL	d the death. Do neach line. (MAW 7 A CONSEDUENCE OF	ot enter tha mo	de of dying, such	as cardiac or reapi	ratory arreat,	Approximats Intervsi Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events sesuiting in death) LAST							
MEDICAL	PART II. Other algorificant condition	ns contributing to death b	ut not raaulting l	n the underlying	cause given in I	Part I. 24a. WAS AN . PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		4 Nursing Home OF 28c. INJU		B Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	D
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Spec	— Al home, farm, st	reet, factory, office		281. LOCATION (Street as City or Town, State)	nd Number or Ru	rel Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ER: On the best of my knowless:	ledga, death occurred n and/or investigation	d at the lime, data	and place, and due to	to the cause(s) and mani	ner as stated. I due to the cau	ise(s) and manner as atated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM D 277			NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WE Gary I. Coh. 31. DATE FILED (Month, Day, Year)	en, M.D. 6	565 N. (St., GB	MC, Suite	3131,	21204
	NOV 1 9 199	32. AGGISTRAR'S SIGN	M-Andell					



es 1, 2, 3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (FIRST

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

NOV 1 9 1991

	ſ
	c
50,	within
1 687	avacittad
3	2
ISION OF VITAL RECORDS, P.O. BOX 68760,	The law consistent the doubt consistent within 24 h
S, D	danda
	4
H	+404
RECO	continue
_	360
4	É
5	WAR.
ō	period
õ	Ì
2	٦

듬	Md.		Bak	SIMORE.	Md.		1 PYES 2 NO			
RAL	100. STREET AND NUMBER	treet		101. ZIP	CODE	10g. CITIZE	N OF WNAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR D	2 10 NO							
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	life. Do NOT use	rk done during most of	working 16	Bolva	stry ste			
O BE CO	17. FATHER'S NAME (First, Middle, Last) HOW BR 190. INFORMANT'S NAME (Type/Print)	b Thom	PSON 19b. MAILING A		MOTHER'S NAME (First, PGNE) lumber or Rural Route Num		ICK ode)			
۲	20s. METHOD OF DISPOSITION 1 (D-Burlel 2 Cremetton 3 R 4 Donatton 5 Other (Specify)	emoval from State	bb. PLACE AND DATE (Leemetary, crematory of	r other place)	St. Balto	20c. LOCATION - CH	2/8 by or Town, State 25, 14d >			
	21. SIGNATURE OF FUNERAL SERVICE	. Collick	,	243/1	DORESS OF FACILITY	Ollick F. H. St. Balts	1. 19d.21213			
	23. PART i. Enter the diseased, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Justic further time diseased, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiretory errest, interval Be Onset and classes or condition resulting in death) Due to (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF)							
MEDICAL	PART II. Other eignificant conditions Respectively.	tions contributing to death	but not resulting in	the underlying ce	ause given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO			
/SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Input lent 2 ER/Ou		OTHER:	E OF DEATH (Check only of Realdence 6 C Ott					
BY PHYSI	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigati		INJU	M 1 YES	2 🗆 NO	EȘCRIBE HOW INJURY OCCU				
ETED I	3 Suicide 6 Could not 4 Homicide determine	De building, etc. (So	tY — At home, farm, at ecify)	reet, factory, office	26f. LC	CATION (Street and Number of yor Town, State)	r Rural Route Number,			
COMPLE	one) 2 MEDICAL EXAM	HYSICIAN: To the best of my kno HINER: On the basis of examinati		, in my opinion, death	occured at the time, da	te end place, and due to the	cause(a) and menner as stated			
TO BE	29b. SIGNATURE AND TITLE OF CENT	mel n	1		00 1883	29d. DATE	SIGNED (Mooth, Day, Year)			
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	PEATH (ITEM 27) (Type,		Haplini 1	Sur MEW CIRC	E 21224			

32. DEGISTRAR'S SIGNATURE Julia Davidson-Random

1 M 2 F

CENTER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

10c. CITY, TOWN OR LOCATION

AYLORMARY G.

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

3 | 683

9/

9c. COUNTY OF DEATH

3. TIME OF DEATH

10d. INSIDE CITY

13/12/213 **Approximata** interval Between Onset and Daath 2 does

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

2. DATE OF DEATH MONTH

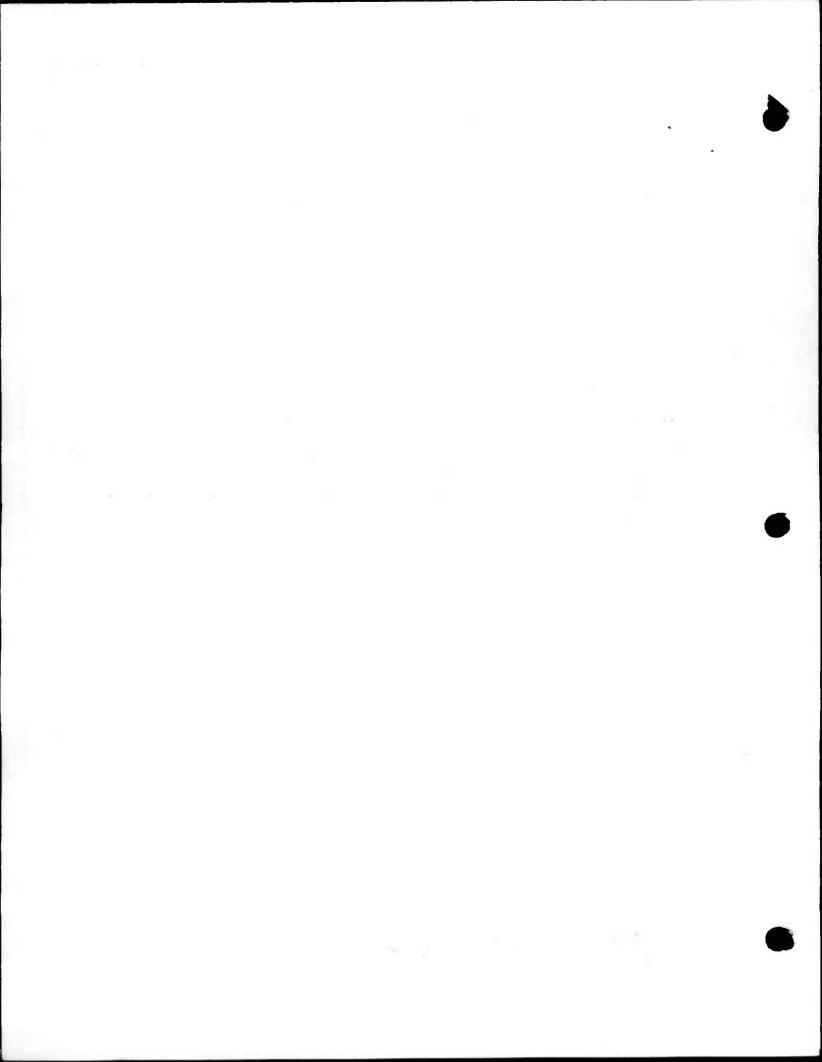
7. DATE OF BIRTH (Month, Day, Year)

9 5 P

DHMH-16 Ray 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medicai examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the a be filed within 72 hours after death with the State Dept. of Health and Ment	IMPORTANT: it item 28 is marked, or item 23 shows any injury

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGII		31004	
	1. DECEDENT'S NAME (First, Middle, Last) FRANK	FRANK A. TO	OLSON	-		2. DATE OF DEATH MONTH	DAY	YEAR 02 30 A M	
		5. SEX 6. AGE (In	yrs. last birthday) 93 YRS.	IF UNDER 1 YEAR		. 7. DATE OF BIRTH (Month, Day, Year) 9/15/1	1	B. BIRTHPLACE (State or Foreign Country) Maryland	
TOR	98. FACILITY NAME (If not institution, give str. St. Agnes Hospin RESIDENCE OF DECEMENT			96. CITY, TOW Balti	N OR LOCATION OF			Y OF DEATH	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	ord County	10c. CIT	y, TOWN OR LO Bel Ai				10d. INSIDE CITY LIMITS? 1 🏋 YES 2 □ NO	
VERAL	1109 Benjamin Roa	ad,			101. ZIP CODE 21014	1		N OF WHAT COUNTRY?	
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DAT	2 NO	π yea,	DECENDENT OF HISE epecify Cuben, Max res 2 X NO Spe	PANIC ORIGIN? (Specify ican, Puerto Rican, etc.)	Yea or No — 1	4. RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 11th Grade	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of v iiia. Do NOT us Electr	work done during se retired.)	ATION most of working	18b. KIND OF	BUSINESS/INDUS		
BE CO	17. FATHER'S NAME (First, Middle, Last) Alfred Tolson				Mary (Cammrath T	en Surname) DISON		
TO E	199. INFORMANT'S NAME (Type/Print) MS. Mary Jane Witte 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1109 Benjamin Rd., Bel Air, Maryland 21014 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of DATE OF DATE) 200. LOCATION — City or Town, State								
	20e. METHOD OF DISPOSITION Uniet 2 Cremation 3 Remove the section 5 Other (Specify)	cemer	lo ly cro	SS Cem	etery	11/15 B		re, Maryland	
	21. SIGNATURE OF FUNDINAL SERVICE LICE	Keviii E.	_	McCu 237	and Address of lly Funer E. Pataps	ral Home of	f Brook Balto.,	1yn Md. 21225	
	23. PART I. Exter the diseasea, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and the proximate interval Between Onset and Dasth of the proximate interval Between Onset and Dasth on								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. Bilatral Vneumonitus DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions	n tha underly	tha underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C				
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME	URY 28c.	NJURY AT WORK?	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUP	RED	
	Accident Investigation Accident Investigation Investiga								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.	AN: To the best of my knowled On the beste of examination a	ige, death occurre ind/or investigation	d at the time, d	sta and piece, and do	us to the cause(s) and m	enner as stated.	ause(e) and manner ee stated.	
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	- Ned.		_	29c. LICENSE N	UMBER	29d. DATE S	IGNED (Month, Day, Year)	
	BIKRAM JOH	AR IST A	GNES	HOSP.	900	CATON 1	1v. B	ALTO. MD	
	31. DATE FILED (MONTH, Day, Year) 11 NO 19 1991	32. REGISTRAR'S SIGNAT	URE						

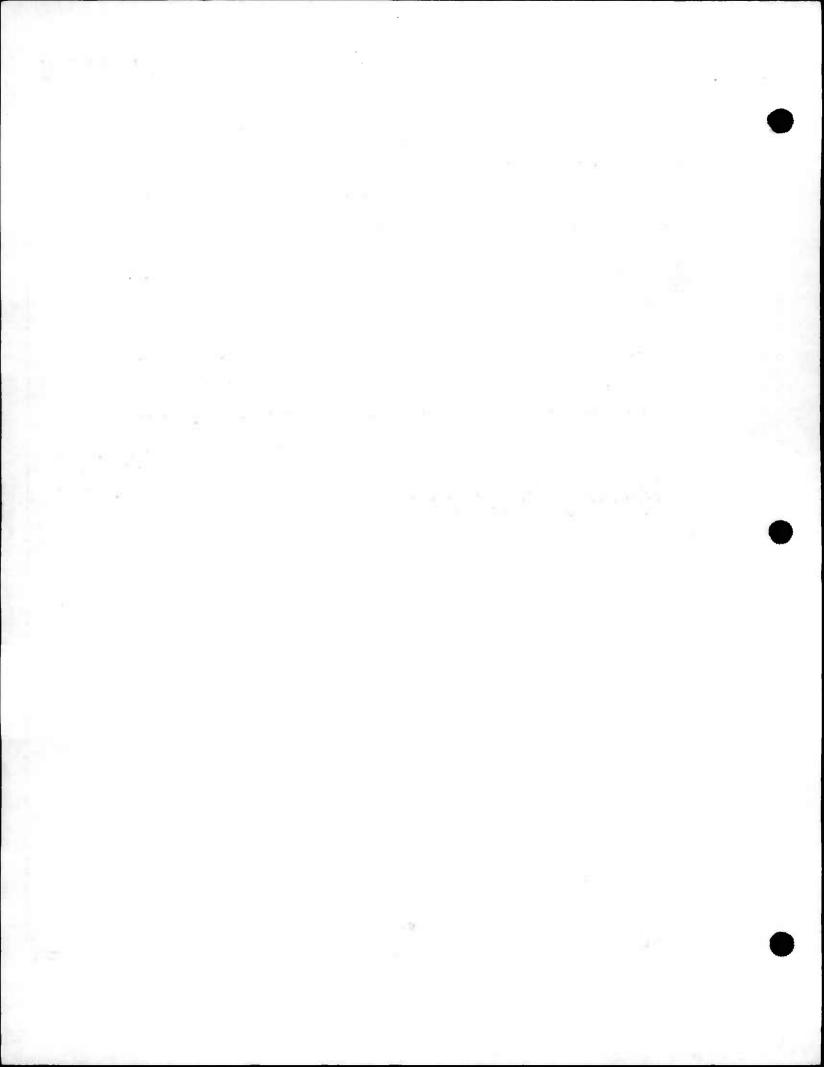


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE 0	F MARY	'LAI	ND / DEPARTMENT OF HEALTH ANI	MENTAL	HYGIENE
_	REGISTRAR				CERTIFICATE OF DEATH		REG. NO.
7	SECEDENT'S NAME /First Middle Loots	1/	- 1	**		A DATE	OF DEATH

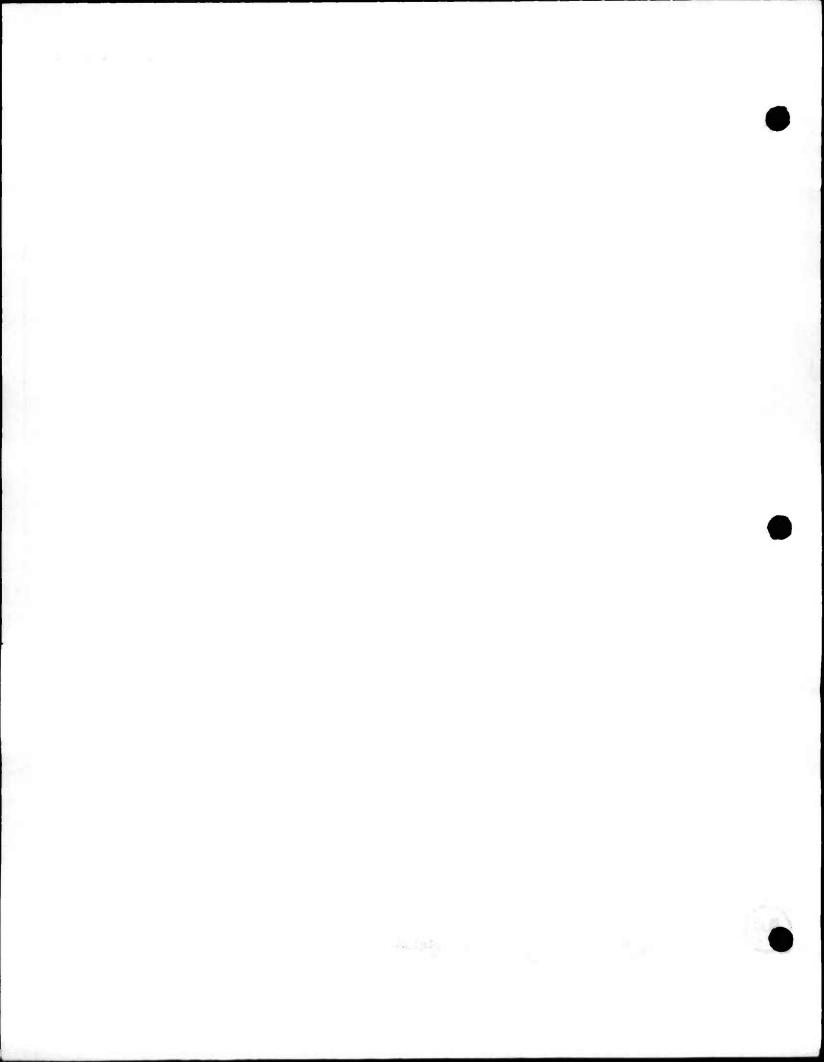
	1 - STATE REGISTRAR	STATE OF MA					DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Mary Isa	abel Van	ice	, =			2. DATE OF I	DEATH	W/	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8						1/	14		91	(/
	213-10-6641	5. SEX 8	AGE (In yrs. lest i	YRS.	IF UNDER 1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	y, Year)	ומ	Countr	IPLACE (State or Foreign y) Lto MJ
- 1	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATION OF DE	ATH		9c. CO	UNTY OF D	
DIRECTOR	Long Green Nurs	ing Home			Bal	tim	ore				City	
S	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OF	LOCAT	ION					10d. INSIDE CITY
	Maryland City Baltin				ltimo	re						LIMITS? 1 X YES 2 NO
₹	10e. STREET AND NUMBER		•			101	ZIP CODE			10g. CI	TIZEN OF V	WHAT COUNTRY?
剪	6109 York Road						21212				II C	
10e. STREET AND NUMBER 6 109 York Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. WAS DECENDENT OF HISPANIC ORIGIN? (Sr. If yes, specify Cubin, Mexicen, Puerto Ricen) 1 YES 2 NO Specify:						or No-	Blac	American Indian, k, White, etc.				
ᇜᅵ	15. DECEDENT'S EOU	CATION	16a, DEC	EDENT'S	USUAL OC	CUPATIO	ON	16b. KIN	ID OF BUS	SINESS/II		
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give	e kind of Do NOT u	work done do se retired.)	uring mo	st of working					
ᆲ	12	0011090 (1-4 01 0 4)	C	lerk	ς .			L.	Gr	ief	Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Midd	le, Maiden	Sumame)		
	Jacob M. Vance	9					Katheri	ine Nic	coll			
B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	(Street a	nd Number or Rural i	Route Number, (City or Tow	n, State, 2	Zip Code)	
임	Dorothy Cromwe	211					d Balti					
	20e. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Rem		20h PLACE A	ND DAT	E DE DISPO	SITION	(Name	DATE	20c. LO	CATION -	- City or To	own, State
	1 Buriei 2 TCremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Green	Mo	in the Ce	met	ery 11/	15/91	Bal	Ltime	ore.	MD -
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	_ ^		22. N	IAME AI	ID ADDRESS OF FA	CILITY Di	ppel	Fin	neral	Home
	+ montin	Din	nah		- 1		Belair F					
	23. PART i. Enter the discesses, or	· V.C.F.	KN Y C	dh Da								
- 1	shock, or haert fellure.	Liat only one ceus	a on each line.	itii. Do	not antar i	una mo	da or dying, suc	n aa cardiac	Di respi	iratory a	irrest,	Approximate interval Betwee
- 1	IMMEDIATE CAUSE (Final disease or condition	6 .		1	_							Onset and Deat
	reaulting in death)	e. Cud-	an an	LIENCE C	NE).							(mmed ot
_		A cut										market
CERTIFICATION	Sequentially list conditions,	DUE TO (C	OR AS A CONSECU	UENCE C)F):							0.4 0.4
¥	if any, leeding to immediate cause. Entar UNDERLYING	Ather	o Selezon									30 yes
윤	CAUSE (Disease or injury that initiated events		OR AS A CONSECU		OF):							1
	resulting in deeth) LAST	4										
		d						-10-1				
CAL	PART II. Other significant condition	_		sulting	in the unc	deriyin	g cause given in		PERFOR	RMED?	Y 248	AWAILABLE PRIOR TO COMPLETION OF CAUSE
	7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2	, , , , , , , , , , , , , , , , , , ,						— ¹¹	YES 2	2 (2 1 40		OF DEATH?
Σ	· ————————							-			- 1	1 YES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL											
3	EXAMINER?	HOSPITAL:	=.vo=s.vc	200	OTHER	l:	LACE OF DEATH (C)					
PHYSICIAN: ME	1 YES 2 NO	1 Inpatient 2					e 5 Residence					
4	1 Natural 5 Pending	26e. DATE OF II (Month, Day	(, Ybar)	26b. TII	JURY M	WC	JURY AT DRK?	28d. DESCRI	IBE HOW I	INJURY C	CCURED	
B	2 Accident Investigation	20- 81 405 05	IN HIPPY AA bar				YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	building, a	INJURY At hon tc. (Specify)	ne, rerm,	street, recto	жу, отпо	•		own, State)		oer or Hursi	Route Number,
Ш	29e. CERTIFIER CERTIFYING PHYS	NCIAN: To the heat of a	nu knowledge 4	dh a			and plane and d	to the serie of	-) and -:	.WIE 2		
COMPLETED	one)											a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE					_	29c. LICENSE NU					O (Month, Day, Year)
96	1 1 1	LD:					P017				11/14	
၉	30 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALLS	F OF DEATH (ITCH	27) (%~	a Print				_		,,,,,	- 1/
	Lee E GRESSE	R mo	7801	4	JRK A	ed	Tarson	my 2	1201	Emf		
	31. DATE FILED (Month, Day, Year)	32. HEGISTRAR	SIGNATING	482	7.0		· ·					
	MOV 19 1991	January.	mon of the									



BALL BALL
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. If
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examin

	1 - STATE REGISTRAR STATE OF MARYLAN		IENT OF HEALTH AN ATE OF DEATH	D MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest)	N CD		2. DATE OF DEATH	DAY YEAR 3. TIME OF DEATH				
	WILLIAM H. VAUGHA			11	14 91	М			
	227-03-7278A 1 × x ² = 5	MON	UNDER 1 YEAR IF UNDER 24 H	N. (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)	n			
	9s. FACILITY NAME (If not institution, give street and number)		. CITY, TOWN OR LOCATION O	112-27-0	7 VA.				
O.B.	300 North Fulton Avenue		Baltimore	City					
DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 10b. COUNTY	10c CITY TO	OWN OR LOCATION		10d, INSIDE CITY				
	MD		TIMORE CITY		LIMITS?				
FUNERAL									
Ä	300 NORTH FULTON AVENUE	NORTH FULTON AVENUE 21213 U.S.A.							
	11. MARNITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U. FORCES? 1 J. YES IF YES, GIVE WAR OR DATE	S. ARMED	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me	xican, Puerto Bican, etc.)	a or No- 14. RACE — American Indian, Black, White, sic.				
D BY	Mildowed 4 Divorced	5	1 TYES 2 NO S	pecify:	Specify: Black				
ш	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of work	done during most of working	16b, KIND OF BU	ISINESS/INDUSTRY	_			
12	Elementery/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use reti			amppr ann				
COMPLET	5th Grade 17. FATHER'S NAME (First, Middle, Last)	BETHI	LEHEM STEEL	NAME (First, Middle, Maiden	STEELSIDE				
5 LII	HOWARD VAUGHAN			JOHNSON	,				
10 B	196. INFORMANT'S NAME (Type/Print) ROBERT L. VAUGHAN	19b. MAILING ADD	PRESS (Street and Number or R	ural Route Number, City or Tow	rn, State, Zip Code) TIMORE, MD.2121	3			
3	20s. METHOD OF DISPOSITION	ACEAND DATE OF DIS							
	A Docation 5 Other (County)	ry, crematory or other p			INGS MILLS, MD.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF		INGO HIBBOTHD:				
CYG	Mmette K.	mes	WM.C. MARC	וו נים טי	Ol E. NORTH AVE				
200	23. PART I. Enter the diseases, or complications that ceused the shock, or heart failure. List only one ceuse on each	e deeth. Do not e	enter the mode of dying,	such es cerdiec or resp	iratory arrest, Approximate	1			
	IMMEDIATE CAUSE (Finel				Interval Betwee				
dill',	resulting in deeth) e	ONSEQUENCE OF	of Colon.						
2 2	Caranina	R. CM	of Glon.						
CERTIFICATION	if any, leading to immediate DUE TO (OR AS A CO	INSEQUENCE OF):				_			
FIG	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CO	INSEQUENCE OF:							
E E	resulting in death) LAST	mocoochoc or j.							
	PART ii. Other significant conditions contributing to death but i	not seculting in th							
CAL	Arheroselliotic Gridionamien Rise		e underlying ceuse given	in Part I. 24s. WAS AN PERFOR					
E G	Chymic Revert Fartine	C / C C		1 _ YES 2	XX NO OF DEATH?	-			
PHYSICIAN: MED					1 TYES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	LOT	26. PLACE OF DEATH	(Check only one)					
14S	1 VES 2 NO 1 Inpatient 2 ER/Outpatie 27. MANNER OF DEATH 266. DATE OF INJURY	nt 3 🗆 DOA 4 🗆	Nursing Home SCXResiden						
6	1 2 Natural 5 Pending (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURED				
D BY	3 Suicide 6 Could not be 28e. PLACE OF INJURY —	At home, ferm, street,		281. LOCATION (Street	and Number or Rural Route Number,	\dashv			
ETE	4 Homicide determined			City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledg	s, death occurred at	the time, date end piecs, and	due to the ceuse(s) and mar	mer ee stated.				
S	2 MEDICAL EXAMINER: On the basis of examination en	d/or investigation, in	my opinion, death occured at	the time, date and place, an	d due to the ceuse(s) and manner as stated	1.			
8	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE	NUMBER	29d. DATE SIGNED (Month, Day, Year)	コ			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Tuna Drine)	D15		▶ 11-15-91	_			
	Anthony L. Imbembo, MD 22 SOu	th Green	e Street Ba	ltimore, MD	21201				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU	RE				\dashv			
	NOV 1 9 1991 Julia Davidson	Randelle.			·				
					OHMH-16 Rev	1/90			

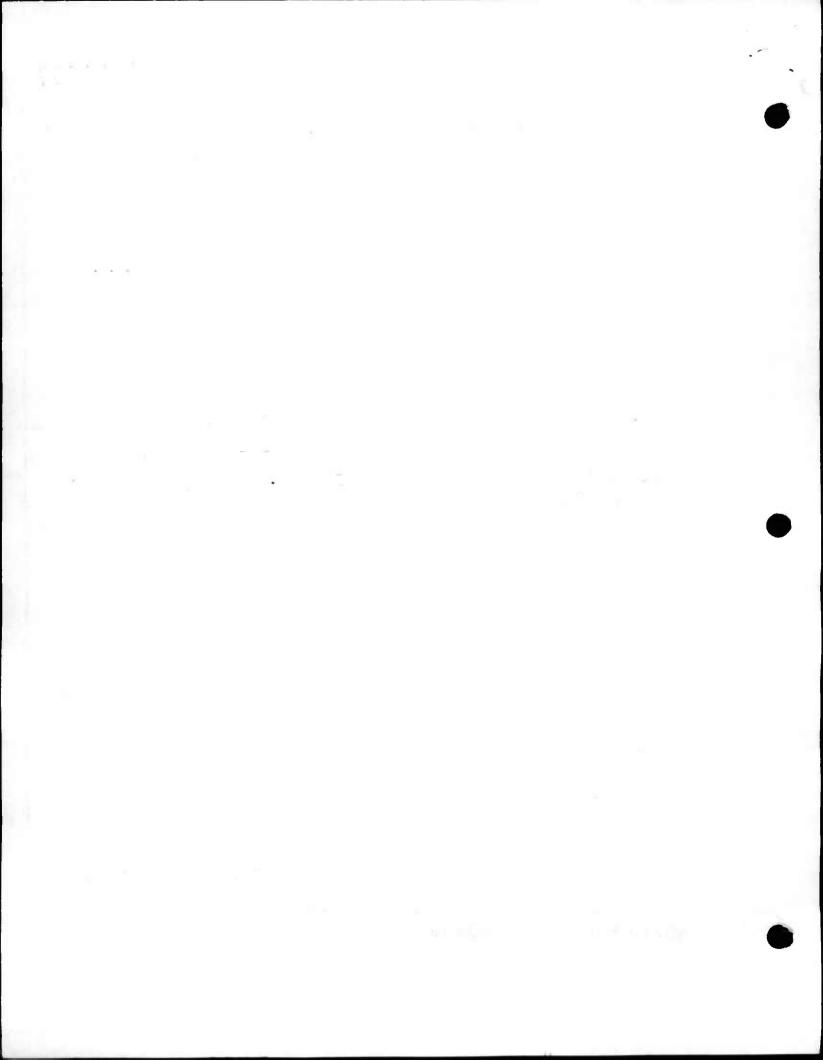




DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
etely filled in by the funeral director, page 5 should be detached for
be med whithin 12 hours are breath and some cept. On result and wellight hours controlled to remain and mental hours of the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I			RTMENT OF			MENTAL HYGIEN REG. NO		1 31687
	1. DECEDENT'S NAME (First, Middle, Lagge)							2. DATE OF DEATH MONTH D		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER				VILLEY,	1		11 17		1 10,001 M
	213-07-5107	5. SEX	6. AGE (In yrs.	lest birthday) YRS.	MONTHS DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give stre		81	Tho,	9b. CITY, TOWN	OR LOCATI	ON OF OF	06/04/1		WARY LAND
DIRECTOR	CHURCH HOSPITA	L CORP	ORATI	ON	BALT				Sc. COON	IY OF DEATH
EC	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION				10d. INSIDE CITY
	MARYLAND BA	LTIMORE					NDALK			1 YES 2 XXO
FUNERAL	6848 DUNBAR ROAD				[]	DI. ZIP COD	€ 21 2 2 2		10g. CITIZI	U.S.A.
1 2	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. WAS DE	CENDENT (OF HISPAN	C ORIGIN? (Specify Yes	or No — 1	14. RACE — American Indian, Black, White, etc.
BY	1 Never Merried 2 Amerried 3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES	AINO	1 T Yes, 1	s XX NO	Specify:	, Puerto Ricen, etc.)		Soucity:
ED	15. DECEDENT'S EDUCA	ATION	150	DECEDENTS	USUAL OCCUPAT	ION		405 400 05 00	1	WHITE
15	(Specify only highest grade co	College (1-4 or 5		(Give kind of life. Do NOT us	work done during n	ost of worki	ng	16b. KIND OF BU	SINESS/INDU	STRY
COMPLET	1 OTH GRADE	N/A		RECC	RDER			BETHLEH	EM STE	EL CORP
8	17. FATHER'S NAME (First, Middle, Last)					18. MOT		IE (First, Middle, Maiden		
HE	ISHMAEL WILLEY				-			MMA HURLE!		
2	190. INFORMANT'S NAME (Type/Print) ANNA M. WILLEY							oute Number, City or Tow		
					SLOBE CO		В	EL AIR, M		
	20e. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State	cemetery.	TOP or S	ERVICE	CORP	11-	DATE 20c. LO	CATION — CI THIS MAI	MARY LAND
	21. SIGNATURE OF FUNITIFIC SERVICE LICE	NSEE)	1,11222	3701	22. NAME	ND ADDRE	SS OF FAC	RAL HOME (7W301V,	WARY LAND
	19411				7000	WISE	FUNE			
	23. PART I. Enter the diseases, pr co	mplications tha	t caused the	death. Do r	not enter the m	ode of dy	Ing, such	sa cardiac or respi	DALK N	1D 21222 at, Approximate
	IMMEDIATE CAUSE (Final	DUE TO	ae Dn each II	ne.	1	1				Interval Between Onsst and Death
					//	111-				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	Carcle DUE TO	(OR AS A CONS	SEQUENCE OF	JFN M	nes				
FIG.	cause. Enter UNDERLYING CAUSE (Disesse Dr injury	LOVO, DUE TO	Mary	ar	Tery C	1150	ase			
F	that initisted eventa resulting in desth) LAST	DOE TO	(OH AS A CONS	EUUENCE OI	r): /					
8	d.									
N N	PART II. Other significant conditions MMML Aug.	contributing to	death but no	t reaulting	n the underlying	g cause o	given in P	art i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	form ay	>1007:00	7807)					1 YES 2	NO	OF DEATH?
								- '		1 - YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL				28, F	LACE OF D	EATH /Chec	ck palv one)		
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:			Other (Specify)		
РНҮ	27. MANNER OF DEATH	28s. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c. IN	JURY AT		26d. DESCRIBE HOW II	NJURY OCCU	PRED
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2	NO			
8	3 Suicida 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At I etc. (Specify)	home, term, s	streat, factory, offi			281. LOCATION (Street a City or Town, State)	and Number or	r Rural Route Number,
COMPLET	29e. CERTIFIER (Check only	AN: To the best of	my knowledge.	death occurre	d at the time, det	and place	and due to	o the ceuse(e) end man		
NO N	one) MEDICAL EXAMINER:	On the basis of s	camination end/o	r Investigatio	n, in my opinion,	death occur	ed at the ti	me, dete and place, en	d due to the	cause(e) end manner ee stated.
u II	296. SIGNATURE AND TALE OF CERTIFIER	1 1-	and I				NSE NUME			SIGNED (Month Day, Year)
5 B	/M Mount	y M				D	185	87	> //	10/91
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (IT			0.0		2 /2 -		' / / / /
	100 M. CHOA	awa	3 /		B. 1.	ND		21231	1	
	NOV 1 0 1991 4	Javydsor	A SIGNATURE	2						



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNCTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after the State Deut. of Health and Mental Hydiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral management of the following after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	

	1 - STATE OF MA		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) HOWART	L WIL	LAMS	2. DATE OF DEATH MONTH	GEAR 1039 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. 1 M 2 - F		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTY (Month) Day, War)	8. BIRTHPLACE (State or Foreign Country)
OR	So. FACILITY NAME (If not institution, give street and pumber) CHURCH HOME HOSP,		BALTO, Made	DEATH 9c. CO	UNTY OF DEATH
DIRECTOR	10a, STATE 10b, COUNTY	10c. CITY,	TOWN OR LOCATION CITY	/	10d. INSIDE CITY LIMITS? 1 Y YES 2 NO
FUNERAL	1922 E. Farment	Are.	101. ZIP CODE 2/23	10g. Cr	TIZEN OF WHAT COUNTRY?
B	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 WNO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic 1 YES 2 NO Specific No. Sp		14. RACE — American Indien, Black, White, atc. Specify: BLACK
ETED.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	18b. KIND OF BUSINESS/II	NDUSTRY
COMPLETED	10TH 17. FATHER'S NAME (First, Middle, Last)	UNEMPLO		IAME (First, Middle, Maiden Surname)	
TO BE	BERNARD L. WILLIAMS, SR.		DDRESS (Street end Number or Rure	Y YOUNG I Route Number, City or Town, State, 2	
	AUDREY WILLIAMS 209. METHOD OF DISPOSITION	1922 E		E./BALTIMORE, N	1D 21231 - City or Town, State
20 100	1 Burial 2 Cremation 3 Removal from Stata 4 Donatton 6 Other (Specify)	of cemetary, crematory of BALTIMORE		BALTIMO	
a year	21. SIGNATURE OF FUNERAL STRVICE LICENSEE	James	LIM C MADCH E	-ACILITY .H./1101 E. NOR	TIL AVENUE
100000000000000000000000000000000000000	23. PART I. Enter the diseases, or complications that of shock, or heart failure. List only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.			
RTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	R AS A CONSEQUENCE OF	tation		
OICAL	PART II. Other significant conditions contributing to de	eath/but not resulting in	the underlying cause given i	n Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 • YES 2 • NO 1 Input lent 2 • It Input lent 2 • It Input lent 2 • It It It It It It It It		26. PLACE OF DEATH (1) OTHER: 4 □ Nursing Home 5 □ Residence		
Y PHY	27. MANNER OF DEATH 28s. DATE OF IN (Month, Day,	JURY 28b. TIME		28d. DESCRIBE HOW INJURY O	OCCURED
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined 26e. PLACE OF building, etc.	NJURY — At home, ferm, st c. (Specify)	reet, factory, office	281. LOCATION (Street and Numb City or Town, State)	ber or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2				
B Z	200. BIGNATURE AND TITLE OF CENTIFIER /	ND	29c. LICENSE N		ATE SUCKED (Morry, Day, Mar)
٩	30. NAME AND ABORESS OF PERSON WHO CONDUCTED CAUSE	OF DEATH (ITEM 27) (7504)	N. BROADOUS	NY ST.	1



No.

	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	2,	
	es 1	
	200	
	E.	
	E Be	
Ē.	ansi	
SICIS	ial-tı	
E	Da .	
	s the	
dile	99	
5	n io	
אוועל	ed f	
2	tach	900
	e de	5
2	P	7
100	Sho	111
8	e 5	è
da	, pa	the ba
	ector	W.
No.	dir	100
dill's	nera	me
5	Pe fe	A
	by t	Ira
Š	o in	- W
-	fille ion,	94
	errat	-
	f, cr	RVA
	nd co	tic
	an a	E
	ysici	tra
	g ph iene	thei
	Hyg	0 10
	afte	7
	d Me	ini
	ed by	AUN
	signi Healt	S
	of	Sho
	Dept.	23
מינים ביי	is certificate has been signed by the attending physician and ith the State Dept, of Health and Mental Hygiene prior to bi	ed, or item 23 shows any injury, or other traumatic event the medical examinar must be notified at once
	he St	1 JO
	is ce	P.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL OIRECTOR: After this certificate has been signed by the aftending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creman IMPORTANT: If item 28 is marke

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First,	Middle I set)			<u> </u>	TOATE	01	DLA		HEG.				
	BENNIE 4. SOCIAL SECURITY NUMBI	W	ILSON,	SR.	rs. last birthday)	T				2. DATE OF DEATH	DAY 16-	91	3. TIME OF DEATH	
	237-16-5	031	1 X M 2 🗆 F	8. AGE (IN YI	YRS.	MONTHS .	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year 5-20-		8. BIRTI Count	HPLACE (State or Foreign	
OR	90. FACILITY NAME (N not ins	HOSPI			*			MORE		ATH		UNTY OF C	DEATH	
[[RESIDENCE OF DEC	10b, COUNT			Town 4									
DIRECTOR	MD	TOB. COOK!	*			TY, TOWN OF		TION					10d, INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1008 W. BALT	IMORE	STREET				101	f. ZIP COD 21	223		10g. Cl	U.S.	A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 X 1 3 Wildowed 4 Divon	Merried ced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	VNO	11	yes, sp	CENDENT C Hecity Cube 2 X NO	n, Maxican	IC ORIGIN? (Specify 1, Puerto Ricen, etc.)	Yes or No-	s or No.— 14. RACE — American Indian, Black, White, atc. Specify: BLACK		
	15, DECE (Specify only	DENT'S EDU	CATION	160	OECEDENT'S	USUAL OC	UPATIO	ON		16b, KIND OF	USINESS/IN	DUSTRY	BEITOIT	
COMPLETED	Elementary/Secondary (0-6TH	12)	College (1-4 or 5 +	,	(Give kind of life. Do NOT (SANITAT	work done du ise retired.)	ring mo	ost of working	ng	BALTI				
BE CO	17. FATNER'S NAME (First, Mic FRED WILSON							16. MOT	NER'S NAM	ME (First, Middle, Meio WILLIAMS	en Surname)			
TO B	190. INFORMANT'S NAME (Ty) ELOISE WILK									oute Number, City or isterst			21136	
	20a. METNOD OF DISPOSITION 1 M Burial 2 Cremation 4 Donation 5 Other (-	3 Bem	oval from Stata		CE AND DATE	OF DISPOSIT	ION (Na	ame of		DATE 20c.	NDALL	- City or To	wn, Stata	
0.0	21. SIGNATURE OF FUNERAL		CENSEE		G TILITO			ND ADDRE	SS OF FAC		MUALL	JIOW	ואין ויוט	
	· Ky	net	to X	Son	res	WM	.С.	MARC	H F.H	H./1101 E			VENUE	
	23. PART I. Enter the dis	eases, or o	complications that List only one cau	caused the	dsath. Do	not sntsr ti	ns mo	ds of dy	ng, auch	as cardiac or re	piratory ar	rest,	Approximata	
	IMMEDIATE CAUSE (Fina		List only one cau	ae on each	mis.								intsrvai Bstwesn Onset and Death	
	disease or condition resulting in death)	→	PNGUI	noTH	DEAX								15 m	
	,		DUE TO	(OR AS A CO	NSEQUENCE O	F):							1) ////	
Z	Sequentially list condition		b. Imm	OBICI	NSEQUENCE O								1 month	
Ĕ	if any, isading to immedi	lats												
CERTIFICATION	cause. Enter UNDERLYIN CAUSE (Disease or Injury		c PROS	TATE	CAT	NIEL	-						5 yrs	
Ē	that initiated events resulting in death) LAST		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
			d,											
	PART ii. Other significen	t condition	s contributing to	dsath but n	ot resulting	in the und	srivino	CSUSE C	Iven in P	Part I 24n WAS	AN AUTOPSY	1 246	WERE AUTOPSY FINDINGS	
MEDICAL	HYPER					-	,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DRMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	11/12/									1 YES	2 NO		DF DEATH?	
_ 11										- 1	•		1 TES 2 PNO	
NA N	25. WAS CASE REFERRED TO	MEDICAL					26 01	ACE OF D	TATAL (Ob.					
Sic	EXAMINER?		HOSPITAL:	F0/0-4		OTHER:				ck only one)				
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF		28b. TIN	7		e 5 ∐ Re URY AT	-	Other (Specify)				
ВУР	Natural 5 Pr	ending vestigation	(Month, Da	ly, Ybar)		IURY	WOI	RK7 'ES 2		28d. DEŞCRIBE NOV	INJUNY OC	CUHED		
8		ould not be stermined	28a. PLACE OF building, o	INJURY — A etc. (Specify)	t home, farm,	street, factor	, offica			281. LOCATION (Street City or Town, Sta	t and Number	r or Rural A	oute Number,	
7 1	29e. CERTIFIER (Check only	YING PNYSK	CIAN: To the best of I	my knowledge	daeth occurr	ed at the line	- data	and also						
COMPLET	one) 2 MEDIC	AL EXAMINE	R: On the besis of ex	emination and	/or investigation	n, in my opi	nion, de	and place,	and due to	o ine cause(s) and it me, data and placa,	anner as sta and dua to ti	ted. ha cause(s)	and manner as stated,	
BE	296. SIGNATURE AND TITLE O	F CERTIFIER	1	n:			I	29c. LICE	NSE NUMB	BER	29d. DAT	E SIGNED	(Month, Day, Year)	
10	Davil	Ku	masal	lec -In	Jen 1	Unsic	A	,			•	11/1	6/91	
-	30. NAME AND ADDRESS OF	PERSON WHO				Print)						11		
	DAVID K	VMAS	AKA	7.2	s. G	REON	E	57	P	ALD MO	R=	MO	21201	
	31. DATE EILED (Month Day, Ye	ner)	32. RECEIPTED Sands	S SIGNATUR	400-					/1 -1 //		1-1-1	-1001	
	1 NYW 10 99	19/1	1 Har war do	01-11-10										



PF 1 FOR A FOR SK

1 0 2

66

- Harrison

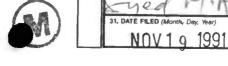
(%)

	Į,
	0
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OCCITAL OD ATTEMBAIC DEVOLUTAR. The fram requires that the double confidence by
7	3
8	-
9	-
\tilde{a}	1
\approx	4
ш	000
o.	9190
~	2
ц.	4
Ś	40
	4
α	4
0	4
C	000
ш	100
Œ	-
_	-
⋖	Pod
	1
>	AA
LL,	SIS
0	3
7	0
<u> </u>	INIC
\simeq	5
<u>S</u>	Ë
>	A
<u></u>	S
_	74.1
	LIG
	č

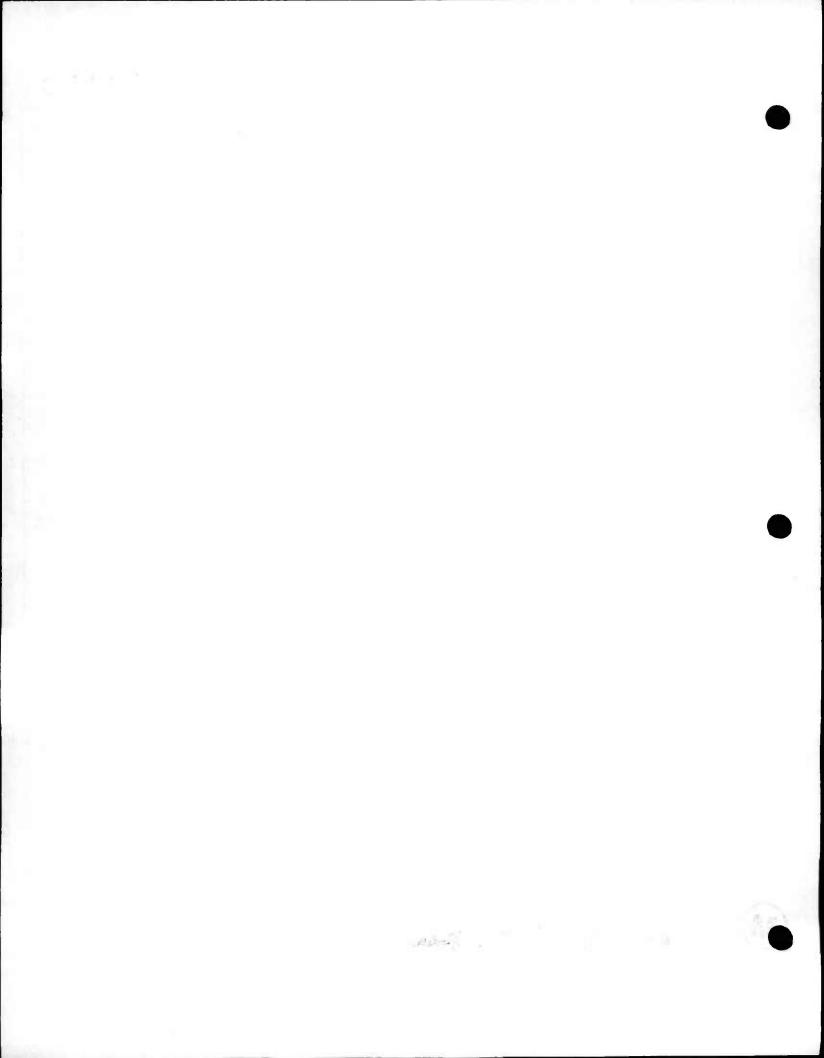
	THE COURT OF THE C
	DITE TOWNS ALL OF THE WAY OF THE ALEMOND AND ALL OF THE WAY THE ALEMOND AND AND ALL OF THE WAY THE TOWN AND A STATE OF THE DESCRIPTION OF THE DESC
THE TOWERSH, CHRISTON, AND THIS CHAINCARE HIS DEED SIGNED BY THE ALERTON FROM THE TOWERSH CHECKED, PAGE 5 Should be detached for use as the burial-transit permit. Page	be filed within 72 hours after death with the State Lieft. Of Health and Mental Hydrine prior to bunal, cremation, or removal.
TO THE CONTROLLY AND THE TITLE OF STATE OF STATE DEPT. OF HEATTH AND MENTAL HYSIONED PRINCIPLY FOR COMPRESSY THE NUMBER OF THE STATE DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT. OF HEATTH AND MENTAL HYSIONE PRIOR DEPT.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE	OF DEATH	REG. NO	D			
1	ANNIE S	. WRIGH	т			2. DATE OF DEATH MONTH	DAY 10	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde	y) IF UNDER t	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
ı	213-16-3378	1 - M 2 3 F	77 YRS	MONTHS	DAYS HOURS MIH.	(Month, Day, Year) 6-5-1914	- 1	Country) GREFNVILLE, CO.		
	9a. FACILITY NAME (If not institution, give s	street and number)			TOWN OR LOCATION OF		_	TY OF DEATH		
	LIBERTY MEDICAL									
	10a. STATE 10b. COUNT	Υ	10c. C	CITY, TOWN OF	TY, TOWN OR LOCATION					
1	MD.			BAL	TIMORE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	10e, STREET AND NUMBER			DAL	10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
ı	3800 WEST BELVED			21215			USA.			
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 XNO Spec	can, Puarto Rican, atc.)	s or No 1	4. RACE — American Indian, Black, Whita, etc. Scooth BLACK		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CUPATION working most of working	16b. KIND OF BU	JSINESS/INDU	STRY					
	HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) WAVERLY SUMLER HOUSEWIFE 18. MOTHER'S NAME (First, Middle, Meiden Sumame) MARY I CREENUAY									
1	WAVERLY SUMLER MARY J. GREENWAY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
۱	LEWIS WILSON WRI	GHT								
ľ	20e. METHOD OF DISPOSITION		20b. PLACE AND DAT		BELVEDERE .			ty or Town, State		
	1 Donation 5 Other (Specify)	oval from Stata	cemetary, crematory of	r other place)	CEMETERY			A, VIRGINIA		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	tannicai A	22. N/	AME AND ADDRESS OF F	ACILITY				
ı	- Charle	- 15m	ن ا		SEPH H. BRO			OME, P.A. 223, P.O. BOX 443		
71										
	23. PART I. Enter the disesses, or o	Complications that caus	sed tha death. Do	not entar ti	ha moda of dying, su	ch as cardiac or reap	iretory arres	it, Approximata		
	IMMEDIATE CAUSE (Final	complications that caus List only one cause on	sed tha death. Do aach lina.	not entar ti	ha moda of dying, su	ch as cardiac or reap	iretory arres	st, Approximata interval Betwa Onsat and Das		
	anock, or near tallure.	EDMPIIcationa that caus List only one cause on a.	sed tha death. Do	not entar ti	ha moda of dying, su	ch as cardiac or reap	iretory arres	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition	a.	sed the death. Do n each line.	not entar ti	ha moda of dying, su	ch as cardiac or reap	iretory arres	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions,	a. DUE TO (OR A)	CONSEQUENCE	o not entar ti	ha moda of dying, su	ch as cardiac or reap	iretory arres	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR A)	PSS	o not entar ti	ha moda of dying, su	ch as cardiac or reap	iretory arres	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS	CONSEQUENCE	OF):	ha moda of dying, su	ch as cardiac pr reap	liretory arres	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR AS	S A CONSEQUENCE	OF):	ha moda of dying, su	ch as cardiac or reap	liretory arres	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE	OF): OF):	ha moda of dying, su	ch as cardiac pr reap	iretory arres	st, Approximata interval Betwa Onsat and Das		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE	OF): OF):	ha moda of dying, su	ch as cardiac pr reap	AUTOPSY RMED?	at, Approximata interval Betwa: Onsat and Das Onsat and Das AMILABLE PRIOR TO		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE	OF): OF):	ha moda of dying, su	ch as cardiac pr reap	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE	OF): OF):	ha moda of dying, su	ch as cardiac pr reap	AUTOPSY RMED?	Approximata interval Betwa: Onset and Das On		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE	OF): OF): g in the under	ha moda of dying, su	oh as cardiac pr reap	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
}	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE S A CONSEQUENCE D but not resulting	OF): OF): OF): OTHER:	ha moda of dying, su	oh as cardiac pr reap Part I. 24a, WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH	a. DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) C. DUE TO (OR A)	S A CONSEQUENCE S A CONSEQUENCE D but not resulting	OF): OF): OF): OTHER: 4 Nursin	erlying cause given in	oh as cardiac pr reap Part I. 24a, WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 3 NO 27. MANNER OF DEATH Netural 5 Pending Investigation	a. DUE TO (OR AS DU	S A CONSEQUENCE B A CONSEQUENCE B but not resulting utpatient 3 DOA Y 28b. Ti	OF): OF): OF): OF): OTHER: 4 Nursin IME OF 21 NJURY M	erlying cause given in 28. PLACE OF DEATH (C) g Home 5 Residence Sc. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Netural 5 Pending	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE S A CONSEQUENCE D but not resulting utpetient 3 DOA Y 28b. Ti ff RY — At home, term	OF): OF): OF): OF): OTHER: 4 Nursin IME OF 21 NJURY M	erlying cause given in 28. PLACE OF DEATH (C) g Home 5 Residence Sc. INJURY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY MED? NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

32. REGISTRAR'S SIGNATURE



DHMH-18 Rev 1/89



0
9
~
68
Ó
BOX
0
~
ш
0
α.
•
S
0
Œ
0
\sim
O
ш
出
-
d
-
=
-
LL.
$\overline{}$
0
7
_
0
SE
S
>
Div

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG NO

	1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGIEN		01001										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH										
	ANNA, WI					11 17												
	4. SOCIAL SECURITY NUMBER		yrs. lesi birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BI	RTHPLACE (State or Foreign puntry)										
	220-22-5423 9e. FACILITY NAME (If not institution, give	1 D M 2 R F 62	YRS.	3,1,1,0,0		1-30-192	29	Maryland										
œ	THE JOHNS HOPK				R LOCATION OF DE	ATH	9c. COUNTY C											
DIRECTOR	RESIDENCE OF DECEDENT	THO HOSTITAL		BALTIMO	ORE CITY		BALTI	MORE -										
1	10s. STATE 10s. COUNT	100.0						tod. INSIDE CITY LIMITS?										
	Md	Da					1. YES 2 NO											
FUNERAL					ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?										
N.	4623 Asbury A							S.A.										
	1 Never Merried 2 Merried	FORCES? 1 YES	ANO	If yes, spe	city Cuban, Maxicer	IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	8	ACE — American Indien, leck, While, atc.										
ВУ	3 Widowed 4 Divorced	The state of the s		1 🗍 YES	2 X NO Specify		S	White										
COMPLETED	15. DECEDENT'S EDI (Specify only highes) grad	JCATION 15 completed)	Sa. DECEDENT'S U	USUAL OCCUPATION ork done during most retired.)	N I of working	16b. KIND OF BUS	SINESS/INDUSTR											
Ä	Elementary/Secondery (0-12)	College (1-4 or 5+)																
ME	17. FATHER'S NAME (First, Middle, Lest)		Machi	ne Ope				t Products										
	John C. Gossn	nan				ME (First, Middle, Maiden	,											
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street on		I. Meek												
196. INFORMANT'S NAME (Type/Print) Mr. George J. Weaver, Jr. 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12 Parham Cir.Apt.TC Balto., Md. 2:																		
20e. METHOD OF DISPOSITION TO Burlel 2 Cremetton 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of commetery, cremetory or other place) Gardens Of Faith Cemetery Balto. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harford Rd. Balto., Md.212																		
											23. PART . Enter the diseasea, or	complicatione that caused the List only one cause on each	ne deeth. Do no	ot enter the mod	e of dying, such	es cerdiec or respir	retory erreat,	Approximete
											IMMEDIATE CAUSE (Finsi							intervel Between Onset and Death
											diseese or condition reaulting in death)	a. LIVET CITY DUE TO (OR AS A CO	nhosis					IVE.
NO N	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): 1/1/1.																	
CERTIFICATION	cause. Enter UNDERLYING Bleeding Esophageal / 32164																	
ΙĔΙ	CAUSE (Diseese or injury that initieted eventa	DUE TO (OR AS A CO	ONSEQUENCE OF	: 7	raice	7		1/yk										
	resulting in deeth) LAST	d																
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS																	
CAL	Urinary Iran	+ Intertion	,	,,,,,	g	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE										
MEDI						1 YES 2	□ NO	OF DEATH?										
2						_		I YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF DEATH (Che	ck only one)												
Sic	1 TES 2 NO	HOSPITAL: 1 Inpatiant 2 - ER/Outpatia		OTHER: 4 - Nursing Home	5 Residence 5	3 Other (Specify)												
E	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJU	RY AT K?	28d. DESCRIBE HOW IN	JURY OCCURED											
à	1 Natural 5 Pending 2 Accident Investigation	11-17-91	2:50		S 2 NO NO													
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, atr	reet, fectory, office		28f. LOCATION (Street at City or Town, State)	nd Number or Rui	al Route Number,										
COMPLET	(Check only CERTIFYING PHYS	SICIAN: To the beet of my knowledge	e, death occurred	at the time, date e	nd place, end due t	to the cause(s) end man	ner ea stated.											
		ER: On the basis of axamination ar	nd/or investigation.	, in my opinion, de	ath occured at the t	lme, date end place, end	due to the ceus	e(e) end manner se stated.										
B	29b. SIGNATURE AND TITLE OF CERTIFIE	P. C. A.A.	un T	700-	29c. LICENSE NUM	BER	29d. DATE SIGN	ED (Month, Day, Year)										
임	30. NAME AND ADDRESS OF RERSON W	10 COMPLETED CAUSE OF DEATA	(ITEM 27) / None 5	T / Z 3			- 11-1	1-41										
Killy J. Carson HD J7925 30. NAME AND ADDRESS OF REPSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Kelly L. CARSON MD Tower 110 JHH BALTIMORE 31. DATE FILED (Monin, Day, Your) NOV19 1991 Juna Navidson Andree								40										
	NOV 19 1991	Juna Davidon	Jandall															



Strang section by

TO THE HOSPIT TO THE FUNER De filed within 7

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Thurs after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If Ham 28 le marked on Ham 22 chause any infinity of other troumatic essent the madical examines much he availabled at any
after death. Page 6	by the funeral direct amoval.	Ilan avaminar m
d within 24 fillurs	ompletely filled in I, cremation, or re	been the mad
rtificate be execute	ig physician and co	offer transfir
that the death ce	ed by the attendin th and Mental Hyg	any infinity or a
: The law requires	ate has been sign tate Dept. of Heal	tem 23 chowe
JING PHYSICIAN	After this certific	marked or
TAL OR ATTEND	3AL DIRECTOR: , 72 hours after d	If Harn 28 le
-	u	

							91	3	1692
	1 - FOR STATE REGISTRAR	OF MARYL		TMENT OF I		MENTAL HYGIEN	lE .		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	AY Y	3. TI	ME OF DEATH
	GERTRUDE E			ISMAN		17 17	199	5:	15 P
	4. SOCIAL SECURITY NUMBER 5. SEX 220−12−5326 1 □ M 2	₩ F	(In yrs. lest birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 7-10-19		BIRTNPLAC Country) Mary]	E (State or Foreign and
-	9a. FACILITY NAME (If not institution, give street and numi		9b. CITY, TOWN	OR LOCATION OF DE	ATH	_	Y OF DEATH		
5	ST AGNES HOSPI		BALTI	MORE CI	TY				
S S	10a. STATE 10b. COUNTY			Y, TOWN OR LOCA	TION			Loa	INSIDE CITY
L DIRECTOR	Penns. Stewartstown			Stewartstown					
FUNERAL				10	f. ZIP CODE			N OF WNAT	
¥	135 West Carbr	LAGE K		10 400 050	17363			S.A.	
	1 Never Married 2 Married FORCES	7 1 YES	2 NO	If yes, sp	ecify Cuban, Mexical		8 or No— 14	Black, Whit	nerican Indian, e, etc.
ВУ	3√Widowed 4 □ Divorced	GIVE WAY ON D	ALES	T U YES	2 XNO Specify			Specify:	Thite
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUS		
	Elementary/Secondary (0-12) College (1-	4 or 5+)	Mre. Do NOT us	work done during mose retired.) naker	ost of working	,	Tomo		
MP	6th		Homei	naker		1	Home		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	AE (First, Middle, Maiden	Surname)		
BE	Richard Hashagen				Blanc	he Schul	Ltz		
0	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow		ode)	
-	Mr. Ronald A. Weisr	nan	6667	Atho1	Ave. El	kridge,N	4d. 2	1227	
20a. METNOD OF DISPOSITION 1 Date 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, crematory or other piece) DATE 20c. LOCATION — City or Town, scametery, crematory or other piece)								y or Town, Si	ate
	4 Donation 5 Other (Specify)		arkwood	Cemet	ery		Balto	D., N	ld.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ND ADDRESS OF FAC				
	Jody & IVI	KIM				ller Fur			
	23. PART Enter the disesses, or complication shock, or heart failure. List only or IMMEDIATE CAUSE (Final disesse or condition resulting in dasth)	-levio	ach lina.	re Ce		Ruly	_	1	Approximsta Interval Between Onsat and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algnificant conditions contributi	ng to death b	ut not reaulting i	n tha underlyin	g cause given in i	Part I. 24s. WAS AN	AUTOPSY	24b. WERE	AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFOR		COMP	ABLE PRIOR TO LETION OF CAUSE
	©					_ 1.0.00 /		OF DE	ATN? YES 2 NO
ż									
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? LOS DITAL. 28. PLACE OF DEATH (Check only one)								
S	EXAMINER? 1 OTHER: 1 Inpatient X X ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify)								
표	27. MANNER OF DEATN 28a, DA	TE OF INJURY	28b. TIMI	E OF 28c. INJ	URY AT	28d. DEŞCRIBE NOW I	NJURY OCCUR	ED	
ВУ	1 IX Natural 5 Pending				rES 2 NO				
	3 Suicide 8 Could not be					28t. LOCATION (Street I	and Number or I	Rural Route N	umber,
	4 Nomicide detarmined					City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the t	est of my knowl	ledge, death occurre	d at the time, date	and place, and due t	o the cause(s) and man	mer se stated.		
O	MEDICAL EXAMINER: On the bas	a of examination	n and/or investigation	n, in my opinion, d	eath occured at the t	lme, date and placa, an	d dua to the ca	suse(s) and n	nanner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	1		29c. LICENSE NUM		29d. DATE SI		
9E	(Mart, 28	2 AM			OCM		290. DATE SI	18	1991
일	10. HAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEA	ATN (ITEM 27) (Type,	Print)	0011	~			
2 1 2 0									
	JARON WOLFE.	1110) 11	1 PENN	STREET	BALTIM	ORE M		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Jean Mackall 206. NETHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name 206. PLACE AND DATE OF DISPOSITION (Name 206. PLACE AND DATE OF DISPOSITION (Name 207. PLACE AND DATE OF DISPOSITION (Name 208. PLACE AND DATE OF DISPOSITION (Name 209. PLACE AND DATE OF DISPOSITION (Name 209. PLACE AND DATE OF DISPOSITION (Name 200. LOCATION — City or Town, Stella 200. LOCATION — City or Town, Stella 201. LOCATION — City or Town, Stella 202. LOCATION — City or Town, Stella 203. LOCATION — City or Town, Stella 204. LOCATION — City or Town, Stella 205. LOCATION — City or Town, Stella 206. LOCATION — City or Town, Stella 206. LOCATION — City or Town, Stella 207. LOCATION — City or Town, Stella 207. LOCATION — City or Town, Stella 208. LOCATION — City or Town, Stella 208. LOCATION — City or Town, Stella 208. LOCATION — City or Town, Stella 209. LOCATION — City or Town, Stella 209. LOCATION — City or Town, Stella 200. LOCATION — City or Town, Stella 200. LOCATION — City or Town, Stella 209. LOCATION — City or Town, Stella 200. LOCATION — City or Town, Stella 206. LOCATION — City or Town, Stella 207. LOCATION — City or Town, Stella 207. Location — City or Town, Stella 208. Location — City or Town, Stella 208. Location — City or Town, Stella 208. Location — City or Town, Stella 208. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella 209. Location — City or Town, Stella		FOR 1 - STATE REGISTRAR	STATE OF A	MARYLAND /		RTMENT				MENTAI	L HYGIENI REG. NO.	91	3	1693
THE STATE OF DESCRIPTION OF DESCRIPTION AND IT OF RESERVE DESCRIPTION OF DESCRIPT		Marie		Son				MONT	MONTH DAY YEAR			600 AM		
Tiberty Medical Center Baltimore 106. GIVITY Md. 106. CITY, TOWN OR LOCATION Baltimore 107. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 108. STREET AND NUMBER 109. STREET AND NUMBER 1109. STREET AND NUMER 1109. STREET AND NUMBER 1109. STREET AND NUMBER 1109. STREE								-	24 HRS.	7. DATE (Monti	of BIRTH	7	Country)	CE (State or Foreign
1	PO BO	Liberty Medica	Medical Center							ATH		9c. COUNTY	OF DEATH	1
1	DIRECT	10a. STATE 10b. COUNTY	JNTY 10c. C				altimore							LIMITS?
1	ERAL						101. ZIP CODE 21217					10g. CITIZEN	OF WHAT	COUNTRY?
Thomas Mackall 19a. INFORMANTS NAME (TypePrint) Jean Mackall 20b. MAILING ADDRESS (Street and Number of Rural Route Number, City of Rows, State 2 Condition - City of Town, State 1615 W. Lafayette Ave. Ball to 2 Condition - City of Town, State 2 Condition - City of Town, Stat	B	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🕅 NO			If yes, specify Cuban, Maxican, Puarto								
Thomas Mackall 196. INFORMANTS NAME (Type-Print) Jean Mackall 206. PLACE AND DATE OF DISPOSITION A Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. PLACE AND DATE OF DISPOSITION (Name ADDRESS OF FACILITY (Name ADDRESS OF FAC	PLETED	(Specify only highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give kind of v				work done during most of working se retired.)					USINESS/INDUSTRY		
Jean Mackall Je	E CON	17. FATHER'S NAME (First, Middle, Leet) Thomas Mackall 18. MOTHER'S NAME (First, Middle, Meiden Surmame) Rachel Chase												
21. SIGNATURE OF FUNERAL SERVICE LICINITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. No. 1 27. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS		Jean Macharr												
21. SIGNATURE OF FUNERAL SERVICE LICENSIA 22. NAME AND ADDRESS OF FACILITY Wallace Funeral Service I. Md. 22. Part I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, interval Be interval Be interval Be consecuting in death) Approximation of the mode of dying, such as cerdiec or respiratory arrest, interval Be interval Be interval Be consecuting in death) But to (or as a consecuence of): Langeal Cacinama Due to (or as a consecuence of): Langeal Cacinama Due to (or as a consecuence of): CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consecuence of): Cause I liver I live		Burial 2 Cremation 3 Rame	oval from Stata	206. PLACE	AND DAT	E OF DISF	OSITION	Ceme	etar	У	20c. LO	cation – city hian	or Town, Md	State
21 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ehock or heert feliure. List only one cause on each line. MAPPROXIME (IMMEDIATE CAUSE (Final disease or condition)		N Y				22	NAME A	ND ADDRE	SS OF FA	CILITY				. Md.
DUE TO (OR AS A CONSEQUENCE OF): Langeal Cucinoma DUE TO (OR AS A CONSEQUENCE OF): Langeal Cucinoma DUE TO (OR AS A CONSEQUENCE OF): Metastatic Liver / Lung CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FIRE		ehock/or heert fellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final Onset and Death												
The control of the co	NOI	DUE TO (OR AS A CONSEQUENCE OF): Lange Q Cacinoma DIE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algorificent conditione contributing to deeth but not requiring in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIR	RTIFICAT	couse. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events c. Meta Static Liver / Lung DUE TO (OR AS A CONSEQUENCE OF):												
1 YES 2 NO OF DEATH? 1 YES 2 NO OF DEATH?		PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 NO							AM CO OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	SICIAN	EXAMINER? .		☐ ER/Outpatient 3	B 🗆 DOA		R:				11 52 - 55 -			
M 1 YES 2 NO		1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. 1				1 🗆	YES 2	□ NO					
3 Suicide 8 Could not be determined determined 228. PLACE OF INJURY — At norms, tarm, street, factory, omcs building, etc. (Specify)	9	4 Homicide determined	25a. PLACE building	or injury — At he, etc. (Specify)	ome, farm,	, street, fac	ctory, offi	ca					Hural Rout	e Number,
29a. CERTIFFIER (Check only one) 29a. CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as at	OMPL	(Check only												id manner sa stated.
290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year) 11/13/G/ 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Sign Print)	BE			iine							5	29d. DATE S	IGNED (M	1

Medical

Center



Choong K 31. DATE FILED (MONTH, Day, Year) NOV 19 1991

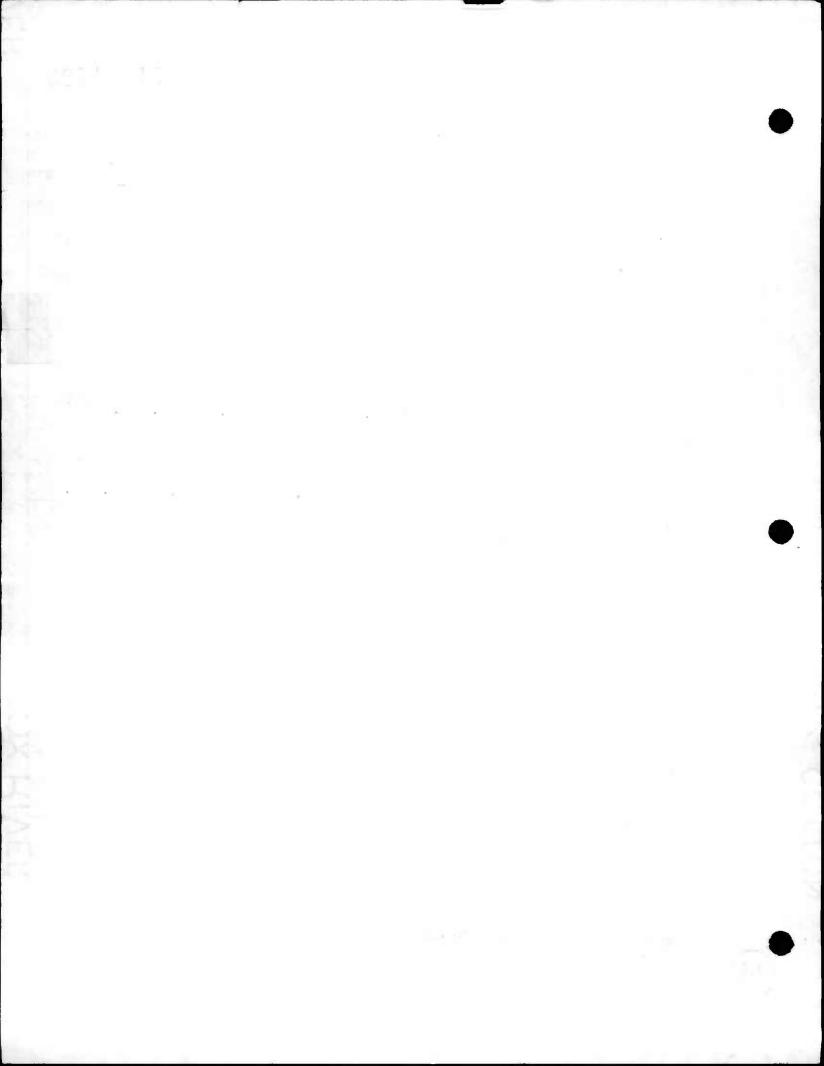
Kim

m 1)

32. REGISTRAR'S SIGNATURE

mD

Baltimore



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

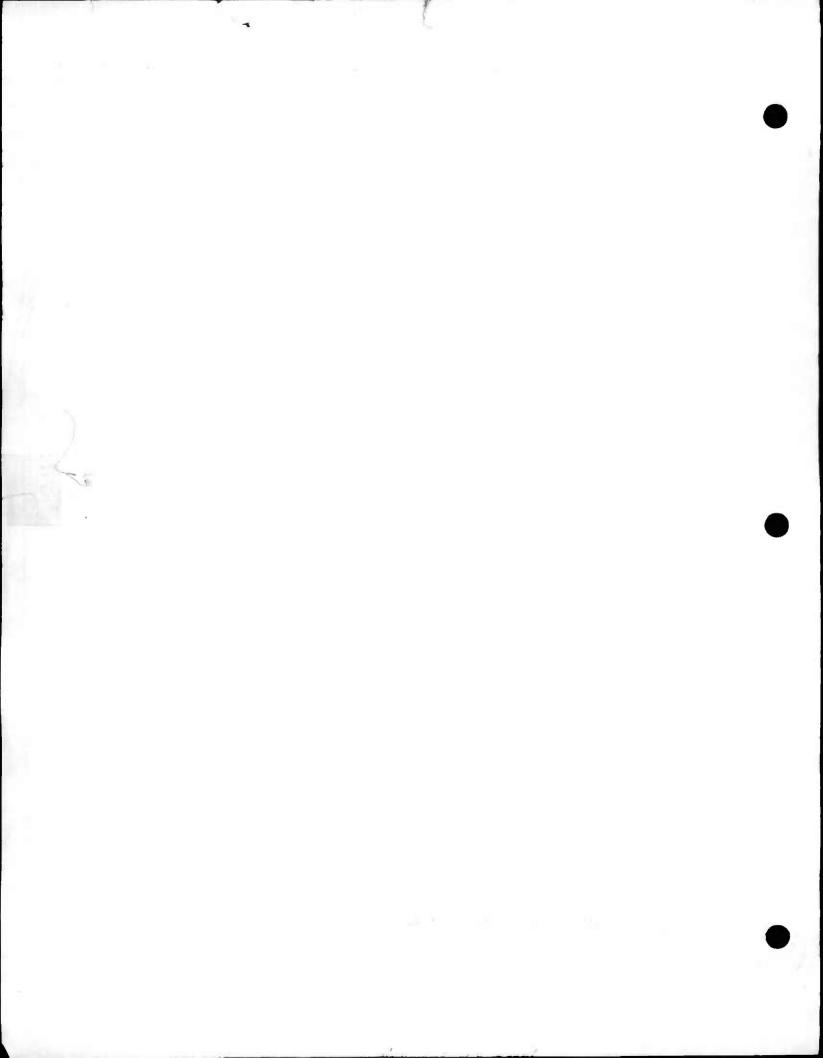
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		ICATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) Howard E, Walters		2. DATE OF DEATH NOVember 15, 1	3. TIME OF DEATH 3;15 P						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 2 F (9 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-17-22	8. BIRTHPLACE (State or Foreign Country)						
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE		nmy/mo						
Œ		Baltimore City								
18	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CI	h m. (a ad								
FUNERAL	100. STREET AND NUMBER	STREET AND NUMBER APT 1310 101. ZIP CODE 21201 10g. CITIZEN OF WHAT								
	11. MARITAL STATUS 12. WAS DECEDENT EVEN IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yea or No	14. RACE — American Indian, Black, White, afc.						
B	t Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 DYES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cubart, Maxicas 1 YES 2 NO Specify	n, Puarto Rican, etc.)	Black, Whita, atc. Specify:						
	15. DECEDENT'S EDUCATION 18a. DECEDENT'S (Specify only highest grade completed) (Give kind of	S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDU	STRY						
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)									
E CON										
00	(19a. INFORMANI'S NAME (Type/Print) 19b. MAILING	ADDRESS (Street and Number, or Ryral R	Cutto Multiples City or Town State Finds	03000						
2	MriVictor WAllers 270	2 Westwood Arx	BAITO.	md. 21216						
	20a. METHOD OF DISPOSITION 1 Dourial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify)		PATE 20c. LOCATION - CI	Ity or Town, State						
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE	Russ Fun	eral Home							
	Aosiph d. Kuss	3321 W.N	orth Ave. B.	altimizione						
	23. PART. Enter the disease, or complications that caused the deeth. Do shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel	not enter the mode of dying, such	as cerdiec or respiratory arre-	st, Approximete interval Between						
	IMMEDIATE CAUSE (Finel disease or condition	onia		Onset end Death						
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentielly list conditions,									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									
THE	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE Of resulting in deeth) LAST	F):								
HH	d.									
	PART II. Other significent conditions contributing to deeth but not resulting	In the underlying cause given in F	Pert I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
EDICAL	CVAICHE	, , , , , , , , , , , , , , , , , , , ,	PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE						
	Cardiovascularaccident		1 NO PES 2 □ NO	DF DEATH?						
Σ			_	1 YES 2 NO						
\\	Congestive Heart Failure 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence 8								
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIM	E OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCU	RED						
BY F	2 Accident Investigation	M 1 YES 2 NO								
TED	3 Suicida 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, building, etc. (Specify)	atreat, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,						
12	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurr	ed at the time, data and place, and due t	o the cause(s) and manner as stated							
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation	on, in my opinion, death occured at the t	ime, data and place, and due to the	cause(s) and manner as stated.						
H	29b. SIGNAPURE AND TITLE OF CERTIFIER	29c. LICENSE NUMI	BER 29d. DATE S	SIGNED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	Print)	1 - 1 /	/ (3/3)/						
	George Mtanous M.D. C/O Maryland C	eneral Hospital								
	31. DATE FOR MINING ON 1991 Grant Brown Association and all	1								





	9!	3		6	9	5
--	----	---	--	---	---	---

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		3. TIME OF DEATH		
	ANNA WILLIAMS					11		991 6:57P	м	
	014 50 5	5. SEX 6. AGE	(In yrs last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	er)	8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give stree		63 YRS.			6-1-19		N. Carolina	a	
E C					OR LOCATION OF D	DEATH	TY OF DEATH			
5	THE JOHNS HOPKIN	15 HUSPITAL		BALTI	MORE		BALTIMORE CITE			
DIRECTOR	10a. STATE 10b. COUNTY MD .			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
L 0	10e. STREET AND NUMBER				imore C	ity	17 YES 2 NO			
FUNERAL	1801 N. Collington Avenue			101. ZIP CODE 21213			10g. CITIZEN OF WHAT			
CN	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			13, WAS DEC		NIC ORIGIN? (Specif	y Yea or No. 1	U.S.A. 14. RACE — American Indian,	_	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 1 NO	If yea, so	ecify Cuban, Mexico	en, Puerto Rican, etc	.)	Black, White, atc.		
								Specify: Black		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	18a. DECEDENT'S (Give kind of v	unde dana durina mi	not of working	16b. KIND OF	BUSINESS/INDU	ISTRY		
PL	Elementery/Secondary (0-12)	College (1-4 or 5+)	Fa	rm Worl	ker					
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)										
BE (Lonnie Hodge	es				ssie Wi		3		
5	19a. INFORMANT'S NAME (Type/Print)	-				Route Number, City or				
	Mr. Hines		180	l N. Co	llingt	on Ave.	Balto	.,MD. 21213		
	20a, METHOD OF DISPOSITION ↑ Burlel 2 □ Cremation 3 □ Ramova 4 □ Donellon 5 □ Other (Specify)	al from State 20	b. PLACE AND DATE Of the last Gr	F DISPOSITION /N	ame of	DATE 200	LOCATION — CI	ity or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	Last Gr					co, N.C.	_	
E.L.Phillips F/HBALTO., MD										
	23 PART i Enter the diseases or our	J GECTT	0 000	2.2		BA T	LTO.,M	ID. 21217		
	23. PART i. Enter the diseases, or con shock, or heart fallure. Lis	it only one cause on	each line.	ot enter the mo	de of dying, suc	ch as cardisc or r	eapiratory arres	at, Approximate Intervsi Between	en l	
	iMMEDIATE CAUSE (Final disease or condition	C. 1.0	10	1 +				Onsst and Deat	th	
	resulting in death) s. electron ferrida Due TO (OR AS A CONSEQUENCE OF):							-		
z	Sequentially list conditions. To Cerebella edena 3 days									
5	If any, leading to Immediate Due TO (OR AS A CONSEQUENCE OF):									
걸	CAUSE (Disease or injury	OUE TO (OR AC	A CONSEQUENCE OF							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OH AS	A CONSEQUENCE OF):						
	d								-	
CAL	PART II. Other algnificant conditions of		but not reaulting in	n the underlying	g cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	à	
	Hyperters	cr				1 _ YE	S 2 NO	COMPLETION OF CAUSE OF DEATH?	П	
X								1 TYES 2 NO		
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL			29 81	ACE OF DEATH (Ch				4	
Sic	EXAMINER?	OSPITAL:	nationt 3 DOA	OTHER:					\dashv	
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	JRED	\dashv	
BY	1 Natural 5 Pending 2 Accident Investigation	(WORKI, Day, Year)	INJU		RK? /ES 2 NO				1	
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, alc. (Spe	/ — At home, ferm, at	reel, factory, offic		28f. LOCATION (Str	eet and Number or	r Rural Route Number,	┪	
	4 Homicide determined City or Town, State)									
절	29a. CERTIFIER (Check only 000)	N: To the beat of my know	rledge, death occurre	d at the time, date	and place, and due	lo the cause(a) and	manner as stated	1.	٦	
COMPLETED	1 2 MEDICAL EXAMINER: (In the basis of examination	on and/or Investigation	, in my opinion, d	eath occured at the	time, data and place	, and due to the	cause(s) and manner as stated.	1	
BE	296. SIGNATURE AND FITLE OF CERTIFIER	· V.	110		29c. LICENSE NUR	MBER	29d. DATE S	SIGNED (Month, Day, Year)	٦	
၉	30. NAME AND ADDRESS OF BERSON WHO C	CHIEF ETER CHIEF OF	MO		for	7	 	116/91		
	30. NAME AND ADDRESS OF PERSON WHO C	ing of	ohno Hy	okus !	Kspfl	Bolton	ne 1	MO 21205		
	31. DATE FILED (Month, Day, Year) NOV 1 9 1991	32. REMISTRAR TSIGN	Son-Randal	2					٦	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

							91	31030	
	FOR 1 - STATE	STATE OF MARYLAND /	DEPAR	TMENT OF H	EALTH AND				
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CE	RTIF	ICATE OF	DEATH	REG. N			
	Ruby V	ueeha				2. DATE OF DEATH MONTH	9 9	EAR 3. TIME OF BEATH	
	4. SOCIAL SECURITY NUMBER	S. SEX S. AGE Sin yes, last	r birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	14	BIRTHPLACE (State or Foreign	
	220-20-55-77	10 H2 DF 8/	VRS.	MONTHS DAYS	HOURS MIN.	8-11	-19h	maruland	
-	9e. FACILITY NAME (If not institution, give st	. /		9b. CITY, TOWN O	R LOCATION OF D	DEATH	9c. COUNTY	OF DEATH	
101,	DON SECOURS	s Hosp.		BAlli	more	City			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCATI	ION	0		10d. INSIDE CITY	
	Maryland	7	/.	SATTIM			197 =	1 FYES 2 MO	
RAI	100. STREET AND NUMBER	1- 1+	1 +	10f.	ZIP CODE		16g. CITIZES	N OF WHAT COUNTRY?	
FUNERAL	740 POPIER	12. WAS DECEDENT EVER IN U.S. ARI	1-101	//C	2121	6	U	13.11.	
	1 Never Merried 2 Merried	FORCES? 1 YES 2 FT		If yes, spe	ENDENT OF HISPA Holty Cuban, Mexico 2 1 NO Special	NIC ORIGIN? (Specify Y en, Puerto Ricen, etc.)	es or No-	RACE — American Indian, Black, White, etc.	
D BY	3 Widowed 4 Divorced					ty:		BIACK	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	completed) (Gh	CEDENT'S ive kind of w Do NOT us	USUAL OCCUPATION work done during mos	N at of working	16b. KIND OF 8	USINESS/INDUS	TRY	
PLE	Elementery/Secondary (0-12)	College (1-4 or 5+)	1	mema	11001			10 M	
COMPLET	17. FATHER'S NAME (First, Midgle, Last)	,	101	116/11/19	7	AME (First, Middle, Majde	on Sumame)		
BE C		s Hardy ward	du		Flore	ence R	Hor	doe.	
TO B	199, INFORMANT'S NAME (Type/Print)	2 1 11 196	. WILING	ADDRESS (Street and	nd Number or Rural	Route Number, City or To	own, State, Zip Car	no.	
-	Inr. + Mrs. Juni	n Campbell 2	303	When	ley DR.	Apt 204	BAITO.	md, 21207	
	20e. METHOD OF DISPOSITION 1 Description 1 Donation	oval from State 20b. PLACEA carpgary, cre	NO DATE O	of DISPOSITION (Name ther place)	peol	20c. L	OCATION — City	or Town, State md	
	21. SHEMATURE OF FUNERAL SERVICE LICE	ENSEE	76	23. NAME AND	D ADDRESS OF		erAl	Home,	
	Hoseph J.	Russ		222	1111.40	the Dile	Ral	+ m/200	
	23. PART I. Enter tila diseasea, pr co	complications that caused the dea	ath. Do n	not antar tha mod	la of dylng, sur	ch as cardiac or rea	piratory arreat		
	IMMEDIATE CAUSE (Final	LIST DOLY DOLE CAUSE DI BRUTI IIII.		4				Interval Batween Onset and Daath	
	reaulting in death) - a. METASTATIC BREAST CANCED								
_	DUE TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	2							
THE	that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEO	UENCE OF	7 :					
CER	d								
AL	PART II. Other significant conditions	a contributing to death but not re	auiting i	n tha underlying	cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL						PERFO	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20 814					
SICI	EXAMINER?	HOSPITAL:	7774	OTHER:	ACE OF DEATH (Ch				
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	E OF 28c. INJU	IRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	50	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	URY WOR	RK? ES 2 NO		inou	EU	
	3 Suicide 8 Could not be	28f. LOCATION (Street City or Town, State	and Number or F	Bural Route Number,					
E.	AN OFFICIEN	building, etc. (Specify)		_					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCONLINE (CHECK ONLY ONE) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge, deat R: On the bests of exemination end/or in	th occurre	d at the time, date e	nd place, end due	to the ceuse(e) end ma	anner es atated.	S. S. S. S. S. S. S. S. S. S. S. S. S. S	
	294 SIGNATURE AND TITLE OF CERTIFIER								
BE	halunde	In ATTEN	DIA	16 MD	29c. LICENSE NUI	MBER タカフノ	29d. DATE SI	GNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO		27) (Type,	Print)		1011	1 , 1	. 13.7/	
	RI KRISHNAN,	MO 821 NI		TAW	ST #	301 BA	4 LT IN	RF MA 2120	
jn.	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							

32. REGISTRAR'S SIGNATURE

1991



01	31	6	9	
----	----	---	---	--

BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	Variet, contact with an accordance of the second se	, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be mortified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec. TO THE FINERAL INJECTION After this certificate has been circulated by the attending physician and	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumati

	REGISTRAR		CI	ERTIFIC	CATE C	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		YEAR 3	3. TIME OF DEATH
	John Bla		Boggs			1 1	MONTH DAY			11:35 A	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las		IF UNDER 1 YE	IF UNDER 24 HRS.	7. DATE C	OF BIRTH		9 1 BIRTHPL	LACE (State or Formian
	424-50-8213	1 € M 2 □ F	48	YRS.	IONTHS DAY	'S HOURS MIN.	1/17	17/43		Country) Illinois	
	9e. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOY	OR LOCATION OF		/42	9c COUNT		
<u>۳</u>	Motel 6-										
15	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR LO	CATION				1	Od. INSIDE CITY
	Ga.			Atla	inta					١,	LIMITS?
FUNERAL	100. STREET AND NUMBER					tot. ZIP CODE	-		10g. CITIZE	N OF WH	AT COUNTRY?
	1631 Tryon Road				i	30319				ISA	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC OF					ANIC ORIGIN	(Specify Ye		-	- Americen Indien, White, etc.	
BY	t Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR OATES			specify Cuben, Maxic YES 2 NO Spec		erto Ricen, etc.) Black, White, Specify:			
			(1960-	1964)		-					hite
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16e. DE	CEDENT'S US	SUAL OCCUP	ATION most of working	16b.	KIND OF BU	SINESS/INDUS		
<u></u>	Elementary/Secondary (0-12)	College (t-4 or 5+)	life.	Do NOT use	retired.)						
OMP	12		Stee	l Wor	ker			Const	rustio	n	
8	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N					
88	Gayle Boggs					Mary C	eceli	B. Moo	re		
2	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING A	OORESS (Stre	et and Number or Rura	Aoute Number	r, City or Tow	n, State, Zip Co	ode)	
	Gayle Boggs		1	658 S	. Sye	amore, Me	8a. A	rison	ia 85	202	
	20e. METHOD OF DISPOSITION		20b, PLACE	NO DATE OF	OISPOSITION		CATE	200 10	CATION - CIT		, State
	# Donation 5 Other (Specify)		cemetery, cre	matory or othe	r pleca)	Was	11/2	K Cer			llinois
	21. SIGNATURE OF ERINERAL SERVICE L	ICENSIE / 2		NOT.	22. NAME	AND AODRESS OF F	ACILITY			a, 1	TITUOTE
	► / /a.	7 1	1		Gary	L. Kaufm	an Fu	neral	Home		
\vdash	- Jany	d- Von	former	3	5695	Main St.	, Elk	ridge	Md.	212	27
	23. PART I. Entar the diseases, or shock, or hear failure.	complications that ca List only one cause	idsed tha da on each line	ath. Do not	entar tha	moda of dying, su	ch aa cardi	ac or reap	ratory arres	t,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	CHW! ALEXE					Onact and Da				
	disease or condition remulting in death) a. Fatty Liver										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, 6										
Ĕ	if any, laading to immediata	DUE TO (OR	AS A CONSEC	UENCE OF):							
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury	c									
1 =	that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEC	UENCE OF):							
H.	d,										
	PART II. Other aignificant condition	na contributing to des	ath but not r	suiting in	the underly	ing course street in	Don't I				
EDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i.						Part I.	PERFORMED? AWAILAS			ERE AUTOPSY FINOINGS MILABLE PRIOR TO
	1 TYPE 2 NO COMPLET									OMPLETION OF CAUSE F DEATH?	
Σ										1	YES 2 NO
PHYSICIAN:											
길	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			Z6.	PLACE OF DEATH (C	heck only one)				
YS	1 💢 YES 2 🗆 NO	t 🗆 Inpatient 2 🗆 ER	/Outpatient 3	DOA 4	☐ Nursing H	ome 5 - Realdenca	6 🔀 Other	Specify) II	otel	roc	m
표	27. MANNER OF DEATH	28e. OATE OF INJE (Month, Day, Y	URY bar)	28b. TIME C		INJURY AT WORK?	28d. OEŞC	RIBE HOW I	NJURY OCCUR	IED	
à	t 🔀 Natural Pending 2 🗀 Accident Investigation					YES 2 NO					
	A DI A C. I. A C. A C. A C. A C. A C. A C.							ATION (Street end Number or Rural Route Number,			
	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	" Crity				ity or Town, Stata)			
COMPLETED	29e. CERTIFIER (Check only t Cartifying Physician: To the beel of my knowledge, death occurred at the time, data end place, and due to the ceuse(e) and menner as stated.										
N N	one) 2 MEDICAL EXAMINER: On the beste of examination and/or investigation, in my opinion, dash occurred at the time, date end place, and due to the cause(s) end menner as stated.										
						, and a second at the	e time, date e	no piace, en	a die to tue c	euse(s) er	id menner ee atated.
BE	LOUIS TO	29b. BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER				MBER		29d. DATE SI	GNED (M	onth, Day, Year)	
2	TO NAME AND ADDRESS OF PERSON	1400				O.C.M.	Ε.		11	19	1991
	10. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE O	F DEATH (ITEM								
	Material 1)	·nohon	1	1 Pe	nn S	treet. P	Balti	more	Marv	lan	d 21201
	St. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								
	WILLY YOU 1991 90	WILL WILL A PROPERTY OF THE PAR	CANCLA VIV.								



The same to

miching on the land of the lan

5. 1 J.LJ.

וֹטֹבֶוֹ בַעֲיסת מָסבֹג יַיָּטֹלָ

A

Office (Lot) magning

Holfsbiff Hot the transfer Legal St

0.000 TTH060 (20)

Miles of the company of the control

Conventor Semesery 11/25 Sentralia. _ilanois

Gen a comment meeta one

	,
	7
	•
-	:
0	3
9	1
	- (
φ.	ľ
9	
\checkmark	
2	
O	
മ	٠
\circ	-
٧.	
Δ.	
_	
'n	
~	
_	1
0	1
$\tilde{}$	
\mathbf{c}	
ш	
α	
	4
9	
┝-	ı
_	
_	1
OF VITAL RECORDS, P.O. BOX 68760,	- 5
\overline{a}	3
<u> </u>	ì
7	į
\overline{a}	1
J	i
70	
ر ب	i
>	1
	1
DIVISION	(
_	1
	The second secon
	-

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT OF	HEALTH AND F DEATH	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN	T.		ВАТТ		2. DATE OF DEATH MONTH	DAY	/EAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAT	R IF UNDER 24 HRS.	7. DATE OF BIRTH	1		ACE (State or Foreign		
	237-12-6248		54 YRS.		117.00	(Month, Day, Year) 12–25–191	926	Country)	N.C.		
Œ	9e. FACILITY NAME (If not institution, give				N OR LOCATION OF D	EATH	9c. COUNT	Y OF DEA	ГН		
5	2026 McCULI.			BAL	TIMORE						
DIRECTOR	10a. STATE tob. COUNT	TY .		ry, town on Loc altimore	CATION		_	i i	Id. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER				101. ZIP CODE		100 CITIZE		X YES 2 NO		
FUNERAL	2024 McCulloh Stree	t			21217			SA	a commit		
BY FUN	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 <u>A</u> <u>A</u> NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 NO Speci		ee or No— 1	I. RACE — Black, V Specify:	American Indian, thite, etc. Black		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 8th	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of life. Do NOT u	work done during	most of working	16b. KIND OF BI		STRY			
H	John H. Battle				Emma M.	ME (First, Middle, Meide Jefferson					
2	tigalinformant's name (Type/Print) B. Geral			eechler A		timore, Md 2		ode)			
	20s. METHOO OF DISPOSITION 1 W Buriel 2 Cremetion 3 Ren 4 Donellon 5 Other (Specify)	noval from State	PLACE AND DATE etery, cremetory or o Stern Stal	of disposition (other place) Cemeter	(Name of	112191 Cat	ONSVIII		State		
	21. SIONATURE OF FUNERAL SERVICE L	March	,	22. NAME Marc 430	and address of FACH F/H West	Avenue		•			
	23. PART I. Enter the disease, prehock, preheer fellure. IMMEDIATE CAUSE (Final disease prehondition resulting in death)	eDUE TO (OR AS A	ech line.		node of dying, aud	th an cerdiac or ree	piretory arree	1,	Approximate intervel Between Onset and Death		
CERIIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificent conditions contributing to deeth but not reculting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)					
HYS	1X YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Outp	atlent 3 DOA	4 - Nursing He	ome 5 Residence	1 7 77					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	1 11:4	55P 1	WORK? YES 2 NO	Found	unresp	ensil	e at home		
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, ferm,		fice	281. LOCATION (Street City or Town, State Baltime	2026	HeC	willow 5+		
COMPL		ER: On the best of my knowle						euse(e) er	d menner ee atated.		
B	29b. SIGNATURE AND TITLE OF CERTIFIE	D. Chut	ms		O . C . I				onth, Day, Year)		
오	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEA	1 PENN			IMORE, M					
	NOV 2 0 1991	Julia Davidson-A			21111	I I I	THE LIA	110 4	16 9 1		



the state of the s realize the second

0	
0020	
8	
215	
~	
21215-	
N	
Z	
LAND	
\geq	
Щ	
₹	
MARYL	
MORE,	
-	
=	
2	
3ALTI	
⋖	
m .	

	١
	,
8760,	
687	
BOX 6	
σ.	
DS	
SOR	
REC	
AL	
N T	400
OF	010000
DIVISION OF VITAL RECORDS, P.	The second of th
\geq	5
	-
	-

use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sindi Hospital DIRECTOR Ballomd RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION M Baltimore FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 2121 oarman aftending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 1 Never Married 2 Married ВУ NO 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) funeral director, page 5 should be detached for College (1-4 or 5 +) once. notified at retained by Derna BE 19a. INFORMANT'S NAME (Typo(Print))
Annes Rice 19b. MAILING ADDRESS (Street and Nu 2 Catma 20s. METHOD OF DISPOSITION

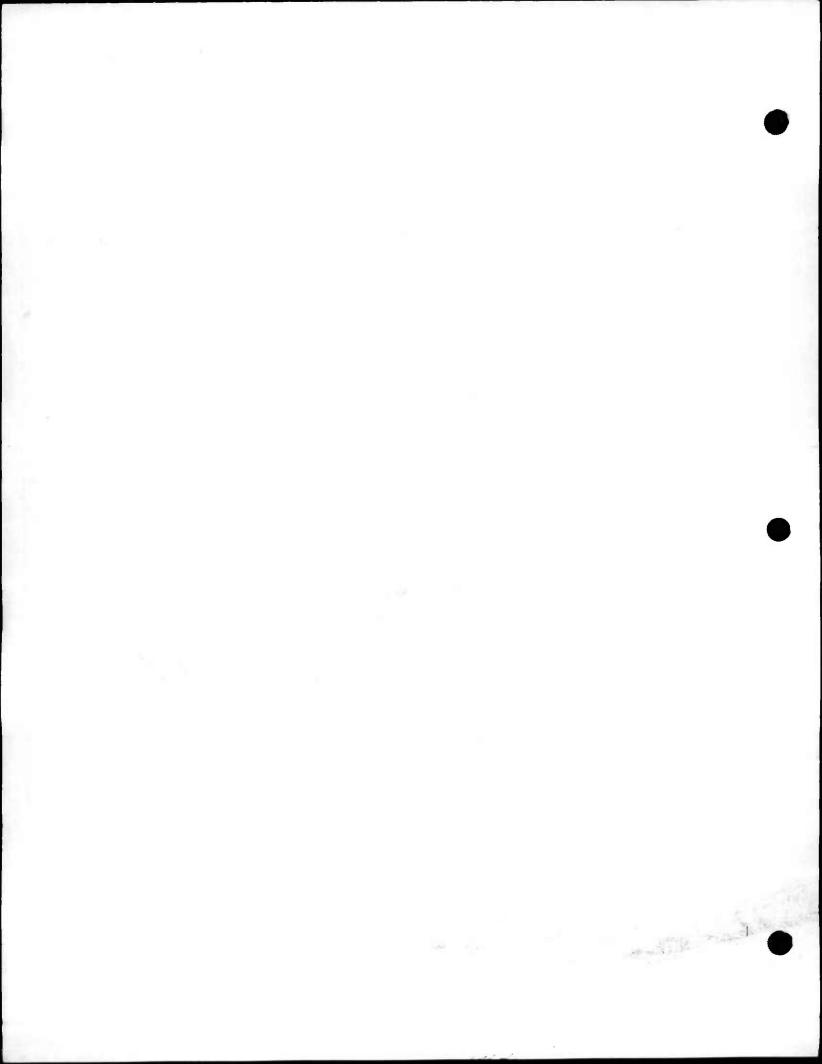
1 Burlet 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) must be 20b. PLACE AND DATE OF DISPOSITION (Name of DATE remoria examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West Women completely filled in by the rial, cremation, or removal. 4300 Wabash Avenue within 24 hours after medical shock, or heart failure. List only one ceuse on each line Hygiene prior to burial, cremation, or **IMMEDIATE CAUSE (Finel** the diseese or condition DUE TO (OR AS A CONSEQUENCE OF): reculting in deeth) traumatic event, CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be e THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to Decubite CAUSE (Disease or Injury Item 23 shows any injury, or other thet initiated events resulting in deeth) LAST MULTIPLE PART II. Other algnificent conditione contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL ASCND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Homa 5 □ Realdence 6 □ Other (Specify) 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? is marked, 1 Natural В 1 YES 2 NO 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) a Could not be determined COMPLETED 4 Homicide IMPORTANT: If Item 28 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 014829 mauem 2 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2435 W. BEWEDERE ENGRUE 31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE 1991 NOV2 n

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BANKINS UCILLE 0149 11 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Month, Day, Year) 217-24-246610H20F 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. Plack 16b. KIND OF BUSINESS/INDUSTRY a MOTHER'S NAME (First, Middle, Maiden Surname) Dalto. Md 2121 20c. LOCATION — City or Town, State 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdlec or respiratory arrest, Approximate Interval Between Onset end Death Pheum onia 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 TNO OF DEATH? 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER
(Check only one)

A MENCAL EXAMINE On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. ed at the time, date and place, and due to the cause(a) and manner as stated 191

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hourship interests that the sentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted by use as man benefit than the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

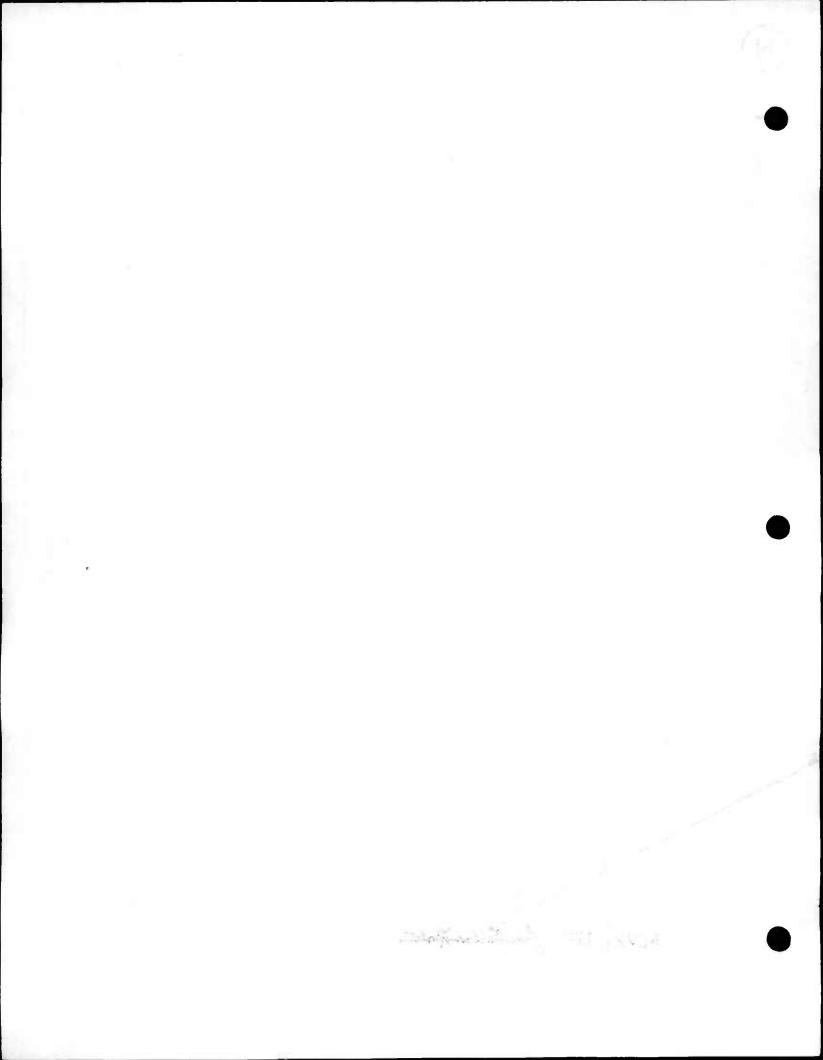
BALTIMORE, MARYLAND 21215-0020

FOR OTHER DE MARKE

	1 - STATE REGISTRAR	STATE OF I	WARYLAND C	/ DEPAI	RTMEN	T OF H	DEAT	AND I	MENTA	L HYGIEN	E		
	1. DECEOENT'S NAME (First, Middle, L CHARLES BENT	(CHARI	ES E. G	_				. .	2. DATE	of DEATH	1	959 1	3. TIME OF OEATH 10:20 P M
	4. 225-28-7632 246-28-7632	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-8-28			6. BIRTH	IPLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, g	1 M 2 F	63		9b. CITY	, TOWN C	OR LOCATE	ON OF DE		8-28	Va.		
СТОВ	THE JOHNS HO	PKINS HOSE	PITAL		BA	ALTI	MORE						RE CITY
JEC	RESIDENCE OF DECEDEN 10e. STATE 10b. CO			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
ā	MD			BA	LTIM	ORE			_				LIMITS?
FUNERAL DIRE	511 N. MONTFORD					10f	212				10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 THE OR DATES	RMEO NO		If yes, sp	ENOENT Code	F HISPAN n, Mexice Specify	n, Puerto	N? (Specify Yee Rican, etc.)	e or No.— 14. RACE — American Indian, Black, White, etc. Specify: BLACK		
ETED	15. DECEOENT'S (Specify only highest g	EOUCATION trade completed)	(0	ECEDENT'S Give kind of	work done	CCUPATIO	ON st of workin	ng	160	b. KIND OF BUS	SINESS/INOL	ISTRY	
PLE	Elementary/Secondary (0-12) 5TH	College (1-4 or 5	•7	SABL									
COMPL	17. FATHER'S NAME (First, Middle, Last									Middle, Maiden	Surname)		
BE	ALEX GILES 19e. INFORMANT'S NAME (Type/Print)		10.						WAD				
5	BARBARA GILES		- 18	200 N	. WO	LFE	ST./	BALT	I MOR	RE, MD	21213	Code)	
	20e. METHOO OF DISPOSITION 1 M Burlel 2 Cremellon 3 1 4 Donetion 5 Other (Specify)	Removal from State	206.PLACE					METE	RY	E 20c. LO	20c. LOCATION — City or Town, State OWINGS MILLS, MD		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	20	22. NAME AND ADDRESS OF FACILITY									
	Nyme	ttex	for	uc	WI	M.C.	MARCI	H F.	H./1	101 E.	NORT	н А	VENUE
CERTIFICATION	23. PART I. Enter the diseases, or complications that calced the death. Do not enter the mode of dying, such as cerdiac or reepiratory erreet, shock, or heart failurs. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significent condi	tions contributing to	deeth but not	resulting	in the un	derlylng	j csuse g	liven in I	Part I.	24a. WAS AN PERFORI	MEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	W-12-2-W		OTHER		ACE OF O	EATH (Che	ck only or	10)			
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF		28b. TIM	E OF	28c. INJU		sidence		r (Specify) SCRIBE HOW IN	LJURY OCCU	IREO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	INJ	URY	1 Y	RK? ES 2	NO NO				1120	J
<u>a</u>	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Number,			
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	IYSICIAN: To line best of	my knowledge, de temination end/or	eath occurre	nd at the ti	me, date o	end place, eth occure	end due t	to the cau	use(e) end mani	ner ee stated). ceuse(s)	end menner ee atated.
BE	29b. SIGNATURE AND TITLE OF CERTIF		/ .	P			29c. LICE		BER				(Month, Day, Yeer)
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print		Hosp	idel	1	Bolter	ore	M:	21205
	31. DATE FILED (Morth, Day, Year) NOV 2. 0 1991 Fulia Davidson-Anglete												

3+1

DHMH-16 Rev 1/89



If item

MPORTANT:

DONALD GWRIGHT MO DOME

3. REGISTRAR'S SIGNATURE

- Randall

wha Davidson

31. DATE FILED (Month, Day, Year)

NOV2 0 1991

ransit permit. Pages 1, 2, 3 should	
use as the bunal-tran	
be detached for u	at once.
page 5 should t	be notified
by the funeral director, moval,	caminer must
filled in by the on, or removal,	is marked, or Item 23 shows any injury, or other traumatic event, the medical examine
nd completely bunal, crematii	stic event, the
ng physician a giene prior to	other trauma
f by the attend and Mental Hy	ny injury, or
as been signed Dept, of Health	23 shows a
R. After this certificate has been s er death with the State Dept, of H.	ed, or Item
R. After thi	is mark

31701 91-6746-510 Item: 28a, per MEO G-686 4/20/92 reb FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1991 MONT Talia Α. Boyd 16 11:45 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SFX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign HOURS 1 - M 2XXF 5 YRS. 6/1/86 Balto, Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3000 Chelsea Terrace Baltimore 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3000 Chelsea Terrace 21216 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. 1X Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: ВУ 3 Widowed 4 Divorced Specify Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Saint Paul Brenda Hill BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Brenda Hill N. Monastery Avenue Balto, Md. 21229 20s. METHOD OF DISPOSITION
1 N Burlal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Woodlawn 4 ☐ Donation 5 ☐ Other (Specify) Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home rau 4600 Liberty Heights Avenue 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fsilure. List only one cause on esch line. intarval Batwean IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ SMOKEAND SOUT INHALATION, THERMAL INJURIES reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initisted eventa resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO DF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 11/16 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 8 11 17 1991 11:18P 1 YES 2 X NO 2 Accident Investigation ictim of house fire 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be detarmined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide home-in bedroom 3000 Chelsea Terrace 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Monald & Wright MD 2 O.C.M.E. 17 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



뿚

2 2 3

111 Penn Street, Baltimore Maryland 21201

_
o.
$\tilde{\mathbf{z}}$
Ψ.
∞
9
~
BO
m
o.
0
σ.
α,
S
S
œ
RECORI
0
0
III
-
0
=
<
_
>
ш,
0
_
7
=
O
-
S
-
-

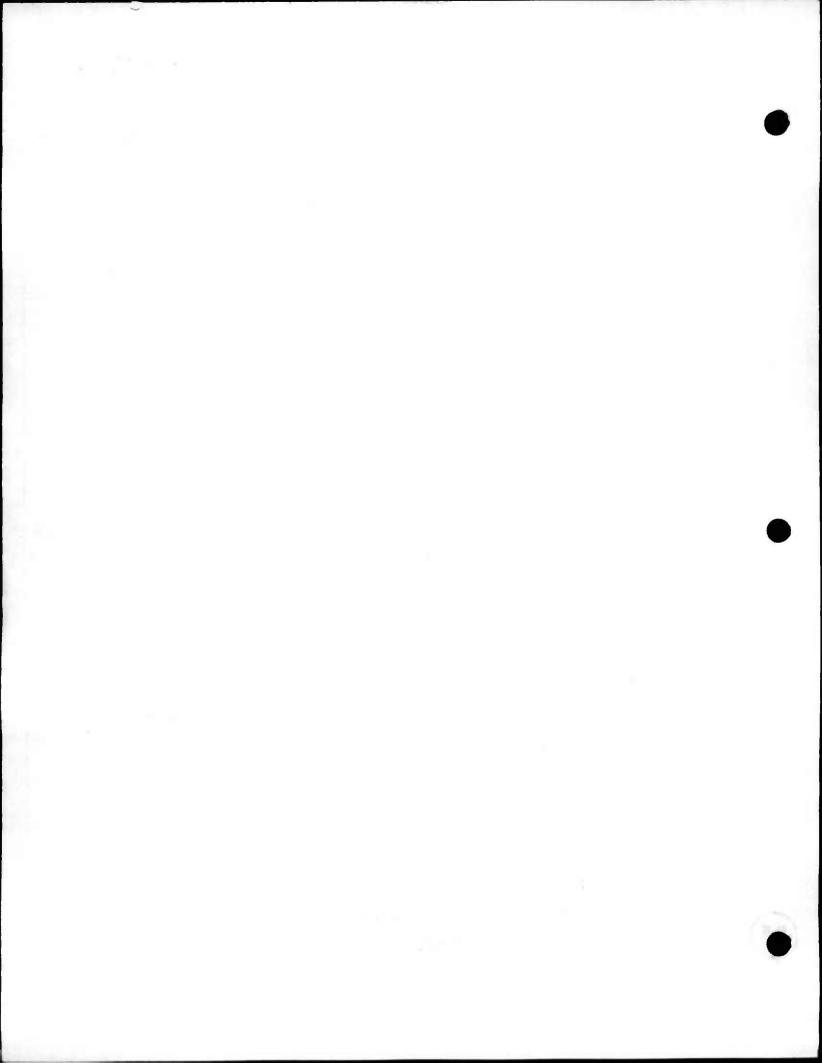
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	ENT OF I	EALTH AND	MENT	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	5 (H	ARRY BROO			2. DAT	E OF DEATH		3. 1	12 02 A M	
	216 01 0045	M2OF T	YRS. last birthday) IF U	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT (Moi	E OF BIRTH nth, Day, Year)	15 8	MARY	LAND	
TOR	90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH										
DIRECTOR	10a. STATE 10b. COUNTY Mayland But.	nre	10c. CITY, TO	WN OR LOCAT			10d. INSIDE CITY LIMITS 1 TYES 2				
FUNERAL	100. STREET AND NUMBER Regal & Court	APT. D		\rightarrow	ZIP CODE	17		10g. CITIZE		COUNTRY?	
B≼	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER IN U. FORCES? 1 Y YES : IF YES, GIVE WAR OR DATE WWIII	2 □NO	tt yes, sp	ecify Cuban, Maxic	an, Puerlo	IN? (Specify Yes Rican, atc.)	or No- 14	14. RACE — American Indian, Black, White, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATIK (Specify only highest grade comp Elementary/Secondary (0-12) Co	DN 18 18 18 18 18 18 18 1	e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	L OCCUPATIO	ON		Sb. KIND OF BU	SINESS/INDUS		***************************************	
MP	9		SALES				RET	AIL			
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	_					
B	MORRIS BROOKS 19e. INFORMANT'S NAME (Type/Print)						GOLDBE				
2	MRS. BLANCHE RUTH	DDCC/VC	19b. MAILING ADDI							01117	
	20e WETHOD OF DISPOSITION	201-01	ACEAND DATE OF DIS		, APT.	17/ 9				21117	
	1 Burlai 2 Cremation 3 Removat 4 Donation 5 Other (Specify)	from Stata	C. Crematory or other places IVE	POSITION (Na BENTER]	TT C SIC	T //OX	TE 20c. LO	CATION — City	y or Town, S	CONTRACTOR	
	21. SIGNATURE OF FUHERAL SERVICE LICENSE	EE/	SKLODI VE	22. NAME AN	ID ADDRESS OF E	ACH ITY			KANDA	LLSTOWN,	
	► Gay (llan >	eure		SOL 6010	LEVINSO	N & I	N RD.	BALTO	.,MD	21215	
	23. PART I Enter the diseases or come shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Sight She	NSEQUENCE OF):		ue or uynig, sur	Cit es cei	rulec or reapi	ratory errest	,	Approximate intervel Between Onset and Death	
CENTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente reculting in death) LAST	DUE TO (OR AS A CO	MSEQUENCE OF):								
3	PART II. Other significent conditions co		not resulting in the	underlying	cause given in	Part i.	24a. WAS AN PERFOR		ILAVA	E AUTOPSY FINDINGS ABLE PRIOR TO	
PHTSICIAN: MEDI	- remoting when a					_	Flingh	tho Pelineal	OF D	PLETION OF CAUSE EATH? YES 2 NO	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:			ACE OF DEATH (C)	neck only o	ne)				
5	1 YES 2 NO	Inpatiant 2 ER/Outpatier		IER: Nursing Hom	5 🗆 Residenca	6 Oth	er (Specify)				
10	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJU WOI 1 Y	JRY AT RK? ES 2 NO	28d. DE	SCRIBE HOW II	JURY OCCUR	ED		
3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								Rural Route I	Number,		
i i	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my knowledge the basis of examination and	e, death occurred at ti	ne time, data ny opinion, de	and place, and due	to the ca	use(a) and man	ner as stated.	ause(a) and	manner as stated.	
0 00	296. SIGNATURE AND TITLE OF CERTIFIER	HDAND PGYI	Resident		29c. LICENSE NUI			29d. DATE SI			
	30. NAME AND ADDRESS OF PERSON MYD COI Shai Hospital of Balta			Jessey.							
	NOVER 1991 fu	ia Davidson-Agno	L DE	D							





IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	91.11E 01 11	CE		ICATE			H	F	EG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)			2					2. DATE OF	DEATN DA		YEAR	3. TIME OF DEATN	
	LOUISE	-	1	SAC	IFR				//	/	5	91	113%) M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1		IF UNDER 24		7. DATE OF I			8. BIRTN	PLACE (State or Foreign	
	213-03-8621	1 🗌 M 2 🥡 F	78	YRS.	MONTHS 1	DAYS	HOURS	MIN.	12 - (-	1.2	4	RYLAND	
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, T	OWN O	R LOCATION	OF DE	ATN	/	9c. JOL	INTY OF D		
8	KESWICK HOME					BAI	TIMOR	RE						
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 017	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY	=
<u>E</u>	MARYLAND			100.011									LIMITS?	
	10e. STREET AND NUMBER				BALT	_)RE				10. 00	TITEN OF Y	1 YES 2 NO	_
RA	300 WEST C	OID SPRT	NC TANE			101	212	010			iog. Cit			
FUNERAL	11. MARITAL STATUS	12 WAS DECEDEN	T EVED IN 11 C AD	MEO	12 W	S DEC			IC ORIGIN? (S	nonth. Voc	or No.	Y	SA — American Indian,	
립	1 Never Married 2 Married	FORCES? 1	YES 2 N	10	.11	yes, spi	ecify Cuban,	Maxican	, Puarto Rica		01110	Black	, White, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE W	WAR OR DATES		11	_ YES	2 X NO	Specify.				Speci	WHITE	
	15. OECEOENT'S EDUC (Specify only highest grade of	ATION			USUAL OCC				16b, KII	OF BUS	SINESS/IN	OUSTRY		\neg
E	Elamentary/Secondary (0-12)	College (1-4 or 5 +	J/fig	Do NOT u	work done du se retired.)	nng mo	st or working							
PE	12TH		H	OUSE	EWIFE									
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTNE	R'S NAI	ME (First, Midd	lle, Maiden	Surname)			
BE (LOUIS BLE	CHA						AN	NA NOV	OTNY	7			
0	19a, tNFORMANT'S NAME (Type/Print)		198	b, MAILING	ADDRESS (Street a	nd Number o	r Rural F	loute Number,	City or Tow	n, State, Z	ip Code)		
-	PETER H. J. BAUI	ER		300	WEST	CC	LD SP	RIN	G LANI				. 21210	
	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from Stata	other pla	ece)	SITION (Name			tory or		20c. LO	CATION -	- City or To	wn, Stata	
			GREE	IN MC	UNT C					BAI	TIMO	DRE.	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC		-0		22. N/	AME AN	LAN S	EIT	Z, JR.	FUN	IERAI	НОМ	Е	
	· a. alan	Seek	· ya										. 21211	
	23. PART I. Enter the diseases, or c	omplications the	it caused the da	eth. Do									Approximete	
	IMMEDIATE CAUSE (Final										Interval Betwee			
	disease or condition resulting in death)	adve	anced	ales	Rein	er	5 6	Lus	ease	>				
		DUE TO	(OR AS A CONSE	OUENCE C	ĺF):									
N	Sequentially list conditions,	b							_					
CERTIFICATION	If eny, laeding to immediata cause. Enter UNDERLYING	DUE TO	O (OR AS A CONSEQUENCE OF):											
일	CAUSE (Disease or injury	DUE TO	O (OR AS A CONSEQUENCE OF):											
Ē	that initieted eventa resulting in death) LAST		(ĺ	
E		1											+	
	PART II. Other algoriticent conditions	s contributing to	deeth but not i	resulting	In the und	erlyin	g ceuse gi	ven In	Part I. 24	a. WAS AN		248	. WERE AUTOPSY FINOIN AVAILABLE PRIOR TO	GS
2									_ 1	☐ YES 2			COMPLETION OF CAUSE OF DEATN?	E
ME									_ 1				1 YES 2 NO	
ä														
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			отныя:	_	LACE OF DE	ATN (Ch	eck only one)					
YS.	1 ☐ YES 2 ☑ NO		ER/Outpatient 3	□ DOA			10 5 Res	Idence	6 Other (S	pecify)				
PH	27. MANNER OF DEATH	28a. DATE OF (Month, E		28b. TII	WE OF		JURY AT ORK?		28d, OESCR	IBE NOW	INJURY O	CCURED		
BY	1 Natural 5 Pending 2 Accident Investigation				М		YES 2	NO						
	3 Suicide s Could not be	26a. PLACE C building.	OF INJURY — At he , etc. (Specify)	ome, farm,	streat, factor	ry, offic			26f. LOCATION OF 1	ON (Street fown, State,	and Numb	er or Rurel	Route Number,	!
E														_
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PNYSI	CIAN: To the best of	f my knowladge, de	eath occur	red at the tim	ne, data	and place,	and dua	to the cause	a) end me	nner aa si	tated.		
Ö	one) 2 MEOICAL EXAMINE	R: On the beels of a	examination and/or	Investigati	lon, in my op	Inion, c	daath occure	d at the	time, data an	d placa, at	nd dua to	the cause(a) and manner as stated	l.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		244				29c. LICE				1.1		(Month, Day, Year)	
TO B	The Icabelle the						101:	365	7		> /	1-15	5-91	
F	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e, Print)		10			- 4				
	M. IRABELLE MAC	1KBJOR	7.D. KES	wic	14,70	oh	1.404	h SI	REET	1 131	110	-126	121/	
	NOV 2 0 19	32. REGISTRA	AR'S SIGNATURE	Rand	المالا									
	I ITUY N Y IS	~ 1												

(90)	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR
_	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Lest)	0.		Cook	2. DATE (OF DEATH	76-	47	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 220-76-3015	$0-76-3015$ 1 \square M 2 \boxtimes F 66 YRS. MONTHS DAYS HOURS MIN. (Month, Day, 1964) $2-2-25$								
TOR	90. FACILITY NAME (If not institution, give s 2525 RESIDENCE OF DECEMENT	TY OF D	EATH							
DIRECTOR	100. STATE 10b. COUNTY	Υ		Y, TOWN OR LOCATION TIMORE		/			10d. INSIDE CITY LIMITS? 1 X YES 2 ND	
FUNERAL	100. STREET AND NUMBER 48 S. EXETER STRE			101. ZIP CODE 21202			U	S.A	HAT COUNTRY?	
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	13. WAS DECENDENT OF HIS II yee, specify Cuban, Me: 1 ☐ YES 2 ☑ NO Sp	PANIC ORIGIN: xicen, Puerlo R ecify:	(Specify Yes	or No-	14. RACE Black Specif	, White, etc. Y: BLACK	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give kind of life. Do NOT us	USUAL OCCUPATION work done during most of working se retired.)	16b.	KIND OF BUS	SINESS/IND	JSTRY	DETION	
COMF	8TH 17. FATHER'S NAME (First, Middle, Last) MADISON BAKER		DISABL	18. MOTHER'S	NAME (First, M	iddle, Maiden	Surname)			
TO BE	190. INFORMANT'S NAME (Type/Print) FLORETTA CRUDUP		196. MAILING 2407	ADDRESS (Street and Number or Ru WESTPORT ST./B/	rai Route Numb	er, City or Tow	n, State, Zip 212:	Code)		
	20e. METHOD OF DISPOSITION 1 X Burlai 2 Cremetion 3 Remark 4 Donation 5 Other (Specify)		7	OF DISPOSITION (Name of	DATE	20c. LO	CATION — C	ity or To		
1	21. SIGNATURE OF FUNERAL SERVICE LIC	Chan	<u>~</u>	22. NAME AND ADDRESS OF	eh f. b	1/1	IN E	1	with Ave.	
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	aDUE TO (0	Ason		ouch as cardi	ac or reapl	ratory arre	eat,	Approximata interval Between Onset and Daath	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	s contributing to de	eath but not rasulting i	n tha undariying causa given		Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		STANDARD OF DEATH	(Check only one)					
14S	1 YES 2 NO	1 Inpatient 2 I E	R/Outpatient 3 DOA	OTHER: 4 Nursing Home 5 Residence	_					
BY P	28a. DATE OF INJURY 1 Mahural 5 Pending 28b. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 2 Accident Inventigation 1 YES 2 NO							PRED		
	3 Suitoide 6 Could not be determined	28e. PLACE OF a building, at	NJURY — At home, lerm, s c. (Specify)	treet, lactory, offica	28f. LOCAT	TON (Street e Town, State)	nd Number o	r Rural Ro	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINED	CIAN: To the beet of m	y knowledge, death occurre	d at the time, date end place, end d	ium to line ceus	e(e) end man	ner se state	d.	and manner se stelad	
# 	296. SIGNATURE AND TOTAL OF SENTIFIER	,		29c. LICENSE N		1			Month, Day, Year)	
٩	/ Men	COMPLETED CAUSE	OF DEATH (ITEM 27) (Type,	1777 Risks	fran	Red				
	31. DATNUV 2", Day, 1991	132 REGISTRAR'S	S SIGNATURE	1-03	,	100				

31. DATE FILED (Month, Qay, Year)

NOV 2 n

1991

111 N.

12. REGISTRAN'S SIGNATURE Fulia Davidson-Randelle

BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR IT MOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea TO THE HANGE HEAD IN THE HANGE HEAD IN THE HANGE HEAD IN THE HANGE HEAD IN THE FIRST HEAD IN THE MOINT HANGE HEAD HANGE HEAD IN THE MOINT HANGE HEAD HANGE HE HEAD HANGE HE HEAD HANGE HEAD HANGE HEAD HANGE HEAD HANGE HEAD HANGE HEAD HANGE HEAD HANGE HEAD HANGE HEAD HANGE HEAD HANGE HE HEAD HANGE HE HEAD HANGE HE HEAD HANGE HE HEAD HANGE HE HEAD HANGE HE HEAD HAN	IMPORTANT. Nature 26-1s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91-6734-03	1				9	1 31	705
FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPAI	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, L	est)	CERTIF	ICATE OF	DEATH	REG. NO). 	
GEORGE	K		CDOIL	TD.	2. DATE OF DEATH	4 19 ⁹	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			CROWN	,			
219-84-6986	1 🙀 M 2 🗆 F	GE (In yrs. lest birthday) 28 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Dec. 29,1	962	Maryland
9e. FACILITY NAME (If not institution, g	live street end number)		9b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNTY O	F DEATH
SHADY GROVE			ROCKVI	LLE		MONTO	GOMERY
SHADY GROVE RESIDENCE OF DECEDENT 100. STATE 100. COI							
100. 00		10c. CIT	TY, TOWN OR LOCA	TION			10d. INSIDE CITY
	ntgomery		Rockvil	le			1 X YES 2 NO
106. STHEET AND NUMBER			10	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
427 McArthur D	rive,			20850			USA
100. STREET AND NUMBER 427 McArthur D 11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 7	R IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye	e or No 14. R	ACE — American Indian,
1 Never Merried 2 🕅 Merried 3 Nidowed 4 Divorced	IF YES, GIVE WAR OF		1 TYES	2 NO Spec	en, Puerto Ricen, atc.) fy:	- 1	eck, White, etc.
							will of
15. DECEDENT'S (Specify only highest g	EDUCATION yrade completed)	(Give kind of	WORK done during me		16b, KIND OF BU	ISINESS/INDUSTR	1
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)		D		
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 11 17. FATHER'S NAME (First, Middle, Last,	0	Truck	Driver		Builde	rs Desig	gn & Leasing
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Malden	Surname)	
George Kenneth	Crown, Sr.			Lilli	an Wood		
196. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tov	vn, Stete, Zip Code)	
Katherine J. C	rown	Same	e as 10e.				
20e. METHOD OF DISPOSITION (XCMBurlet 2 Cremetion 3 F	2	20b. PLACE AND DATE	OF DISPOSITION (Na	ame of	OATE 20c. LO	DCATION — City or	Town, State
4 Donetion 5 Other (Specify)	lemoval from State	T.o.zrt on o	other place)			aytonsvi	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Day vons	22. NAME AI	ND ADDRESS OF F		ay come vi	rate , rid.
6 11/1/	A		Mu	riel H.	Barber Fun	eral Hon	ne
John Vitor	les		Р.	O. Box	5038 Layto	nerrilla	Md. 20882
23. PART i. Enter the dissesses, abook, or heart falls	or complications that causers. List only one cause on	sed the desth. Do	not sntsr the mo	de of dylng, su	ch as cardisc or resp	Iratory srrest,	Approximats
IMMEDIATE CAUSE (Finsi	A A .	Control of the Contro					Intervsi Bstwesi Onsst and Dest
disesse or condition resulting in dasth)	. Multi	ple In	nuvi	PS			2.5-2.00
	DUE TO (OR AS	S A CONSEQUENCE O	F): O				
	7 h						į
Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initisted svents resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	F):				
cause. Enter UNDERLYING CAUSE (Disease or injury	c.						1
that initiated svents	DUE TO (OR AS	S A CONSEQUENCE OF	F):				
resulting in death) LAST	d.						
DART II ON I -III							
PART II. Other significant conditions	lions contributing to death	but not resulting	In the underlying	g csuse given in	Part I. 24e. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 XYES 2		COMPLETION OF CAUSE OF DEATH?
							1/5 YES 2 NO
1						1	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C/	eck only one)		
1X YES 2 □ NO	HOSPITAL: 1 Inpatient 2 I ER/O	utpatient 3 🔯 DOA	OTHER:		6 Other (Specify)		
27. MANNER OF DEATH	26e. DATE OF INJUR	Y 26b. TIM	E OF 26c, INJ		28d. DESCRIBE HOW I	NAURY OCCURED	
1 Natural 5 Pending	(Month, Day, Year	991 8:4	48 b 1 1	RK? 'ES 2 X NO			/POLE IMP
2 Accident Investigation 3 Suicide & Could not	28e PLACE OF IN III	RY — At home, ferm, a	1				I Route Number, MD .
4 Homicide determined		ROAD	,		City or Town State		
29e. CERTIFIER							#124BAMA
(Check only CERTIFYING PH	IYSICIAN: To the beat of my kno	owledge, death occurre	ed at the time, date	end place, end due	to the ceuse(e) end me	nner as ateted.	
2 MEDICAL EXAM	MINER: On the basis of examinat	tion end/or investigation	n, in my opinion, d	eath occured at the	time, date end place, en	d due to the ceus	e(s) end menner ee stated.
29b, SIGNATURE AND TITLE OF CERTI	FIER A M.			29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Yeer)
Kenni	2 J. Clin	ite mo		O.C.M.	3	M1-16	- /
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)				
DENNIS J. CHUTE				STREET	BALTIMOR	E MARY	I.AND 2120

S

PENN STREET BALTIMORE, MARYLAND 21201

en g - 14 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

296. SIGNATURE AND TITLE OF CERTIFIER

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR COOMBS THERESA 7-91 8. AGE (In yrs. last birthday) 4 SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 06- 15-67YRS. MONTHS DAYS HOURS MIN. 1 M 2 XF Maryland 213-28-8609 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number, 4135 Mountwood Road DIRECTOR Baltimore City none 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? Baltimore City Maryland X YES 2 NO none 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL United States 4135 Mountwood Road 21229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Ricen, stc.)

1 YES 2 Specify: 11. MARITAL STATUS 14. RACE - American Indian, Black, White, etc. 1 Never Merried XXXMarried IF YES, GIVE WAR OR DATES Negroid В 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 8th grade Hutzlers none Checker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, rederick Garner Theresa Turner 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) James Coombs 4135 Mountwood Rd. Balto, Md. 20s. METHOD OF DISPOSITION

Dispuries 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or 20c. LOCATION - City or Town, State New Cathedral Cemetery Baltimore. Maryland 22. NAME AND ADDRESS OF FACILITY
Calvin B. Scruggs Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Calver B. Scrugger. 1412 E. Preston St. Balto.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cardiac or respiratory errest, 1412 E. Preston St. Balto. Md. Approximeta ahock, or haert fellure. List only one cause on each line. Interval Batween ple (Multiple Myeloma) Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER

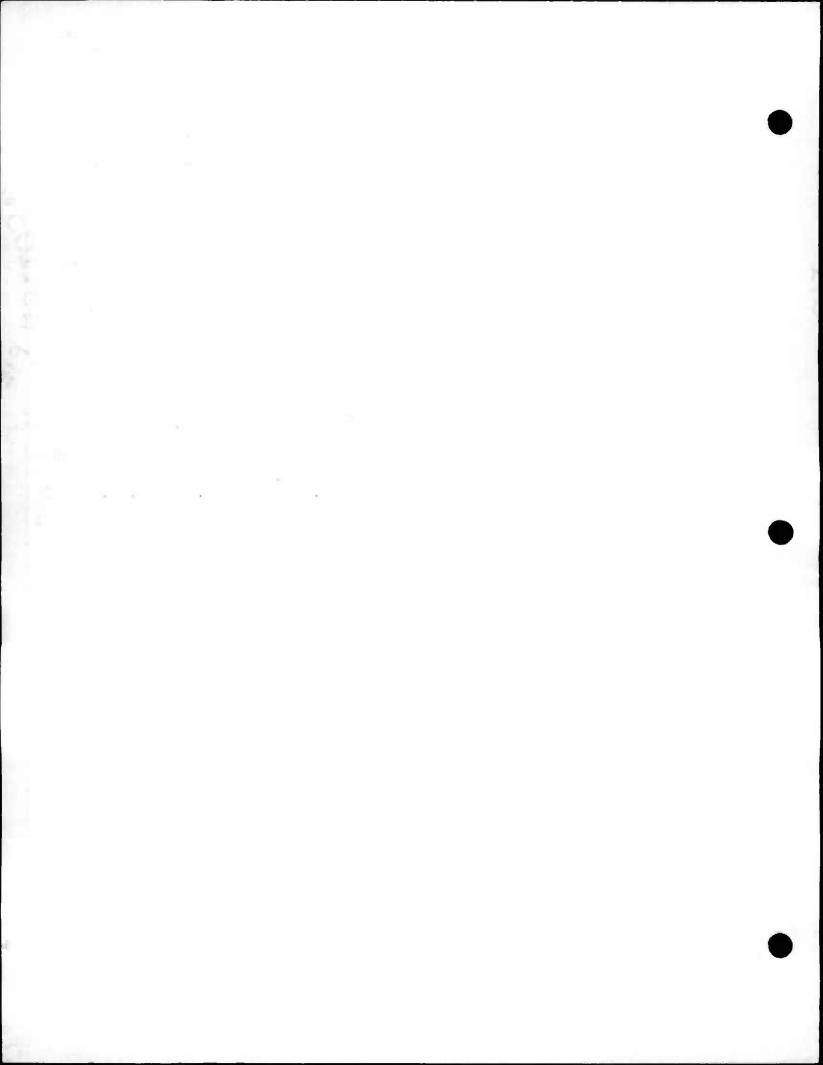
(Chank ank)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner as stated.

2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 795 AquaharT Rd. G046 a1 Mayer 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

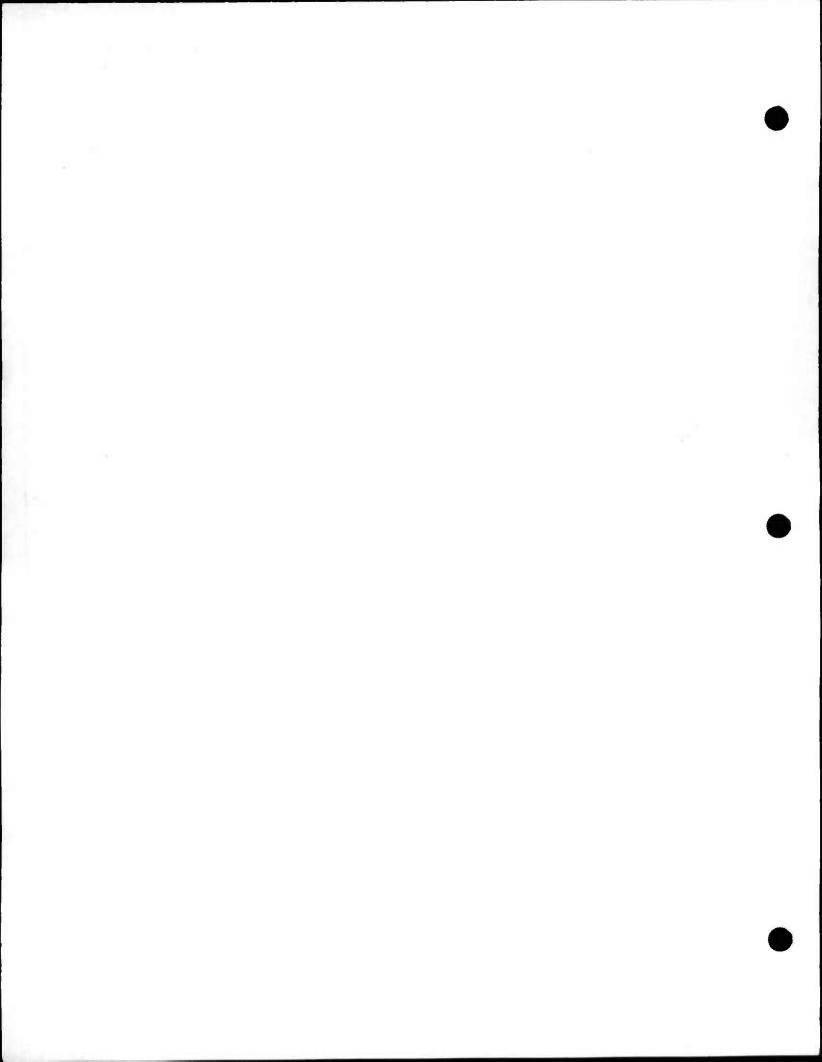
GARY COHEN M.D.

Siciar	ial.tra	100
P. C	hay	5
Dulpu	s the	
atte	60	
10	lor a	
Spita	hed	1
e ho	etac	
by th	should be detached for use	
per	pine	
retair	sho	
e 6 may be retained by	firector, page 5	
may	or. De	
ge 6	rect	
Pa	al di	
ecuted within 24 hours after death. Page 6 may be retained b	ian and completely filled in by the funeral direc-	
fter	the	oval
urs a	in by	ation, or removal
t hor	pall	n, or
in 2	ohysician and completely fill	natio
With	nplet	cren
uted	COD	ırial,
exec	and	o bu
IG PHYSICIAN: The law requires that the death certificate be executed within	ician	ior 1
ficate	phys	ne p
certi	ding	ygie
ath	tten	tal H
e de	the a	Men
at th	8	and
es th	gned	afth
quir	is us	of He
W LE	pee s	pt.
he	After this certificate has been signed by the	e De
N:	ficat	Stal
SICIA	certi	the
PHY	this	With
NG	After	eath
ENO)R: /	ter d
AT	ECIL	rs af
AL OR ATTENDIN	PR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygin
PITA	ERAL	20
HOS	FUN	withi
THE	포	Fled
TO THE HOSPITAL OR	2	90

						91	3	101
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTI	RTMENT OF FICATE OF	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	שתחשם	JANE	CADEV		2. DATE OF DEATH MONTH D	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER				1		6,199	91 7:45 A. N
	577-30-2960	1 M 2x XF	(In yrs. lest birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
1	9a. FACILITY NAME (If not institution, give s		00 ms.	Ob CITY TOWN	OR LOCATION OF DE	AUG.30,1	_	D.C.
DIRECTOR					ONIUM	EATH		TY OF DEATH LTIMORE
	10a. STATE 10b. COUNT		10c. C	TY, TOWN OR LOCA	ITION			10d. INSIDE CITY
200		ALTIMORE		TIM	ONIUM			1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER			10	Of. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
l ÿ	33 IVERINE CI				21	093		U.S.A.
BY FU		12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DE If yes, a 1 TYES	CENDENT OF HISPAN porify Cuben, Maxica S 2 ND Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) y:	or No- 1	4. RACE — American Indian, Black, Whita, etc. Specify: WHITE
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT	S USUAL OCCUPATI	ION	16b. KIND OF BUS	SINESS/INDI	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	f work done during m use retired.)	ost of working			OPERATOR
a ₫	12		SH	OP OWNE	R	DKESS .	SHOP	OPERATOR
CON					16. MOTHER'S NA	ME (First, Middle, Meiden	Sumame)	
	B. FRANK CHRIST	rmas				ET K. KE		
TO B	190. INFORMANT'S NAME (Type/Print) MARY G. CHRIST'	MAC				Route Number, City or Town		
	20g. METHOD OF DISPOSITION							1093 0.21093
musi be	1 Buriel 2 Cremation 3 Remains 4 Donation 5 Other (Specify)	oval from Stata Ce	metery, cremetory or ST.JAME	of DISPOSITION (N. other place)			CATION — CII VKTON	ly or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	SI . UAMI		ND ADDRESS OF FAC			
a complete	> MI Olivin R	Pairs TIT				4905		ROAD 21212
3	23. PART i. Enter the diseases, or o	1000	d the death. De	HENR	Y W. JE	NKINS AN	D SOL	NS, BALTO, MD.
	snock, of fleat failure.	List only one cause on	ach lina.	not enter tha mo	oda Dr dying, suci	n aa cardiac or respi	ratory arrea	intarvai Betwean
	iMMEDIATE CAUSE (Final disease or condition	1 UNG	CANCE	Ma	AJATIC			Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE) (() .	47/1//			
Z		b						İ
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE (OF):				
	CAUSE (Disease or Injury	C						
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):				
CE		1						
	PART II. Other algnificant conditions	a contributing to death t	out not resulting	in the undarlyin	g cauaa givan in i			24b. WERE AUTOPSY FINDINGS
MEDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
M						_ _ /		1 TYES 2 NO
PHYSICIAN:								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
1×S	1 VES 2 NO 27. MANNER OF DEATH	26s. DATE OF INJURY		4 - Nursing Hom		6 Other (Specify)		
6	1 Naturel 5 Pending	(Month, Day, Year)	26b. TIR	JURY WO	RK?	28d. DEŞCRIBE HOW IN	JURY OCCUP	RED
BY	2 Accident Investigation 3 Suicide & Could and be	26a. PLACE OF INJURY	- At home, farm.		YES 2 NO	201 LOCATION (Co)		
	■ 4 Homicide determined building, atc. (Specify)						Hural Houle Number,	
COMPLET	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my know	ledge death securi	and at the time of the	and alone it is			
J.W.C	(Check only one) 2 MEDICAL EXAMINER	3: On the basis of examination	n and/or investigation	on, in my opinion 4	and place, end due t eath occured at the	to the cause(s) end mani	ner as stated.	cause(s) and manner as stated,
ECC	29b. SIGNATUBE AND TITLE OF CERTIFIER		nic cs					
[] @	G (In	0			D. 27	730	29d. DATE S	IGNED (Miller)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)				11/10 0//

G.B.M.C. PAVILION, TOWSON, MD.

1991 Julia Davidson-Randelle



_
60,
9
8
39
BOX
0
\mathbf{m}
P.0
10
0)
Œ
ECORDS,
Ö
\mathbf{H}
2
AL.
\vdash
=
LL.
OF
_
Z
0
-
1810
5
=
Ω.

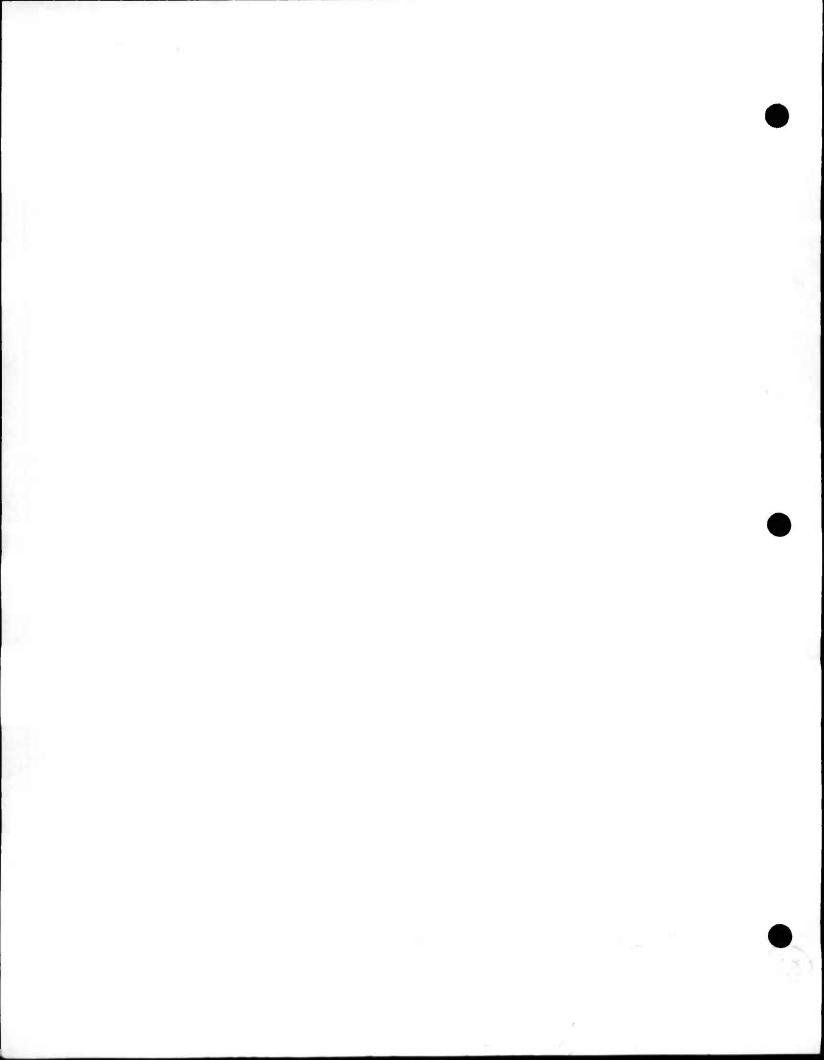
UK ATENDING PHYSCHAN: The law requires that the death certhicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the humanitaness have a page 1 of a should	with the State Dept. of Health and Mental Hygiene prior to b	tem 28 is marked, or tiem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
JUSHIAL UR ALTENDING PH	THE FUNERAL DIRECTOR: After this or	be filed within 72 hours after death wi	IMPORTANT: If Item 28 is marked
4	TO THE FUNE	be filed within	IMPORTANT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR COSHNEAR MAY HAZEL 13, 1991 NOV. 12 NOON 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) MAY 23, 1896 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 - M 2 - F MONTHS DAYS HOURS 021-20-9326 YRS CONNECTICUT 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF OFATH 9c. COUNTY OF OEATH FUNERAL DIRECTOR BALTIMORE 1190 W. NORTHERN PKWY., APT. 501 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE TYPES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1190 W. NORTHERN PKWY., APT. 21210 USA 501 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxicen, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TYES 2 NO ВУ Specify: Specify: WHITE 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest g 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12 AT HOME HOUSEWIFE 17. FATHER'S NAME (First Middle Leet) 16. MOTHER'S NAME (First, Middle, Maiden Surnam LOEB SELENA PHILIP WEIL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 1190 W. NORTHERN PKWY., APT. 501 BALTO., MD 21210 HARRY RICHARD COSHNEAR 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State 11-17-91 BALTIMORE, MD BETH TFILOH CONG. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. llensue NOO 6010 REISTERSTOWN RD., BALTO., MD 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory errest, **Approximate** ehock, or heart feliure. List pnly one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset end Death** diseese or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): AOUNC STENDSIS CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Diseese Dr injury that initieted evente DUE TO JOR AS A CONSEQUENCE OF resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO 1 | YES 2 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA nesidence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AN 28d. DESCRIBE HOW INJURY OCCURED 5 Pending м 1 YES 2 NO BY neAculdent 28e. PLACE OF INJURY — At home, term, atreet, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Onv. Year) Lanu D-304F2-11 5 2 30. NAME AND ADDRESS OF SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



31. DATE FILED (Month, Day, Year)

32. REGISTRAT'S SIGNATURE



	-	-0	2
	BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the bunat-transit perror removal.
Ð	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

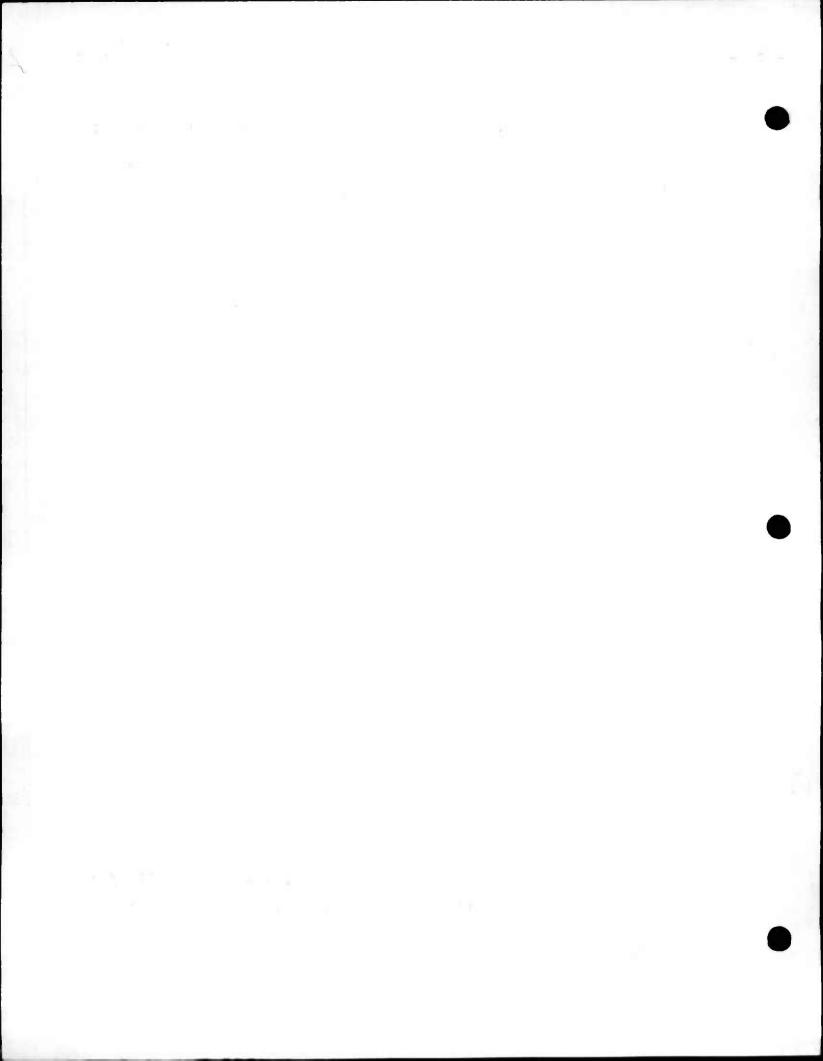
1	-	STATE REGISTR	AR
i	1. D	ECEDENT'S	NAM
- 1		AT T A	T A

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF DEATH	_
	NINA	В.			CI	ARK	100 1 105 9 1 YEA			YEAR	5:34 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			S. BIRTH	IPLACE (State or Fore	nina .
	241-32-4807	1 🗆 M 2 💢 🗐	67	YRS.	MONTHS DAYS	HOURS MIN.	1/10	1/192	4	Countr	CAROLINA	
	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOWN	OR LOCATION OF C		7 2 7 2	_	JNTY OF D		
5	2916 PRESBURY	STREET			BAI	TIMORE	CITY				SALLY SALLY	
ธั	RESIDENCE OF DECEDENT											_
DIRECTOR	10a. STATE 10b. COUNT	Y			Y, TOWN OR LOC						10d, INSIDE CITY _LIMITS?	
	MARYLAND			В	ALTIMOR	E					1 YES 2 N	10
וּאֱ	10e. STREET AND NUMBER				1	Of, ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?	
ij	2916 PRESBURY ST	REET,				21216			USA	1		
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 N Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARA	AED O	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (S	pecify Yea	or No-	14. RACE	- American Indian	n,
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE W	R OR DATES			S 2 NO Speci		1, atc.)		Speci	t, White, atc. fy:	
	15. DECEDENT'S EDU									В	LACK	
E	(Specify only highest grade	completed)	(G/v	EDENT'S we kind of a Do NOT us	USUAL OCCUPAT	ION lost of working	16b, KIN	O OF BUS				
7	Elementery/Secondery (0-12)	Coflege (1-4 or 5+)								_	COUNTY	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		CU	STOD	IAN, BU)F ED	UCATION (OF
	(rasi, middle, Lesi)					18. MOTHER'S N	AME (First, Middl	e, Maiden	Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)											
5	CLEVELAND CLARK					and Number or Rural					ND 01016	
	20a. METHOD OF DISPOSITION					Y STREET						
	1 NBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Special)	oval from State			of disposition (* TAR CEM		DATE				City or Town, State ILLE, MD.	
1 3	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	WESTE	KN 5								
	100	11 9	#	>	ESTE	P BROTHE	RS FUNE	RAL	HOME	P.A	•	
	Jugy 1	1 kg	1/		1300	EUTAW PI	LACE, E	ALTI	MORE	, MD	. 21217	
- 3	23. PART i. Enter the diseases, or a ahock, or heart failure.	complications that	coursed the dea	th. Do r	ot enter the m	ode of dying, suc	ch as cerdiec	or reaple	atory an	reet,	Approximete	
	IMMEDIATE CAUSE (Final	1/		1 1	- 1	- 1		,	^		Onset and I	
	disease or condition reaulting in death)	o. Maporte	ensive 1	Alfe.	riosc len	tiz dur	10 vaser	ler	1)13	sease	2	15000
		DUE TO (OR AS A CONSECU	UENCE OF	ን:							
Z	Sequentially list conditions,	b										
Ē	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSECU	JENCE OF	ි):							
입	CAUSE (Diseese or injury	C	OR AS A CONSECU	IENOE OF								
ĒΙ	that initiated evente resulting in death) LAST	001 300	ON AS A CONSECU	JENCE OF	.):						ŀ	
CERTIFICATION		4										
	PART II. Other algnificent condition	e contributing to d	leath but not re	eulting I	n the underlylr	g cause given in	Part I. 24s	. WAS AN		24b.	WERE AUTOPSY FIND	DINGS
EDICAL							4.5	PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAU	
ME							'`	TES /	A MO		OF DEATH?	
							-				1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)		_			
S	EXAMINER? 1 XYES 2 NO	HOSPITAL:	ER/Outpatlant 3	DOA	OTHER:	ne \$(XReeldence	6 Other (Co.					\neg
ξ	27. MANNER OF DEATH	28a. DATE OF II	NJURY	28b. TIMI	E OF 28c. IN	JURY AT	26d. DESCRIE		JURY OC	CURED		
ВУ Б	Natural 5 Pending Accident Investigation	(Month, Day	(Year)	INJ		YES 2 NO						
	3 Suicide 6 Could not be	26a. PLACE OF	INJURY — At hom	e, farm, s			28f. LOCATIO	(Street ar	nd Number	or Rural R	oute Number	
	4 Homicide determined	building, et	іс. (Зреспу)				City or Tox	vn, State)			,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of m	w knowledge deal		4 4 4 4 4	EWE VAN				_		_
N	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of exa	mination and/or in	vestication	n. In my oninion	end place, and due	to the cause(e)	and manr	ver an atat	led.	J	
	290. SIGNATURE AND TITLE OF CERTIFIER				opinion,			piaca, and	dua to th	na ceuse(a)	and manner as atste	ed.
띪	() (()	elo sa	0			29c. LICENSE NUI					(Month, Day, Year)	
<u>و</u> ا	HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH STEEL	27) (7	(D-i-a)	0.C	м.Е.		7]	1/15	/91	
	J. LAFON LICKE	AAA)				,BALTI	MODE M	ADV	TANT	0 21	201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR		NIN	SIKEEI	, DALLIE	TOKE,	IANI	L W M I	0 41	201	
	NOV 9 A 100		S SIGNATURE	0 00	100							
		A a . P	/1.1	Acres of the State of	7 -							



DHMH-16 Rev 1/89



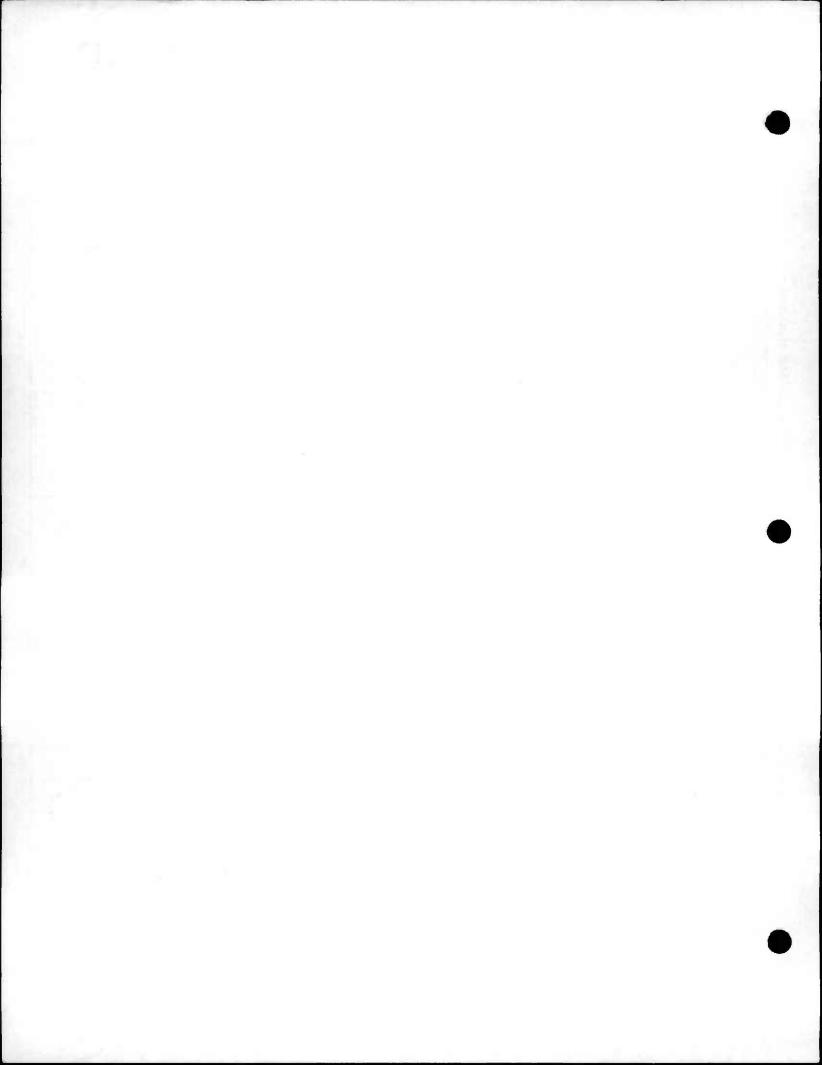
BALTIMORE, MARYLAND 21203-3146	1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 vious after death. Page 6 may be retained by the hospital or attending physician	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trait hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
_	rs afte	remov
-	HOL	illed in
V	hin 2	matio
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ted wit	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f 2 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
5	EXECU	and o
ŏ	ite be	ysician prior t
	rtifica	ng ph
P.0	ath	tendi al Hy
Ś	he de	the at
8	that t	d by
္ပ	Jires	signe
뿚	v req	been f. of
AL	he la	e has
=	AN: 1	tificat e Staf
F	1VSIC	is cer
Z	NG P	ter the
000	ENDI	DR: All
(1)		PE
>	A	PECT ITS 3

nsit permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-riours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	0	F DEAT	TH		REG	NO

1 - FOR STATE REGISTRAR		STATE OF MA				F HEALTH AN		L HYGIENE			
1. DECEOENT'S NAME (First,	C C	antle		***			2. DATI	E OF OEATH	91		ME OF DEATH
4. SOCIAL SECURITY NUMBE 220-36-412 9a. FACILITY NAME (If not ins	24	1 M 2 🗆 F	AGE (In yrs. la	YRS.		AR IF UNDER 24 H	in. Api	of BIRTH th, Day, Year)	- C	ountry) Mary	
Lorien N	Jursino	Home	_			BAltimo					
10a. STATE Md.	10b. COUNTY	Baltimore		10c. CITY,	TOWN OR L	ocation ltimore			10	100	INSIDE CITY LIMITS?] YES 2 X NO
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZEN		COUNTRY?
15 Warrer 11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divor	Married	12. WAS DECEDENT E FORCES? 1 [IF YES, GIVE WAR	YES 2		If ye	DECENDENT OF HIS, specify Cuben, M	SPANIC ORIGI		or No— 14. 1	Specify:	merican Indian, ite, etc.
15, OECE (Specify only Elementary/Secondary (0-	EDENT'S EDUCA highest grade of	ATION ompleted) College (1-4 or 5 +)	(0	BOOSE ROOSE	rk done durir retired.)	PATION g most of working	16	b. KIND OF BUS	INESS/INDUST	RY	
17. FATHER'S NAME (Flost, Mit Basil C.		Cr		TOOLC		18. MOTHER	'S NAME (First,	Middle, Malden	Surname)		
Dasil C.		. 21.	1				ances				
Frances (1	15 Wa	rren	Road BA	Altimo:	re Mar	yland	212	21
20a. METHOD QE DISPOSITION 1 During 2 Cremation 4 Donation 6 Other	n 3 🗆 Remov	al from State	other p	riace)		of cometery, cremeter	y or		ation - chy		Aryland 2
21. SIGNATURE OF FUNERAL	SERVICE LICE	Fun	e rick	186n	22. NAR	me and address onelly Fur					
iMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if sny, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events	ons, diata	Example 1000 Te 1000	R AS A CONSE	e. Outline or: Uny OUTHOR OF:		alcoh		unac or respin	atory sriest,		Approximats interval Between Onset and Daath
PART ii. Other significa	d.	contributing to de	eath but not	resulting in	the under	flying cause give	n in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CON OF I	RE AUTOPSY FINDINGS LABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\square\) NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTMER:	8. PLACE OF DEAT	H (Check only	one)			
1 TYES 2 NO		1 Inpetient 2 E		3 🗆 DOA 4	Nursing N	Home 5 Reald		ner (Specify) ESCRIBE HOW to	N HIBY OCCUPE	. n	
1 Pennint 5 🗆	Pending Investigation	(Month, Day,	Year)	26b. TIME INJUI		WORK?		EŞCRIBE NOW II	AJORY OCCURE	:0	
3 Suicide 6 🗆	Could not be determined	28e. PLACE OF I	INJURY — At h c. (Specify)	iome, farm, str	eet, factory,	office	261. LO	CATION (Street a y or Town, State)	and Number or R	tural Floute	Number,
anal only		IAN: To the best of m								nuse(e) and	I menner as stated.
206. SIGNATURE AND STILE	#m	~	Medi	2 200). red	29c. LICENS	E NUMBER	6	29d. DATE SIG	GNED (Moi	nth, Day, Year)
30. NAME AND ADDRESS OF	16 B	2. REGISTRAR	40	550 F	5 (to	pkins &	کامران دی	us Circ	le Ba	1661	40 21724
	0 0	1001	Lilia Dai	Adson-1	andre						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Meriral Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Item: 4, per F.H. 12/4/91 G-682 reb FOR STATE

STATE	OF	MARYLANI	/ DEP	ARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
			CERT	IFICATE	0	F DEAT	TH		REG	

	REGISTRAR	CERTIF	ICATE OF	DEATH	F	REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last) Doris E.				2. DATE OF MONTH		YEAR	3. TIME OF DEATH 7:45 PM		
	2/2-32-755 1 DM 2 DF	In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I		Count	PLACE (State or Foreign		
CTOR	9a. FACILITY NAME (If not institution, give street and number) GOD SAMARITAN HOSPIT RESIDENCE OF DECEDENT	AL		MORE		9c. COU	NTY OF D	EATH		
DIRECTOR	Maryland 10b. county	10c. CIT	y, town or Locat Baltimo					10d. INSIDE CITY LIMITS? 1 A YES 2 NO		
FUNERAL	3513 Erdman Avenue		10f.	21213			10g. CITIZEN OF WHAT COUNTRY? U. S. A.			
BY	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	U.S. ARMED 2 ZINO NTES	If yes, spe	ENDENT OF HISPA ecity Cuban, Maxic 2XXNO Speci	an, Puarto Ricar	pecify Yea or No-	14. RACE Black Speci	- American Indian, t, Whita, atc.		
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
OMPL	NA NA 17. FATHER'S NAME (First, Middle, Last)	Nurse		18 MOTHERIC M		ltimore	City			
BE	Henry Wagner 190. INFORMANT'S NAME (Type/Print)			Elizab	eth Pl:	itt				
10	Kathleen D. Alexander (Dghtr)	196. MAILING 1216	Clearfie	eld Circ	le, Lu	City or Town, State, Zi therville	o Code)	1. 21093		
	4 Donetton 5 Other (Specify)	PLACE AND DATE OF OF OF OF OF OF	proisposition (Nar her place) Faith (me of Cemetery	OATE	20c. LOCATION -				
	21. SIGNATURE OF FUNERAL SERVICE NCENSEE	5 6	Schimu	o address of F	eral Ho	omes, Inc	2.			
	23. PART I. Enter the diseases, or complications that caused shock, or heart fallure. List only one cause on as	the death. Do n	ot enter tha mod	da of dylng, suc	ch as cardiac	or respiratory ar	rast,	Approximata		
	IMMEDIATE CAUSE (Final disease or condition							Interval Batwean Onset and Dasth 2 days		
NO	Sequentially list conditions, b. Mefa st		4 56	me, (iver			7 Lays		
CERTIFICATION	it sily, resulting to immediate	CONSEQUENCE OF								
	d									
EDICAL	PART II. Other significant conditions contributing to death but	it not rasulting li	tha underlying	csuse givan in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N. W					-			1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 No Input 1 Provided to 1 Provided		26. PLA OTHER: 4 Nursing Home	ACE OF OEATH (Ch						
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RY AT		E HOW INJURY OC	CUREO			
red BY	2 Accident Investigation 3 Suicida 8 Could not be determined Sea. PLACE OF INJURY - building, atc. (Specif	At home, ferm, st		2 1 10	28f. LOCATION City or Tox	N (Street and Number vn, State)	or Rural Ru	oute Number,		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the beat of my knowle of my knowle one) 2 MEGICAL EXAMINER: On the beat of exemination	dge, death occurred	d at the time, date e	and place, end due	to the cause(s)	end manner as atat	ed.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	M D		29c. LICENSE NUM		29d. DAT	E SIGNED	Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH			0 60	. 70		-18-			
	ANTONIO A. PEDRO 5701 LO 31. DATE FILED (Month, Day, Yago) 1991 Julia Davidso	TURE Pandell	N DLVL	1., 04.	10.	MU 2	123	7		

DHMH-18 Rev 1/89

CJ.	40
BALTIMO	ad within 24 hours after death Pane 6
ALI	death
œ	after
	SUITE
	24
oʻ	within
376	ned
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DAZA
ô	ě
m	cate
o	Sertifi
۵	ath
Ś	e de
뭂	at th
0	th Si
E	onlin
Œ	W L
₹	he
5	N.
u.	SICI
0	PHY
Z O	SING
S	TEN
≥	A AT
	0
	PITA
	HOS
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

1 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH	AY	YEAR	3. TIME OF OEATH
- 1	LUCRESS 4. SOCIAL SECURITY NUMBER			DOUG				11 16		91	9:38
	213-30-5490	5. SEX	6. AGE (In yrs. le	vrs.	MONTHS DAY		MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not Institution, give			ing.	SP CITY TON	VN OR LOCATION	N OF OF	10/27/3	_		folk, V
۳ ا		- 100					N OF OEA	IH	9c. COUN	ITY OF DE	ATH
DIRECTOR	1022 ABBOTT				BALI	IMORE			1		
E	10e, STATE 10b, COUN	TY		10c. CIT	Y, TOWN OR LO						10d. INSIDE CITY LIMITS?
18	MARYLAND				BALT	'IMORE					YES 2 N
RA	1022 ABBOTT C	OHDIII			1	101. ZIP CODE			10g. CITIZ		AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEOEN	IT EVED IN II C A	BMEO	142 486		202			USA	
	1 Never Married 2 Married	FORCES? 1	YES 2 2	NO	If yes	specify Cuban,	, Mexican,	ORIGIN? (Specify Ye. Puerto Rican, atc.)	a or No-	Black,	– American Indian, Whita, atc.
BY	3 Wildowed 4 Divorced	720, 6172	AN ON ORIES		, ,	TES 2 IN NO	Speciny:			Specify:	BLACK
	15. DECEDENT'S ED (Specify only highest grad	UCATION fe completed)	- 0	Sive kind of a	USUAL OCCUP	ATION most of working	,	166. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Lid	e. Do NOT us	se retired.)						
M	17. FATHER'S NAME (First, Middle, Last)										
	EDMOND DOUGLAS	3						E (First, Middle, Maiden DOUGLAS			
8	19a. INFORMANT'S NAME (Type/Print)		19	D MAILING	AODRESS (Stor			ute Number, City or Tox		Codel	
2	ROLAND COKER.	JR.				E AVE		BALTIM			21207
	20a. METHOD OF OISPOSITION		20b. PLACE		OF DISPOSITION		иод	The second secon	CATION —		
	1X Buriel 2 Cremetion 3 Rail 4 Donation 5 Other (Specify)	moval from Stata	- cemetery S	TERN	STAR	CEME	TERY				MARYL
	21. SIGNATULE OF FUNERAL SERVICE L	ICENSEE	A	_	22. NAME	AND AOORES	S OF FACIL	ITY			
	MOLTIL	1 1 () 1	0-4		160	OY U.	TYU	ETT & SO	N FU	NERA	L HOME
	23. PART 4 Uniter the displices, or	complications the	caused the d	eath. Do r	ot enter the	mode of dvin	CULI	HEIGHT	S AV	ENUE	2120
	shock, or hear failure IMMEDIATE CAUSE (Final	. List only one dat	e on each lin	e.			· g,	se caralac or resp	matory arre	31,	Interval Bet
	disease or condition	ARTERIOS	LERATIC	CARDII	VASCULA	R DISEA	SP				Onset and E
	resulting in death)		(OR AS A CONSE			11 273011	-				
Z	Sequentially list conditions,	b									
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE OF	7):						
일	CAUSE (Disease or injury	C. DUE TO	(OR AS A CONSE	OUENCE OF	3.						ļ
RTIFICATION	that initiated eventa reaulting in death) LAST	002 10	(OR AS A CONSE	QUENCE OF	-):						Ì
_ "		d									+
₩ U											
	PART II. Other significant condition		death but not	resulting i	n the underly	ying cause gl	ven in Pa	ort I. 24e, WAS AN			
DICAL	ARTERIAL HYPERTEN	ISION	death but not	resuiting i	n the underly	ying cause gl	ven in Pa	ert I. 24e, WAS AN PERFOR	RMEO?	A	WAILABLE PRIOR TO
	_	ISION	death but not	reauiting i	n the underly	ying cause gl	ven in Pa	PERFOR	RMEO?	â	WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI	ISION	death but not	resuiting i	n the underly	ying cause gl	ven in Pa	PERFOR	RMEO?	â	VERE AUTOPSY FINO WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? YES 2 NO
MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	TUS			26 OTHER:	. PLACE OF DEA	ATH (Check	PERFOF 1 YES 2	RMEO?	â	WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL	ARTERIAL HYPERTER DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X) YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	26 OTHER: 4 \(\text{Nursing H}	. PLACE OF DEA	ATH (Check	PERFOR 1 YES 2 conly one) Other (Specify)	RMEO?	1	WAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
PHYSICIAN: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 \(\text{NO} \) 27. MANNER OF DEATH 1 X Netural 5 \(\text{Pending} \)	TUS	ER/Outpatient :	3 DOA	OTHER: 4 \(\text{Nursing H} \) E OF URY 28c.	. PLACE OF DEA	ATH (Check	PERFOF 1 YES 2	RMEO?	1	WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
BY PHYSICIAN: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 28e. OATE OF (Month, D) 28e. PLACE O	ER/Outpatient : INJURY ay, Year) F INJURY — At h.	3 DOA	266 OTHER: 4 \(\text{Nursing H}\) Nursing H E OF URY M 1 [PLACE OF DEJ	ATH (Check	only one) Other (Specify) Bd. OEŞCRIBE HOW I	RMEO?	A C C C C C C C C C C C C C C C C C C C	MAILABLE PRIOR TO COMPLETION DF CAL F DEATHY YES 2 NO
ED BY PHYSICIAN: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 28e. OATE OF (Month, D) 28e. PLACE O	ER/Outpatient :	3 DOA	266 OTHER: 4 \(\text{Nursing H}\) Nursing H E OF URY M 1 [PLACE OF DEJ	ATH (Check	PERFOR 1 YES 2 conly one) Other (Specify)	RMEO?	A C C C C C C C C C C C C C C C C C C C	MAILABLE PRIOR TO COMPLETION OF CAL F DEATHY YES 2 NO
ETED BY PHYSICIAN: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF OEATH 1 X Netural 5 Pending Investigation 3 Suicide 8 Could not be 4 Homicide determined	HOSPITAL: 1 Inpatient 2 28e. OATE OF (Month, D) 28e. PLACE O building,	ER/Outpatient : INJURY ay, Year) F INJURY — At hetc. (Specify)	3 DOA 28b. TIMINJ	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [. PLACE OF DEA	ATH (Check Idence 6 2 NO 2	PERFOR 1 YES 2 Conty one) Other (Specify) 8d. OESCRIBE HOW I 8f. LOCATION (Street City or Town, State)	NJURY OCC	URED	MAILABLE PRIOR TO COMPLETION DF CAL F DEATHY YES 2 NO
ETED BY PHYSICIAN: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF OEATH 1 X Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CONTROL OF CERTIFYING PHYSICAL CONTROL OF CONTROL	HOSPITAL: 1 Inpatient 2 28a. OATE OF (Month, D) 28e. PLACE O building.	ER/Outpatient: INJURY ay, 'bear') F INJURY — At hetc. (Specify) my knowledge, d	3 DOA 28b. TIMI	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [street, factory, o	. PLACE OF DEJ	ATH (Check Idenca 6 NO 2	conty one) Other (Specify) 8d. OEŞCRIBE HOW I 8f. LOCATION (Street City or Town, Stete)	NJURY OCC	URED OF Rural Rounds.	MAILABLE PRIOR TO COMPLETION OF CAL F DEATHY YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ness 2 NO 27. MANNER OF DEATH 1 Nestural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 28a. OATE OF (Month, D) 28e. PLACE O building, SICIAN: To the best of a:	ER/Outpatient: INJURY ay, 'bear') F INJURY — At hetc. (Specify) my knowledge, d	3 DOA 28b. TIMI	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [street, factory, o	. PLACE OF DE/	ATH (Check Idence 6 No 2 and due to d st the time	PERFOR 1 YES 2 1 Only one) Other (Specify) 8d. OESCRIBE HOW I 8f. LOCATION (Street City or Town, State) the cause(a) and men	NJURY OCC	URED Or Rural Rounds d. a cause(s) a	MAILABLE PRIOR TO COMPLETION OF CAL F DEATH! YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
BE COMPLETED BY PHYSICIAN: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF OEATH 1 X Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CONTROL OF CERTIFYING PHYSICAL CONTROL OF CONTROL	HOSPITAL: 1 Inpatient 2 28a. OATE OF (Month, D) 28e. PLACE O building, SICIAN: To the best of a:	ER/Outpatient: INJURY ay, 'bear') F INJURY — At hetc. (Specify) my knowledge, d	3 DOA 28b. TIMI	26 OTHER: 4 Nursing H E OF 28c. URY M 1 [street, factory, o	. PLACE OF DE/ tome 5 X Real INJURY AT WORK? YES 2 Iffica Iste and place, a n, death occurred	ATH (Check Idence 6 2 NO 2 2 and due to d st the times NUMBICE	PERFOR 1 YES 2 1 Only one) Other (Specify) 8d. OESCRIBE HOW I City or Town, State) the cause(a) and mediane, date and place, an	NJURY OCC	URED URED Or Rural Round d. Cause(a) a Signeo (A	MAILABLE PRIOR TO COMPLETION OF CAUSE PRIOR TO STATE OF THE PRIOR
BE COMPLETED BY PHYSICIAN: MEDICAL	ARTERIAL HYPERTEN DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ness 2 NO 27. MANNER OF DEATH 1 Nestural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpatient 2 28a. OATE OF (Month, D) 28a. PLACE O building. SICIAN: To the best of a: ER: On the bests of a:	ER/Outpatient : INJURY ey, Year) FINJURY — At hetc. (Specify) my knowledge, dixemination end/or	3 DOA 28b. TIMM INJ	26. OTHER: 4 Nursing H E OF 28c. URY M 1 [street, factory, o	. PLACE OF DE/ tome 5 X Real INJURY AT WORK? YES 2 Iffica Iste and place, a n, death occurred	ATH (Check Idence 6 No 2 and due to d st the time	PERFOR 1 YES 2 1 Only one) Other (Specify) 8d. OESCRIBE HOW I City or Town, State) the cause(a) and mediane, date and place, an	NJURY OCC	URED URED Or Rural Round d. Cause(a) a Signeo (A	MAILABLE PRIOR TO COMPLETION OF CAL F DEATH! YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO
ED BY PHYSICIAN: MEDICAL	ARTERIAL HYPERTER DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER NOMALL DIABETES MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER OF ALL ONE DIABETES MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER OF ALL ONE DIABETES MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER OF ALL ONE DIABETES MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER ONE DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINE 25. WAS CASE REFERRED TO MEDICAL EXAMINE 27. MEDICAL EXAMIN 28b. SIGNATURE AND TITLE OF CERTIFIER ONE DIABETES MELLI 25. WAS CASE REFERRED TO MEDICAL EXAMINER 27. MANNER OF DEATH 1 Notural 27. MANNER OF DEATH 1 Notural 27. MANNER OF DEATH 1 Notural 28c. CERTIFIER ONE 1 NOTURE	HOSPITAL: 1 Inpatient 2 28a. OATE OF (Month, D) 28e. PLACE Of building, SICIAN: To the best of a: ER: On the besis of a: ER MAN MD	ER/Outpatient INJURY ay, Year) FINJURY — At hetc. (Specify) my knowledge, dixemination end/or	3 DOA 28b. TIMI INJ DITE, farm, seth occurre investigatio	26. OTHER: 4 Nursing H E OF 28c. URY M 1 [street, factory, o	INJURY AT WORK? YES 2 Iffica Interpretation of the property	ATH (Check Idence 6 2 NO 2 2 and due to d at the tin ISE NUMBIC C . M .	PERFOR 1 YES 2 1 Only one) Other (Specify) 8d. OESCRIBE HOW I City or Town, State) the cause(a) and mediane, date and place, an	NJURY OCCI	URED Or Rural Round d. cause(s) a Signeo (h.	MAILABLE PRIOR TO COMPLETION OF CAL F DEATH? YES 2 NO NOTE Number, Ind manner as stat fonth, Day, Year)

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leat)	James	-	TIFICAT vis	E OF DEA		REG. NO	DAY / I	YEAR 3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AM	E (In yrs. lest birt	res. IF UNDE	DAYS HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 2/16/33			CE (Stalling or For
TOR	9a. FACILITY NAME (If not institution, give structure) RESIDENCE OF DECEMENT	eet and number) HUS	PITAL	9b. CIT	Y, TOWN OR LOCAT	10N OF DEAT	MARYU		TY OF OEATH	
DIRECTO	10a. STATE 10b. COUNTY Md.		10	Balt:	imore				1 8	LIMITS?
FUNERAL		Payson St.			10f. ZIP COI 212	23		U	SA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1# Y IF YES, GIVE WAR 0 4/53 0	ES 2 NO	13.		an, Mexican,	ORIGIN? (Specify Ye Puarlo Rican, atc.)		Black, WI Specify:	American Indi hita, atc. Americ
COMPLETED	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		(Give ko	ENT'S USUAL (ind of work done NOT use retired.)	during most of work	ding	16b. KIND OF B	USINESS/IND	JSTRY	
E COM	17. FATHER'S NAME (First, Middle, Lest) Willie J.	Davis	,		18. MO		E (First, Middle, Meide ille	n Sumame) Davis		·
TO B	19a. INFORMANT'S NAME (Type/Print) A Louise Davis				s (Street and Numb		ute Number, City or To	wn, State, Zip 21223	Code)	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 8 Other (Specify)	val from Stata		DATE OF DIS	POSITION (Name	1/21/9	DATE 20c. L	ocation - c		
	21. SIGNATURE OF FUNERAL SERVICE LICE	estr			Estep B	ess of FACI		1 Hom	e P.A.	
	23. PART 1. Enter the discesses, or construction of the constructi	lst only one dause o	n each line.		r the mode of d			piratory arre	eat,	Approxim Interval E Onset an
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	RESPIL	LATURY AS A CONSEQUE	FAI	LURE					
CERTIFIC.	CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUE	NCE OF):			· -			
: MEDICAL CI	PART II. Other significent conditions	contributing to deat	h but not resu	ilting in the u	inderlying cause	given in P	Part I. 24a. WAS A PERFC	N AUTOPSY DRMED?	CO OF	RE AUTOPSY F VILABLE PRIOR MPLETION OF DEATH?
PHYSICIAN: 1	25. WAS CASE REFERRED TO MEDICAL BXAMMER?	HO\$PITAL:	Outpetlant 3	OTHE DOA 4 TH	28. PLACE OF					
BY PHY	27. MANNER OF DEATH Netural 6 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye	RY 2	Bb. TIME OF INJURY M	28c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCC	URED	
ED	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc.		/ .	ctory, office		261. LOCATION (Stree City or Town, Stat		or Rural Route	Number,

Julie Durdson-Handelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month), Day, Year)

DHMH-16 Rev 1/89

		di .	
			1.0
			- 74
			- 44
	4		
			14
			44.1
			1.22

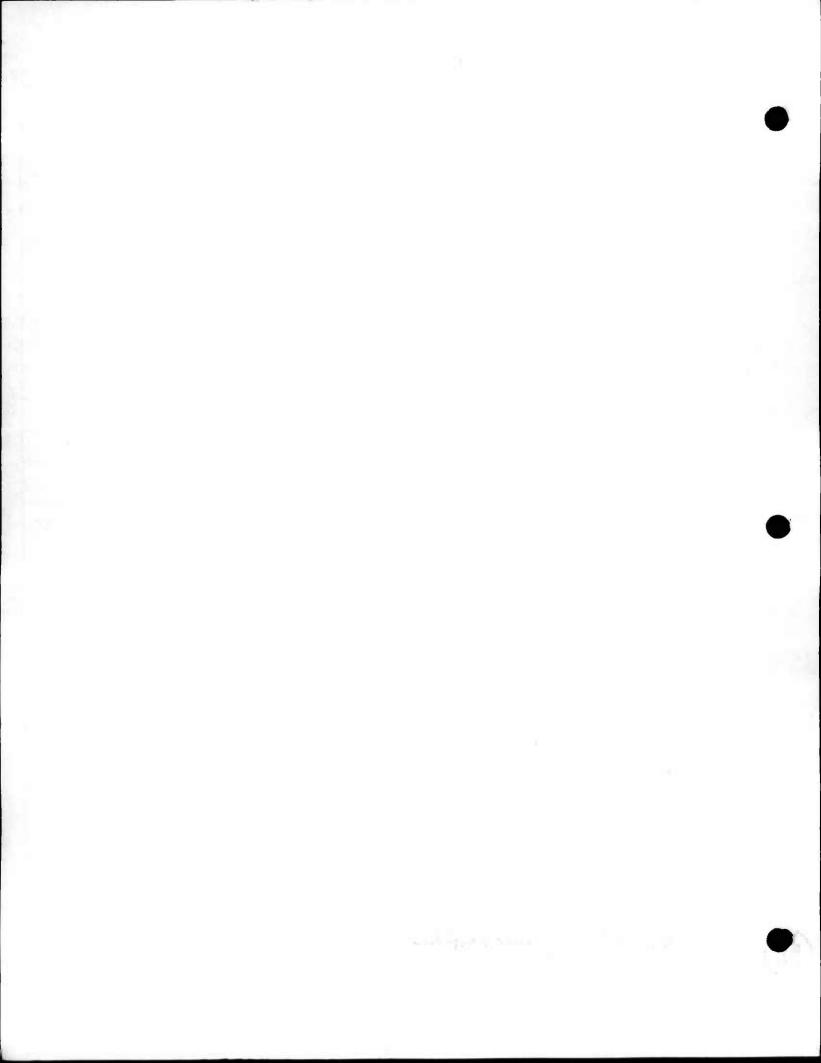
21711 0 1

*	Ber	Tire	å.	2	20	315	ha	15	4.7:	E.	38	3	A	115	T.	M			
1	0	1	2	6	1	1/2	1		2.	O	3"	Z		*	*	0	M	1	我
 190	5	50	4		165		Ps.								70	13	00	4.0	9

	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARY	LAND / DEP CERT	ARTMENT OF IFICATE O	F DEATH	1211	HEG. NO	D/23	5815 /63	FI
	BENJAHIN	FLEISCH	HER		* 300 P. S. S. S. S. S. S. S. S. S. S. S. S. S.	2. DAT MON		3 9	YEAR	11:30A
	4. SOCIAL SECURITY NUMBER 219–18–5078A	1 🔀 M 2 🗌 F	(In yrs. last birthd				OF BIRTH		BIRTHPLA	CE (State or Foreign LAND
0 B	9e. FACILITY NAME (If not institution, give str SINAI HOSPITAL				N OR LOCATION OF I	DEATH		9c. COUNT	Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND		10c.	CITY, TOWN OR LO	CATION					I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	106. STREET AND NUMBER 6101 PARK HEIGHT	S AVE., API	2-G		101. ZIP CODE 21:	215			N OF WHAT	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	IN U.S. ARMED	II yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 NO Speci	en, Puerto	IN? (Specify Yes	e or No— 14	Black, Wh Specify:	American Indian, lite, etc.
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give kind	T'S USUAL OCCUPY of work done during T use retired.)	most of working	16	b. KIND OF BU		STRY	
COMPL	12 17. FATHER'S NAME (First, Middle, Last)	COUED		TROTREE	18. MOTHER'S N		Middle, Melden	Sumame) KNOWN)	HIE	
TO BE	19e. INFORMANT'S NAME (Type/Print)	SCHER			et and Number or Rura		nber, City or Tow	n, State, Zip C		MD 21208
	MRS. BETTY LIC	20		TE OF DISPOSITION		-15-	TE 20c. LO	CATION — CR	y or Town, S	State
	21. SIGNATURE OF FUNERAL SERVICE LICE		non	22. NAME SOI	AND ADDRESS OF E	ACILITY E	BROS.,	INC.		
	23. PART i. Enter the disesses, or created with the shock, or heart feliurs. L. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	Vecty	ach lins.	Arrhy		ch as car	disc or respi	iratory arres	it,	Approximats Interval Bstween Onest and Dsath
CERTIFICATION	Sequentially list conditions, if any, isading to immediats cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS								
7	PART ii. Other aignificant conditions	contributing to death t	out not reaultin	g in the undsrly	ing causs given in	Part i.	24s. WAS AN PERFOR	MED?	COM	NE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE
IN: MEDIC										PEATH?
PHYSICIAN:		HOSPITAL:	patient 3 🗆 DO/	OTHER:	PLACE OF DEATH (C		-			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		INJURY	NJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCUP	RED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe-	— At home, terr	n, atreat, lectory, of	fice	281. LOC City	CATION (Street of Town, Stete)	and Number or	Rural Route I	Number,
COMPLET	29e. CERTIFIER (Check only one) 1 📜 CERTIFYING PHYSICI (Check only one) 2 [MEDICAL EXAMINER:	AN: To the bast of my know	riedge, death occ n end/or investig	irred at the time, di	ite and piece, end du	time, date	use(s) and mer	nner ea atated.	euse(e) end	menner es stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1	-	DOCTOR	29c, LICENSE NU			29d. DATE S		th, Day, Year)
۲	30. NAME AND ADDRESS OF PERSON WHO FERNANDO MERA	()	HOSPIT		21209	·				
	NOV 2 0 1991	1 32. HEGISTHANIO SIGN	ATURE					-		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



hould

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

or aftending physician.	use as the bunal-transit permit. Pages 1, 2, 3 ;	
TO THE MOST INC. THE MENT OF THE COLUMN. THE TWO THE CHARLES WHAT INC. DESCRIPTION WHITH 24 HOURS ALIE! DEATH, MAY BE FRAINED BY THE HOSPITAL OF	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

31. DATE FILED (Month, Day, Year)

1991

31715 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH by0. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthd 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign 1 X M 2 | F DAYS HOURS Year) Ula 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10 1 YES 2 NO 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? u 21 229 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced ell COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highe 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) D DOK 1ha 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street 9 ubu 21229 20a METHOD OF DISPOSITION
1 Burlet 2 Cremetion 20b. PLACE AND DATE OF DISPOSITION /N/ Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY 23. PARY I. Enter the diseeses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ehock, or heart feilure. List only one ceuse on eech line. intervel Between **IMMEDIATE CAUSE (Final** Onset and Death diseese or condition recuiting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING YO CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 080 PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Infaccom Bonuel PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? cetes 1 TYES 2 NO Bengh 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examinstion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as attend. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 100000 11/19/9 012779

32 BEGISTHAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LUCY IN THE STATE OF THE STATE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the 25 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 78 farmed on them.	THE COLUMN TO THE PARTY OF THE
---	---

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIE								
	1. DECEDENT'S NAME (First, Middle, Last)	h	GRA	+4	2. DATE OF DEATH MONTH	7 9	3. TIME OF DEATH						
	200 02 0000	5. SEX 6. AGE (In yrs. I		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0 (/ 8.	BIRTHPLACE (State or Foreign Country)						
TOR	Liberty Medi	98. FACILITY NAME (If not institution, give street and number) 1											
DIRECTOR	10a. STATE 10b. COUNTY	Balto											
FUNERAL	39/5 Liberty	Heights A	re	10f. ZIP CODE 2/2/	5	10g. CITIZEI	N OF WHAT COUNTRY?						
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If	AS DECENDENT OF HISPA yes, specify Cuban, Maxic YES 2 NO Spec	en, Puerto Ricen, etc.)	Yes or No- 14	Black, White, etc. Specify: Black						
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	ompleted) (ECEOENT'S USUAL OCC Give kind of work done du fe. Do NOT use retired.)	CUPATION ring most of working	16b. KIND OF B	USINESS/INOUS	TRY						
COM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maid	on Surname)							
TO BE	19a. INFORMANT'S NAME (Type/Print)	ay	9b. MAILING ADDRESS (Street and Number or Rural	Route Number, City or To	1 aal	500						
Ĕ	Devilla He	mes	39/5	Liberty 1	45 to Alex	Hot	BIY Balto, nd						
	1 V Burial 2 Cremation 3 Remov	ral from State cemeter	ministery for bitter place)	in Cery	11-21-91 6	Da (7)	or Town, State						
	21. SIGNATURE OF FINERAL SERVICE LICEN	March	,	AME AND AODRESS OF F	mar	17	Turn / Har						
		mplications that causad the d st only ona cause on aach lin	aath. Do not antar ti a.	na moda of dying, su	ch ss cardiac or ras	piratory arrast	Approximate Interval Between						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE/TO (OH AS A CONSEQUENCE OF):												
NO	Sequentially list conditions,												
CERTIFICATION	if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury	arter	Heiro	eis.									
ERTII	that initiated aventa resulting in death) LAST	Hy pe	CULTURAN										
A	PART II. Other significant conditions	contributing to death but not	resulting in the unde	orlying cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
PHYSICIAN: MEDIC	- + 1EU	LAS CONCU	und		1 □ YES		COMPLETION OF CAUSE OF DEATH?						
AN:	25. WAS CASS-REFERRIED TO MEDICAL						1 TYES 2 THO						
YSICI	EXAMPLEY 1 PYES 2 MO	HOSPITAL:	THER:	26. PLACE OF DEATH (C) 9 Nome 5 Residence									
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUSTY (Month, Day, Mar)	INJURY	WORKY T YES 2 NO	284. DESCRIBE HOW	INJURY OCCUR	ED						
тер ву	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)											
COMPLETED	29a. CERTIFIER (Check only pos) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, de	eath occurred at the time	s, date and place, and due	to the cause(s) and mo	enner as stated.							
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1		29t. LICENSE NUI	-	_	GNIED (Minth, Day, Year)						
5	30. NAME AND ADDRESS OF PERSON WHO	SOMPLETED CAUSE OF DEATH SITE	M 27) (Type, Print)	DIFF	47	14	19/9/						
	morrere	Alva.	· Px	you CA	ley A	201	2						
	NOV 2 0 1991	ila Davidson-Handa	82		1								



Freder March

ELLINE FROM THE THE TENED TO TH

BALTIMORE, MARYLAND 21215-0020

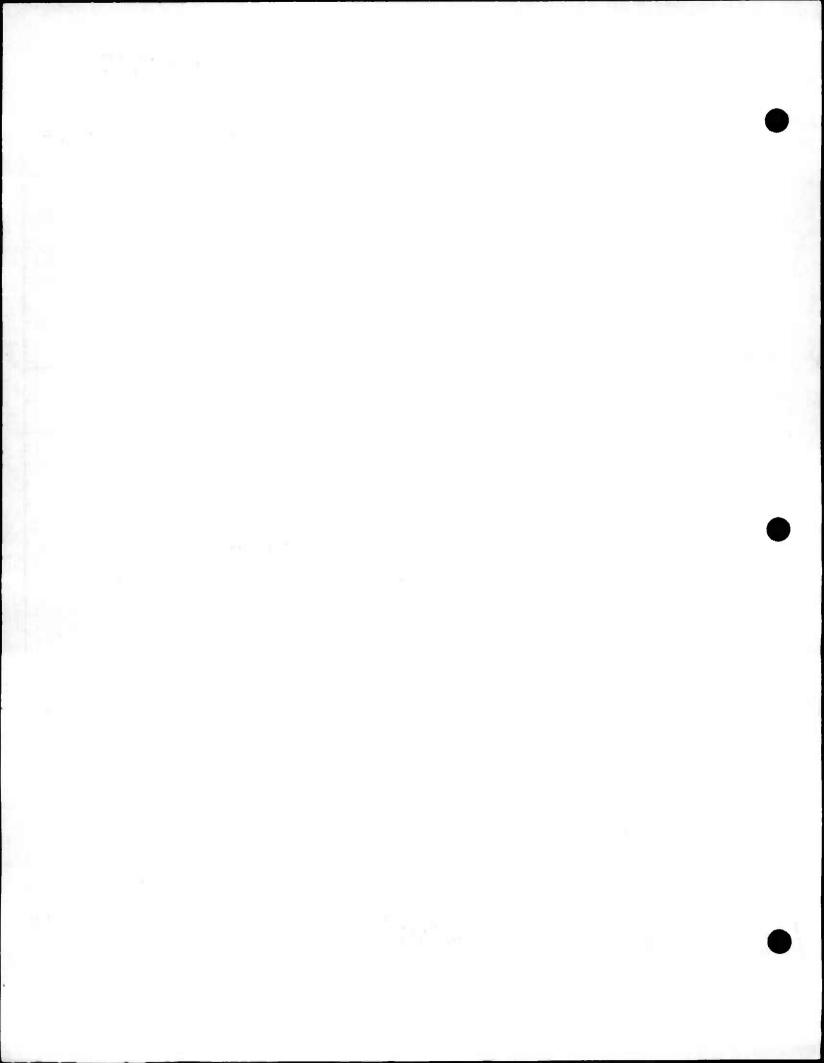
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	0 0 man 0 mm 0 0 mm 0 0 mm		
		2	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO.

	1. DECEDENT'S NAME (First	- 11	- 0	-		-				2. DATE OF	OEATH D	W	YEAR	3. TIME OF DEATH	
1	HARF			REE		BA	UL	1		11		3	91	10 194	
	4. SOCIAL SECURITY NUME		5, SEX	6. AGE (In yrs. Ii		IF UNDER	VEAR DAYS	IF UNDER	24 HRS.	7. DATE OF E	BIRTH W. Mark	2	8. BIRTI Count	HPLACE (State or Foreign	
	212-09-94"		1 🔀 M 2 🗆 F	89	YRS.					6723	7190	2		MARYLAND	
OR	SINAI HOS	PITAL	treet and number)			9b. CITY,	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH								
ᇤ	RESIDENCE OF DEC	10b. COUNT	Y		10c CIT	V TOWN O	TOWN OR LOCATION								
DIRECTOR	MARYLAND		BALTIMO	RE	100.01	TI, TOWN OF		LTIM	ORE		10d. IN				
FUNERAL	100. STREET AND NUMBER		APT. 209				10f. ZIP CODE 21208					10g. CIT	USA	WHAT COUNTRY?	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 IN YES, GIVE WAR OR DATES					11	yea, sp	ENDENT O	F HISPAI n, Maxica Specif	NIC ORIGIN? (S an, Puerto Ricar y:	pecify Yea	or No—	14. RAC Blac Spec	E — American Indian, k, White, stc.	
8	15. DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIN	D OF BUS	SINESS/INC	OUSTRY		
COMPLETED	Elementary/Secondary (0	y highest grade 3-12)	College (1-4 or 5	·) ///	Give kind of e. Do NOT u RCHAN		iring mo	st of workin	g			ETAI			
O	17. FATHER'S NAME (First, M	liddle, Last)						18, MOTE	ER'S NA	ME (First, Middle	n Maiden	Sumame)			
BE C	SOLOMON GREENEBAUM 18. MOTHER'S NAME (First, Middle, Maiden Surname) REBECCA WURTZBERGEI									R					
TO E	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11 SLADE AVE. BALTIMORE, MD 21208 APT. 209														
	20g. METHOD OF DISPOSITION 20b. PLACE AND DATE OF									DATE	20c. LO	CATION —	City or To	own, State	
	1 ABurial 2 Cremation 3 Ramoval from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE														
	In Levinson									N & BR					
	gua (14-			- : .					STOWN R				MD 21215	
	23. PART I. Enter the di shock, or he iMMEDIATE CAUSE (Fin disesse or condition resulting in desth)	een lellure. lel	s. ANO	XIC E	NC	EPI								Approximate interval Between Onset and Deeti	
CERTIFICATION	Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in desth) LAST														
	PART II. Other significs	nt condition	s contributing to	deeth but not	resulting	in the und	erivino	Ceuse o	iven in	Part i 24a	. WAS AN	AUTOBEV	1 245	. WERE AUTOPSY FINDINGS	
I: MEDICAL	CARC	INDI	MA 0	FMA	XIL	LA	RY	YS	IN	US 10	PERFOR	MED?	240	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
¥	25. WAS CASE REFERRED TO	O MEDICAL					26. PL	ACE OF DE	ATH (Ch	eck only one)					
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	DOA	OTHER:				6 Other (Spe	ac/Ar)				
PHYSICIAN	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, De	INJURY	28b. TIM		8c. INJ	URY AT RK?		28d. DESCRIE		JURY OCC	CURED		
ED BY	3 Suicide 6	Investigation Could not be	26s. PLACE Of	F INJURY — At he	ome, farm, s	Hreet, factor		ES 2	NO	261, LOCATION	N (Street a	nd Number	or Rural F	Route Number,	
ETE	4 Homicide	determined	ounding,	etc. (Specify)						City or Tox	vn, State)				
COMPLET	29a. CERTIFIER (Check only one) 2 MEDI	IFYING PHYSIC	CIAN: To the best of R: On the basis of ax	my knowledge, d	ath occurre	n, in my opi	e, data	and place,	and due	to the cause(s)	and man	ner as stat	ed. a cause(s	i) and manner as stated.	
BEC	29b. SIGNATURE AND TITLE			4.5				29c. LICE						(Month, Pay, Year)	
10	Llene	2 46	wa 1	MD								> 1	1	13/91	
	SEEMA	SC		E OF DEATH (ITE			1	HO	<r< td=""><td>PITA</td><td>1</td><td>R</td><td>Δι</td><td>TIMORE</td></r<>	PITA	1	R	Δι	TIMORE	
	NOV 2	1991	Luna Dav	SSIGNAL FOR	2482										





afte	9	3	
10 01	ju i	5	
spita	Ped		
e ho	Pfac	3	
y th	Po de		
ed t	plin	1	•
etain	Sho		
be	0.00		å
may	C Da		
9 9	recto		į
200	al di		
eath.	uner		1
er d	the f	20	-
s aft	3	ешо	AI.
DOUL	n pa	0	i
54	/ fille	tion,	4
ithin	letel	еша	2
ed ≰	ошо	al. Cr	-
ecut	nd c	buri	4100
8	an a	of to	E
ate t	ySici	byo	4
Tile	40 0	iene	4
e ce	ndin	Hyg	
deat	atte	ental	1
the	the	d Me	infai
that	d by	h an	7100
lres	Signe	tealt	-
regu	Ben	of }	- Page
AM.	as b	ept.	20
The	ite h	ate [E
AN:	tifica	e St	10
YSIC	S Cer	타	į
H	1	h Wi	arke
DING	Afte	deat	E
EN	OR:	ffer	100
H A	RECT	urs a	E
ID THE HUSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director nace 5 should be detached for use	2 100	MDORTANT If from 26 to marked as from 25 shows any infinite as asked the marked the markets
SPIL	IERA	in 7	11.0
Ä	FUN	WITH	TABL
¥	뿚	filed	POR
2	2	8	3

								91	3171	8
	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART	MENT OF	HEALTH AND	MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)		- OL		CATE O	DEATH	REG. N	-	3. TIM	E OF DEATH
	Y. 1, Y	S.EMILY	SADTLI	ER G	REEN		MONTH	DAY 7	YEAR.	:00 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR		7. DATE OF BIRTH		8. BIRTHPLACE	
1	220-44-1168	1 M 2 X F	97	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10/ 18/	94	Country)	MD.
-	9e. FACILITY NAME (If not institution, give				9b. CITY, TOW	OR LOCATION OF D		9c. CO	UNTY OF DEATH	
2	NORTH ARUNDEL	HOSPITAL	ASSOCIAT	CION	GL	EN BURNIE	<u> </u>		A.A. (COUNTY
DIRECTOR	10e. STATE 10b. COUNT	TY .		10c. CITY.	TOWN OR LOC	ATION				
듬	MD.	A . A .				ON ISLA	ND		L	ISIDE CITY MITS? YES 2X XNO
AL	10e. STREET AND NUMBER					Of. ZIP CODE	1112	10a, Cl	TIZEN OF WHAT CO	
FUNERAL	BOX 207 SKY	WATER RO	AD				21056		U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WAS D	CENDENT OF HISPA	NIC ORIGIN? (Specify)	ee or No-	14. RACE - Ame	rican Indian
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA		,	1 Tyee,	S 2 NO Specific	nn, Puerto Rican, atc.) /y:		Black, White, Specify:	atc.
ED 6	15. DECEDENT'S EDU	ICATION:	1		1				WI	HITE
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(G/v	kind of wo	SUAL OCCUPATION (Interest)	ION nost of working	16b. KIND OF B	USINESS/IN	IDUSTRY	
7	1.2	College (1-4 or 5 +)	- 111		SEWIF	7	OW	N HO	ME	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				J D III I		ME (First, Middle, Maide		PIE	
ш	PIERRE KEIL	HOLDTZ					SADTLER	m Sumame)		
8	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street		Route Number, City or To	wn. State Zi	in Code)	
5	DOUGLAS S. GRE	EN				WATER F			ISLANI	21056
	20a. METHOD OF DISPOSITION NO Buriel 2 Cremetion 3 Rem	noval from State	20h PLACE AN	DDATEOE	DISPOSITION	lama al	D. T	CONTION		
	4 Donation 5 Other (Specify)		DRUID	RII	DGE CI	EMETERY	11/20 P	IKES	VILLE, N	ID. 2120
	21. SIGNATURE OF FUNERAL SERVICE LI				22. NAME	ND ADDRESS OF FA	4905	VORK	BUAD 3	21212
1	* R. H. Kut	2								
	23. PART I. Enter the diseases, or	complications that	ceused the deet	h. Do no	t enter the m	ode of dying, euc	ENKINS A	piratory ar	reet A	pproximets
	ehock, or heart failure. IMMEDIATE CAUSE (Final	Liet only one ceus	e on eech line.						ir	iterval Between
	diseese or condition resulting in deeth)	. Cic	He:	han	موعد	100	Thy are	1 (user and Destil
		DUE TO (C	R AS A CONSEQU	ENCE OF			Thy and	40		
8	Sequentially list conditions.	b					(/			
CERTIFICATION	if eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO (O	R AS A CONSEQU	ENCE OF):						
임	CAUSE (Disease or Injury that initiated events	c. DUE TO (C	R AS A CONSEQU	ENCE OF						
E	resulting in desth) LAST									
8		d								
EDICAL	PART II. Other eignificent condition	e contributing to d	eeth but not ree	ulting in	the underlyi	g ceuse given in		N AUTOPSY		UTOPSY FINDINGS LE PRIOR TO
ă							1 □ YES			TION OF CAUSE
Σ										S 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL									
Sic	EXAMINERS 1 YES 2 NO	HOSPITAL:			THER:	LACE OF DEATH (Che				
H	27. MANNER OF DEATH	19 Inpatient 2 E		BBb. TIME (JURY AT				
	1 Natural 5 Pending	(Month, Day		INJUR		DRK?	28d. DEŞCRIBE HOW	INJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	NJURY — At home	, farm, stre			281. LOCATION (Street	and Mumba	or Dural Courts About	
ËΙ	4 Homicide datermined	building, et	c. (Specify)				City or Town, State	i)	or nurer noute nur	1001,
1	290. CERTIFIER CERTIFYING PHYSI	CIAN: To the best of m	knowledge death	accurad	et the time det					
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	R: On the beels of axer	nination end/or inv	estigation,	In my opinion.	end place, end due leath occured at the	to the cause(e) end me	nner ee stat	ted.	nnar an electric
E C	295. SIGNATURE AND DITTE OF CERTIFIES		1	0.000						
ω	/	/		_	5	29c. LICENSE NUM	Dr00	29d. DAT	E SIGNED (Month, I	Day, Year)
유	30. NAME AND ADDRESS OF PERSON WH	o count even or the					0 3	1	11/1/	
- 1	CHARLES WU, M.	COMPLETED CAUSE	OF DEATH (ITEM 2	7) /Noe. Pr	int). %					//

DHMH-16 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	ages 1, 2, 3 should	-
BALLIMORE, MARYLAND 21215-0020	OSPITAL OR ATTENDING PHYSCIAM: The law requires that the death certificat be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician. NERSHIT After this certificate has been agoined by the aftertions and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 burial and for the state of the second of the s	The intention of the state of t
	日 日 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

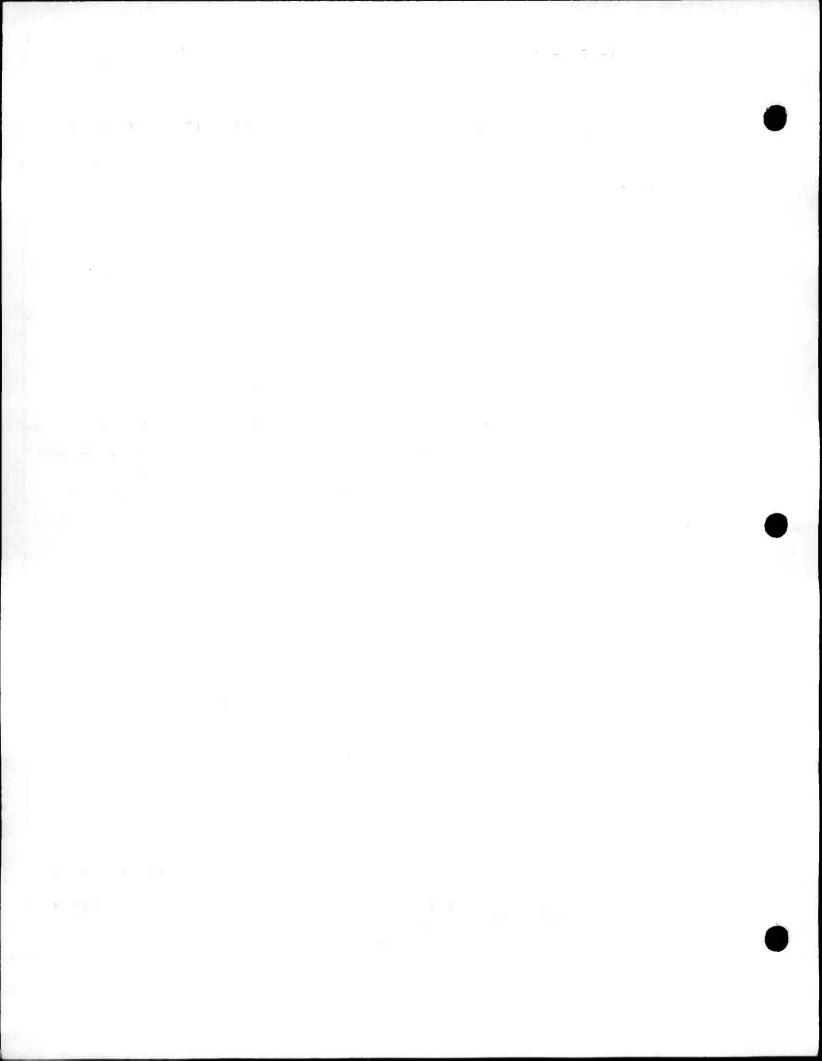
	REGISTRAR		CE	RTIF	ICATE OF	DEATH	MEITIAL	REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last) ROSIE			EE			2. DATE OF		W	YEAR	3. TIME OF DE	ATH
							11	0.8		991	5:50	P . M
	4. SOCIAL SECURITY NUMBER 216-09-7373	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, I	BIRTH Day, Year) 2/27		Country	PLACE (State or	Foreign
NG.	9e. FACILITY NAME (If not institution, give a UNIVERSITY HO	SPITAL		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE								
5	RESIDENCE OF DECEDENT											
DIRECTOR	MD .	1		10c. CIT	Baltim						10d. INSIDE CIT LIMITS?	
FUNERAL	100. STREET AND NUMBER 811 N. Calho	oun St.				f. ZIP CODE			10g. CIT		HAT COUNTRY?	_
Ž,	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN U.S. AD	150	1	21217			Ĺ,	USA		
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 / N	0	If yes, s	CENDENT OF HISP secify Cuban, Max 3 2 O NO Spe	ican, Puarto Ric	Specify Yea an, etc.)	or No—	Black Specif	- American Inc. Whita, atc.	
8	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL OCCUPAT	ON	14h K	IND OF BUS	INERC/INE		Americ	all
COMPLETED	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Give kind of work one during most of working life. Do NOT use retired.]								INESS/INE	DOSTRY		
8	17. FATHER'S NAME (First, Middle, Last)					10 MOTHED:0	MARK (First Add-	CH- MA-TA				
Mattle Drumw												
5	Carolyn Drumwri	ght	196	MAILING 811	ADDRESS (Street N. Cal	nnd Number or Run houn St	al Route Number. Balto	. Md.	o, State, Zip	Code)		
	20a. METHOD OF DISPOSITION 1-∰ Burlel 2 ☐ Cremation 3 ☐ Remo	ND DATE	OF DISPOSITION (N ther place)	ame of	DATE	DATE 20c. LOCATION — City or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LIC	27.0	Danbaowie, ita.									
	· Could	(del	en		Est 13	ep Broth	ners Fu aw P1,				A. 217	
	23. PART i. Enter the diseases, or c ehock, or heert failure. I	omplications that	caused the dec	th. Do r	ot enter the me	de of dying, eu	ich es cerdle	or reepir	atory srr	est,	Approxim	nate
	IMMEDIATE CAUSE (Final	l l	on eech line.	-							Interval I	
	resulting in desth) e. Monte Swe (aso invariable) e. Million (or as a consequence or)											
_	The fall of the state of the st											
CERTIFICATION	Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING											
띮	CAUSE (Disease or Injury C. DUE TO (OR AS A CONSEQUENCE OF):											_
E	resulting in death) LAST											
	PART II. Offer significant conditions	contributing to d	leath but not re	eulting i	n the underlyin	g cause given i	n Part I. 24	e. WAS AN A			WERE AUTOPSY I	
EDICAL	Stable	125 N	ellit	us			,	PENFORA		- 3	MAILABLE PRIOR COMPLETION OF OF BEATH?	CAUSE
PHYSICIAN: M											T YES 2	NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			DTHER:	ACE OF DEATH (C	track only one)			_		
ĕ II	1X XYES 2 □ NO 27. MANNER OF DEATH	1 Inpetient 2 X			4 I Nursing Hon	-	_					
BY PI	1 Actions 5 Pending	28a. DATE OF II (Month, Day		28b. TIME	UPTY WC	URY AT RK? YES 2 1 MO	28d. DESCRI	BE HOW IN	JURY OCC	URED		
	3 Suicide 6 Could not be 4 Homicide determined	28+. PLACE OF building, et	INJURY — At hom Ic. (Specify)	e, ferm, a	treet, factory, offic		281. LOCATIO City or 7	ON (Street an liven, Strate)	of Number	or Hunst Ho	outer Mumber,	
91	29s. CERTIFIER . C CERTIFICATION CONTROL		a parameter of the	-24200	n manya sa			_				_
COMPLETED	(Check only 2 MEDICAL EXAMINER	t On the best of exa	ny knowledge, dear mination and/or in	th accurre vestigation	d at the time, date s, in my opinion, d	and place, and do eath occured at th	re to the cause) re time, date and	s) and mann I place, and	due to the	ed. e cause(s)	and manner as	nated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	1 1				29c. LICENSE NO	MOCH	1	29d. DATE	SIGNED (Month, Day, Year)	_
<u> </u>	30. NAME AND ADDRESS OF PERSON-WHO	/XX	<u> </u>			O.C.M.	Е.	20d. DATE STORED (MORRIL, Day, 16				
	A.M. 8	IKON	11	1 PE	NN STR	EET BA	LTIMO	RE M	ARYL	AND	21201	
	DV 2 0 1	903 REGISTINA	S SIGNATURE	-Min								

after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

200	₽		
when the second is the last to death of the death we will be suited to the second with the modes and the	OR: After this certificate has been signed by the attending physician and completely filled in by the fur	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I to manufaced on these 25 about annu latitude on address described and all the said of
5	i.	or re	1
24	fille	ion,	4
THIN IN	pletely	гетпаt	Ame
3	EOO	ial, c	-
2000	and	por o	2000
3	cian	or to	-
2000	hysic	e pri	4 44
	g Built	ygien	noth.
100	atten	ntal H	
2	the	Me	1
101	à	and	7 110
2000	signed	Health	
3	een	o	40
ann o	has b	Oept.	000
	cate	state	16am
200	ertifi	the S	30
2	this c	with	Lond
2	After	death	-
-	ä	ter	51

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTAL	HYGIEN		7 i #	0
	1. DECEDENT'S NAME (First, Middle, Last)			EHIIF	ICATE	: OF	DEA	IH	2. DATE OF	REG. NO.			3. TIME OF DEATH
	SYLVIA	M			GREI	ΕN			MONTH DAY YEAR				11:20A M
	4. SOCIAL SECURITY NUMBER 233-22-8533	5. SEX 1 M 2 X F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, I May 1	BIRTH Day, Year)	6	Count	HPLACE (State or Foreign ry) Vest Virginia
	9e. FACILITY NAME (If not institution, give st				9b. CITY,	TOWN C	R LOCATI			,,_,_		NTY OF D	
10H	1007 QUANTR	IL WAY				BA	LTIM	ORE	CIT	Y		-	
ÆC	100 STATE LOS COLUMN			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
FUNERAL DIRECTOR	West Virginta	Kanawha			Winifred								LIMITS?
RA	P. O. Box 318					101	ZIP COD				i .		WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. V	MAS DEC		5214	IIC ORIGIN? (Specify Vec	L		. A. E — American Indian,
В	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1	YES 2X N	10	H	f yes, sp	2 A NO	n, Maxicai	n, Puerto Ric	en, aic.)	or No.	Black Spec	k, While, etc.
TED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON St. of working	· ·	18b. K	ND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementery/Secondary (0-12) NA	College (1-4 or 5 - NA	Do NOT U	^{se retired.)} aker					Own	Hom	e		
	17. FATHER'S NAME (First, Middle, Last) Sam Curry						18. MOTI		ME (First, Mid		Sumame)		
BE (19a. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS	(Street a	nd Number		lie Ci		o Stein 7/o	Code1	
5	Johnny Eugene Green (Son) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1007 Quantril Way, Baltimore, Maryland 21205											21205	
	20e. METHOD OF DISPOSITION 1										wn, Stata		
1 17	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	Hone	доше						Lon	don,	Wes	t Virginia
	1 prim)	to			33	h1m 31	unek Brehi	Fund ns La	eral l	iomes Balti	, In	c. Md	. 21213
											Approximate intervel Between Onset end Deeth		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that inlitietad events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
- 1	PART ii. Other significant conditions	contributing to	death but not re	suiting i	in the und	ieriying	cause g	ivan in f	Part i. 24			24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA									_ 1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME										عصرا			OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL										- 4		
Sici	EVAMINED?	HOSPITAL:			OTHER				ck enly one)				
H	27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIM		ng Homa 28c. INJU			Other (S		III I OO	More	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	ny, Year)	INJ	URY	WOR			zed. DEŞÇNI	DE NOW IN	JUNY UCC	ONED	
	3 Suicide 8 Could not be determined	26e. PLACE Of building,	FINJURY — At honetc. (Specify)	ne, ferm, s	treel, fector	ry, office			28f. LOCATIO	ON (Street er own, State)	nd Number	or Rural R	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of	my knowledge, des	th occurre	d at the jim	ne, date d	and place,	end due t	o the couse(s) end man	ner es atet	ed,	
	29b. SIGNATURE AND TITLE OF CERTIFIER									piace, end			Section of the sectio
TO BE	Donald & Wrig	WMD ETER CALLO	F 0F 0				29c. LICE	OCM1	The state of the state, buy, to				
	DONALD G. WRIGHT, OLD	COMPLETED CAUS			Print) NST	REE	ET	BAL	ГІМОБ	RE,MA	ARYL	AND	21201
	NOV 2 0 199		Davidson-V	andel	2								



N

1

TO BE COMPLETED BY FUNERAL DIRECTOR

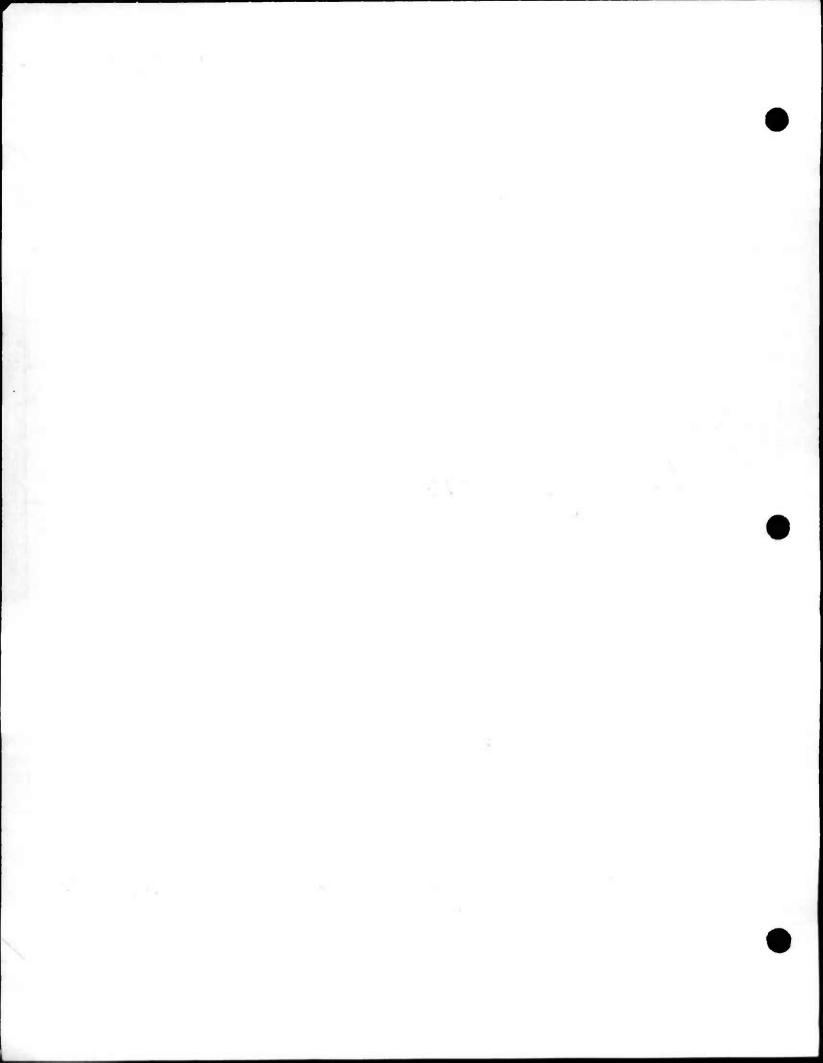
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)		CEI	TIFIC	AIE O	- DEAI		REG. NO.				
Raymond	Harry	GI	LOCK	Sr			OVERBER 1	e of Death Thber 14, 1991 5:33			
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. last b	irthday) IF	UNDER 1 YEAR		24 HRS.	7. DATE OF BIRTH		A BIRTHE	5:33 P M	
217-05-1642 9e. FACILITY NAME (If not institution, give s	1 M 2 - F	73	YRS.	THS DAYE		MIN.	(Month, Day, Year) April 20	1918	Country	yland	
Franklin Squar		1		CITY, TOWN Balti	OR LOCATIO	N OF DEA	тн	1	timo		
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUNT	r Baltimo		IOc. CITY, TO	WN OR LOC	_					10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	Daltino	re			Essex					1 - YES 2 2 NO	
2 Fairway					of. ZIP CODE	21	.221	10g. CITI		HAT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT		D	13. WAS DI	CENDENT OF		CORIGIN? (Specify Year	or No.		USA – American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2 NO		IT yes, t	specify Cuban	Maxican, Specify:	Puerto Rican, atc.)		Black, Specify	White, atc.	
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPleted)	16a. DECEI	DENT'S USU	AL OCCUPAT	ION		16b. KIND OF BUS	SINESS/IND		***************************************	
Elementary/Secondary (0-12) 6th	College (1-4 or S+)	life. Do	NOT use ret	ired.)	nter S		vi cov				
17. FATHER'S NAME (First, Middle, Last)		21100	JCI I.G.	ı ıaı	_		E (First, Middle, Malden	C			
John Glock	<				10		rie ===				
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street	and Number of	or Rural Ro	ute Number, City or Town	n, State, Zip	Code)		
Helen Glock			2 FAi		Balt				1221		
20a. METHOD OF DISPOSITION 1 [XBurlel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND cemetery, cremet	ory or other p	lace)		710		CATION — C			
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	HOLLY	HIII	22. NAME	tery]	OF FACIL	1791 Ba	ltim	ore M	ld.	
Comelle	Fund	al Hos	ue/				alHome 30			21221	
23. PART I. Enter the diseases, or cahock, pr heart failure.	Dmplications that	caused the death	. Do not a	nter the m	oda of dyin	g, auch :	as cardiac or reaple	ratory arre	at,	Approximata	
IMMEDIATE CAUSE (Final	List billy bila cause	DI GACIT IIIIA.								Interval Batween Onset and Death	
disease or condition reaulting in death)	Coronar	Arterv	Dise	ase							
	DUE TO (O	R AS A CONSEQUE	NCE OF):								
Sequantially list conditions,	Hypertens										
If any, leading to immediate cause. Enter UNDERLYING	DOE 10 (0	R AS A CONSEQUE	NCE OF):								
CAUSE (Disease or Injury that initiated evanta	DUE TO (D	R AS A CONSEQUE	NCE OF):								
reaulting in death) LAST	l									į į	
PART II. Other algorificant conditions	onatelbution to d	and the same									
and any and any and any	Contributing to di	satir Dut not reau	iting in th	e undariyir	ig cause giv	an In Pa	PERFORI		A	VERE AUTOPSY FINDINGS	
							_ 1 _ YES 2	X NO		OMPLETION OF CAUSE OF DEATH?	
							-		1	☐ YES 2 ☐ NO	
25. WAS CASE REFERRED TO MEDICAL				20.5	LACE OF DE	711 (0)					
EXAMINER?	HOSPITAL:	P/Outpetlant 2 1		HER:	LACE OF DEA						
27. MANNER OF DEATH	28e. DATE OF IN	JURY 28	b. TIME OF		JURY AT	V -	Other (Specify) 8d. DESCRIBE HOW IN	HIDV OOM	1000		
1 Natural S Pending 2 Accident Investigation	(Month, Day,	Year)	INJURY	W	ORK? YES 2		ou. DESCRIBE HOW IN	JUHY OCCI	JHEU		
3 Suicide 8 Could not be	28a. PLACE OF I	NJURY — At home,	farm, street,	factory, offi	20	20	Bf. LOCATION (Street ar	nd Number o	r Rural Rou	ite Number,	
4 Homicide determined							City or Town, State)				
29a. CERTIFIER (Check only	IAN: To the beat of my	knowledge, death	occurred at	the time, dat	end place, a	nd due to	the cause(a) and mann	ner as state	d.		
one) 2 MEDICAL EXAMINER	: On the basis of axen	nination end/or inves	itigation, in	my opinion,	death occured	at the tim	ne, date and placa, and	dua to the	cause(a) a	nd manner as stated.	
29b SIGNATURE AND TITLE OF CERTIFIER	/				29c. LICEN	SE NUMBE	R	29d. DATE	SIGNED (N	fonth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	une	2 mp			DOF	05	7	1	,11	4/91	
30. NAME AND ADDRESS OF PERSON WHO Arturo P.]					lvd.	Balt	imore, MD	212	21	7	
31. DATE FILED (Month, Day, Year)									-		
	32. REGISTRAR'S	SIGNATURE									



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notitled at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	91-6727-510							317	22		
	1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	(DONTA) N.				2. DATE	OF DEATH			3. TIME OF O	EATH
	Dante	Ν.	Har	rington	1	11	1.5		91	2:12	A
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER I YEAR MONTHS DAYS	HOURS MIN.	7. DATE (Monti	OF BIRTH 7, Day, Year) 20-74		6. BIRTHI Country	PLACE (State o	r Foreign
	218-86-6968 9s. FACILITY NAME (If not institution, give str	/\	17 YRS.	OF CITY TOWN	OR LOCATION OF D		20-/4			MD	
H.						JEAIH		9c. COUN	TY OF DE	ATH	
2	Johns Hopkins RESIDENCE OF DECEMENT 100. STATE 10b. COUNTY	iospital			timore						
DIRECTOR	MD 106. STATE 106. COUNTY			TIMORE	ATION					10d, INSIDE C	CITY
	10e. STREET AND NUMBER		DAL		of, ZIP CODE			10- OITIS		1 YES 2	
FUNERAL	950 N. COLLINGTON AVENUE 21205								S.A.	HAI COUNTRY	**
S S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN	? (Specify Yes	or No—	14. RACE	- American I	ndlen,
ВУ	1 💢 Never Merried 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YE	pecify Cuben, Mexic S 2 X NO Spec	ify:	tican, etc.)			White, etc.	
	15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCCUPATION										
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during it	nost of working		KIND OF BOX	JINE 33/111DC	OINI		
COMPLETED	10TH		Unem	ployed							
္ပ	17. FATNER'S NAME (First, Middle, Lest) JAMES HARRINGTON 18. MOTNER'S NAME (First, Middle, Meiden Surname) LINDA GAYDEN										
BE	19e. INFORMANT'S NAME (Type/Print)		TOP MAILIN	ADDRESS (OL							
2	196. INFORMANT'S NAME (Type/Print) LINDA J. HARRINGTON 195. MAILING ADDRESS (Street and Number or Parall Poute Number, City or Town, State, Zip Code) 950 N. COLLINGTON AVE./BALTIMORE, MD 21205										
	20a. METNOD OF DISPOSITION 1 A Burial 2 Cremetion 3 Remove	20t	PLACE AND DATE	OF DISPOSITION (A	lame of	DATI	20c. LO	CATION — C	Ity or Tow	rn, State	
	4 Donation 5 Other (Specify)	k	TNG MEM				RAN	DALLS	TOWN	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE V.C	7		AND ADDRESS OF F						
	more	WK.	KME	/	MARCH F.	•				ENUE	
	23. PART I. Enter the discesse, pr co ehock, pr heert feilure. L	implicationa that cause ist only one cause on e	the deeth. Do ech iina.	not enter the m	ode of dying, au	ch ea card	liec or reepi	retory erre	at,	Approx	imate Between
	immediate cause (Fine) disease or condition resulting in death) a. Crushot wound of Abdonen Onset and Death										
- 1	resulting in death) a.	DUE TO (OR AS /	CONSEQUENCE	ound	00 13	Ddo.	nen				
Z	C b.									į	
AT	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):							
FIC	CAUSE (Disease or Injury that initieted events										
CERTIFICATION	resulting in death) LAST			, ,,							
	PART II. Other significent conditions	contributing to death h	ut ant social	in the contract							V
CA		contributing to death o	at libt resulting	in the underlyin	ig cause given in	Part i.	24a. WAS AN			WERE AUTOPSY AVAILABLE PRK COMPLETION O	OR TO
回						-	1 YES 2	□ NO	1 3	OF DEATH?	
2					··	-				1 YES 2	_ NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only on	9)				
YSI	1 XYES 2 NO	HOSPITAL: 1 ☑ Inpetient 2 ☐ ER/Outp	atient 3 DOA	OTHER: 4 Nursing Nor	ne 5 🗆 Rasidenca	6 🗆 Other	(Specify)				
표	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		JURY W	JURY AT DRK?	28d. DE\$	CRIBE NOW IN	JURY OCCL	RED		
BY	2 Accident Investigation	11 14 19		2.519 1 -	37.		ject				
	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, tectory, office City or fown, State)										
<u>ا ۳</u>	On street 29a. CERTIFFIER (Check only 1 CERTIFFING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(e) and menner ee stated.										
COMPLETED	MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.										
	286. SHE ATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER			29d. DATE SIGNED (Month, Day, Year)			
TO BE	I cam well				0.0.1	1.E.		▶ 11	15	1991	
-	HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)							
	31. DATE FILED (Month, Day, Year)		ATURE								
1	NOV 2 n 1991	34 REGISTRAR'S SIGN	-Andelle								

AU 8= 00

gat y a a fi

AND THE RESERVE

IARYLAND 21215-0020

permit. Pages 1, 2, 3 should

10 P filled and completely fille o bunial, cremation, executed within attending physician are HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be the atten and by signed t s certificate has been s th the State Dept. of H d, or Item 23 show this c DIRECTOR: After the hours after death villem 28 is mark FUNERAL I within 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: I

CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH STEVEN 18 HUDSON 199 1:54 A 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 247-96-7743 (Month, Pay, 100) 9-24-50 HOURS 196 M 2 📗 F S.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1831 LEMMON STREET BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2347 W. Lexington Street 21223 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 10-7-7-72 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married В 3 Widowed 4 Divorced Brack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) Construction WORKER Construction omee. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname) JOHN HUDSON BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2347 W. LEXINGTON ST BALTTMORE, MARY 2 ELOUISE THOMAS BALTIMORE, MARYLAND 21223 be METHOD OF DISPOSITION 20c. LOCATION — City or Town, State
—91 OWING MILLS, Md. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must 1 Surial 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specity) GARRISON FORREST V.A. Cem. 11-22 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Calvin L. CHATMAN-HARRIS F.H. 1701 McGulloh St. medical 23. PART i. Enter the disesses, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, Dr heart failure. List Dnly Dne cause Dn each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition Acute alcohol intoxication reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any PERFORMED? YES 2 NO Shows DF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 X Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 11/18/91found 1:30A.M 1 YES 2 NO BY subject ingested alcohol 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1831 Lemmon St. 3 Suicide COMPLETED 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, end due to the ceuse(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 11-18-1991 O.C.M.E Q 2 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Afon 121 111 N. PENN STREET BALTIMORE, MARYLAND 21201 NOV2 0 1991 July Davidson Pandall

2 m 3 m

FF 5 The eff

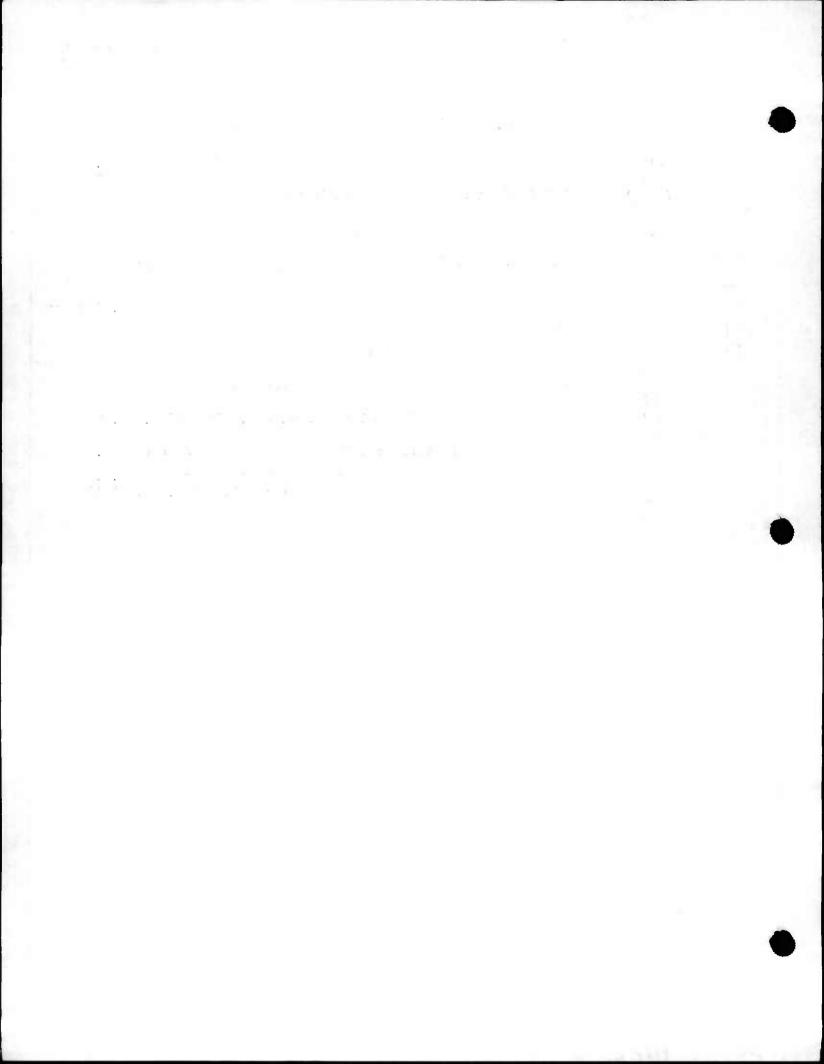
An eight and the new to the second of the se

BALTIMORE, MARYLAND 21215-0020	if nours after death. Page 6 may be retained by the hospital or attending physic	filled in by the funeral director, page 5 should be detached for use as the burial on removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ricurs after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tended within 75 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Last)	uth N. H	icks		2. DATE OF DEATH MONTH 11/12	791 Y	3. TIME OF DEATH			
4.	4. SOCIAL SECURITY NUMBER 218-18-8732	1 □ M 2 □µF	67 YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) 7/14/24		BIRTHPLACE (State or Foreign Country) Md.			
- 9		olfield Ave.	100	Baltimore	DEATH	9c. COUNTY	OF OEATH			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md.	1		vn on Location			10d. INSIDE CITY LIMITS? VES 2 NO			
FUNERAL	10e. STREET AND NUMBER 3408 Dolfie	ld Ave. Apt	. 112	10f. ZIP CODE 2121	5	10g. CITIZEN	OF WHAT COUNTRY?			
B∡	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 3NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 UYES 2 INO Specify: ATT AM						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir Retin	one during most of working ed.)	16b. KIND OF E	USINESS/INDUS	TRY			
SOM	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S	IAME (First, Middle, Maid					
BE	Morris Brow	WII	Last seem mo ess	Em		out				
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) Evelyn Collins 3408 Dolfield Ave. Apt. 112 Balto. Md. 21215									
	20g. METHOD OF DISPOSITION 20g. METHOD OF DISPOSITION (Name of cemetary, creation) of cemetary, creation of c									
-	21. SIGNATURE OF FÜNERAL SERVICE LIC		7	22. NAME AND AODRESS OF Estep Bro	thers Fune	ral Hom	ne P.A.			
	23. PART (Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, sheek, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):									
NOI	Sequentially list conditions, Oue TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST									
CEH	THE STATE OF THE S	d								
PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to deeth	but not resulting in th	e underlying ceuse given	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)	-	L			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		HER: Nursing Home 5 - Residence	50.00					
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUI	REO			
	3 Suicide 8 Could not ba 4 Homicide determined	28a. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, street ec/fy)	, factory, office	28f. LOCATION (Stre City or Town, Str		Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.									
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	roper	M.	29c. LICENSE P	1476	29d. DATE S	SIGNED (Month, Day, Year)			
F	30, NAME AND ADDRESS OF PERSON WH	O R E	PEATH (ITEM 27) (Type, Print	nalvison	Blod	Bal	to Mide			
	1/11 00	32. REGISTRAR'S SIG		10000			7 1210			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89





91

SCHOOL SECURITY NAMES OF A LINE OF REAL SAME OF A LINE OF A LINE OF REAL SAME OF A LINE OF A	DECEMBRY SAME FIRM, Alloys, LED		1 - STATE REGISTRAR	STATE OF M	IARYLAND A	DEPAI ERTIF	RTMEN	T OF H	IEALTH DEAT	AND I	MENTAL HY	GIENE S. NO.	3	1725	
BODD The Control of C	SIGNAL SCOWN NAMED 2.83 - 22 - 590.3 **I W 2		1. DECEDENT'S NAME (First, Middle, Last)						DEA					-	_
2004 SECURITY NAME for a binding, the same face of the sa	4. SCOULT MAKEER 2.88—22.59.03 1. W. 2 (2) 1. W. 2 (Gladys	Hubb	ard						MONTH	DAY	YEAR		
228-22-5903	228-22-5903 Total Part					-4.6.5-4.4.1									
Shear Modern shall great water and monthally as COUNTY OF GREAT STATE STATE AND ADDRESS OF PROCESS OF THE ADDRE	The MANUTA MANE of a contract, one has not uniting. \$15 Island Point Road Baltimore B												a. BIR	THPLACE (State or Fore ntry)	eign
SECURITY OF CREATE SECURITY OF C	SECRETATION OF DECEMBENT SETTED TO PROTECTION OF DECEMBENT SETTING THE SETTING OF DECEMBENT OF THE SETTING OF THE SETTING OF DECEMBENT OF THE SETTING OF THE SETTING OF THE SETTING OF THE SETTING OF THE SETTING OF THE SETTING OF THE SETTING OF THE SETTING OF THE SETTING OF THE SETTING OF				8	U YRS.					March :	15,191	1 7	7irginia	
STREET AND NAMED 15.5 IS. ADDRESS 15.5 IS.	THE STREET OF PRICE CORNY MS. STATE MS. ST	~					9b. CITY	, TOWN C	OR LOCATI	ON OF DE	EATH	9c. C			
STREET AND NAMED 15.5 IS. ADDRESS 15.5 IS.	THE PRIVATE AND NOMBER SITE AND NOMBER SOLUTION OF HUMBER SOLUT	Ö		nt Road				Ba	ltim	ore			F	Altimore	
STREET AND NAMED 15.5 IS. ADDRESS 15.5 IS.	Baltimore Baltimore	ឆ្ន		,										ATT CHINGLE	_
STREET AND NAMED 15.5 IS. ADDRESS 15.5 IS.	TO STREET AND NAMED SLOT COME S	2				10c. CH	Y, TOWN C								
TOTO DEPOSITION THE DESCRIPTION BOUNDARY (\$1.72) THE SECOND SOURCE SO	S1.5 Island Point Road 21.224 S1. MARKET STATUS 11. MARKET STATUS 12. WAS DECEMBER OF HER N. M. AMERO 12. WAS DECEMBER OF HER N. M. AMERO 13. WAS DECEMBER OF HER N. M. AMERO 14. MARKET STATUS 15. WAS DECEMBER OF HER N. M. AMERO 15. WAS DECEMBER OF HER N. M. AME			Baltimor	<u>e</u>	<u> </u>		BAL	timor	ce					10
TOTO DEPOSITION THE DESCRIPTION BOUNDARY (\$1.72) THE SECOND SOURCE SO	N. MANTAL STATUS 12 WAS ORCEONED FEET IN U.S. ARROW 12 12 12 12 13 14 14 14 14 14 14 14	AF.						101	. ZIP CODE	E		10g.	CITIZEN OF	WHAT COUNTRY?	
TOTO DEPOSITION THE DESCRIPTION BOUNDARY (\$1.72) THE SECOND SOURCE SO	Notes described of property 1 1 1 1 1 1 1 1 1	핒		it Road					2	2122	4		USA		
TOTO DEPOSITION THE DESCRIPTION BOUNDARY (\$1.72) THE SECOND SOURCE SO	Description Description	5					13.	WAS DEC	ENDENT C	F HISPAN	VIC ORIGIN? (Spec	Ify Yea or No-	- 14. RA	CE — American Indian	ι,
B. DECORPT'S EXCUSION (Control of Notice price Conspissor) (Control of Notice Price Conspissor) (Control	Commonwealthing Continuence Continuenc							1 YES	2 NO	n, Mexica Specify		lc.)	Spe	ck, White, etc.	
Commentary Figure (not not hapten) consistency Contended (Part Section Contended (Part Sec	Commonwealthing Continuence Continuenc													White	
The Bryant Table Developed The Carol Merritt Table Molecular Share (prophism) Table Molecular Share (pro	Security Security	田	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	/G	ive kind of	work done	CCUPATIO	ON st of workin	907	18b. KIND (F BUSINESS	INDUSTRY		
The Bryant Table Developed The Carol Merritt Table Molecular Share (prophism) Table Molecular Share (pro	THE NAME (First, Middle, Latt) TILLEN Bryant TO AFT TO HART TILLEN BRYANT TO ENGAGE TILLEN BRAILEN BRYANT TO BRAILEN BRYANT TO BRYAN	۳ ا		College (1-4 or 5 +		. Do NOT u	se retired.)			•					
The Bryant Table Developed The Carol Merritt Table Molecular Share (prophism) Table Molecular Share (pro	Tilen Bryant See, INFORMATS NAME (Propriet) See, INFORMATS NAME (Propriet) Carol Merritt State Marking of Propriety State Merrito or Disprostroid See Information is Carol Merritt State Marking of Propriety State St	Z				Hous	sewif	e							
The Bryant Table Developed The Carol Merritt Table Molecular Share (prophism) Table Molecular Share (pro	The INFORMANT'S NAME (P) portion 1906. MALENC ADDRESS (Shored and Number or Read Roats Member (C) or Name, State, 2006) Surface of Department 1906. MALENC ADDRESS (Shored and Number or Read Roats Member (C) or Name, State, 2006) Surface of Department 2006. Exception 2006. PLACE AND DATE of Disposition (Nithlance) 2016. ECCATION - City or Term, State 2006. Department of Surface (Shored Read) 2006. PLACE AND DATE of Disposition (Nithlance) 2016. ECCATION - City or Term, State 2006. Department of Surface (Shored Read) 2006. PLACE OF PUBLIC AS A CONSEQUENCE OF): 2. MARLENO ADDRESS OF PACILITY 2007. Commellar Surface (Shored Read) 2008. PLACE OF INJUNY Commellar (Shored Read) 2008. PLACE OF INJUNY CANADISC (P) Seaso or Injuny that caused the death, do not enter the mode of dying, such as cardiac or respiratory arrest, interval Setting on death) 2. MART II. Cither the disease, or complication of the Season of the Surface (Shored Read) 2006. PLACE OF INJUNY COMPLETED OF CAUSE (P) Season of the Surface (Shored Read) 2006. PLACE OF INJUNY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED OF CAUSE (P) Season of PACILITY COMPLETED	8							18. MOTE	HER'S NA	ME (First, Middle, N	laiden Surname)		
The invariant is not known to make (Properties Carol Metrico Carol Metrico Sp. Metrico of piscostrion 10 Bureta 200. Metrico of piscostrion 11 Bureta 200. PLACE AND DATE of piscostrion (Properties) 21 Signature of Pureta. Service Licensee 22. MARE AND ADDRESS of PRACTITY Connecting of Pureta. Service Licensee 22. NAME AND ADDRESS of PRACTITY Connecting of Pureta. Service Licensee 22. NAME AND ADDRESS of PRACTITY Connecting of Pureta. Service Licensee 22. NAME AND ADDRESS of PRACTITY Connecting of Pureta. Service Licensee 23. NAME AND ADDRESS of Practity Connecting of Pureta. Service Licensee 24. Name AND ADDRESS of Practity Connecting of Pureta. Service Licensee 25. NAME (Properties) 26. Name AND ADDRESS of Pacific or respiratory arrest. Approximate intervel Base or condition. Base Date of the Approximate And Approximate Intervel Base or part Approximate Intervel Base or condition. Base Date of the Ap	CAROL Merritt SISTELLAND POINT ROAD BALLIMOTE MG. 21224		Tilen Bryant							Li]	Llie =	=====	=		
20. METHOD OF DISPOSITION Duries 2 Operation 2 December	No. METHOD OF DISPOSITION				19	b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Route Number, City	or Town, State,	Zip Code)		
20. BETHOO OF DISPOSITION 20 DATE 20 COMMINION 20 DATE	See METION OF DISPOSITION Parenteins Secretarian See Parenteins Secretarian Secretaria	-	Carol Merritt			515	Isla	nd P	oint	Roa	d BAlti	more M	ld. 2	1224	
20. Docation E Other (Species) 21. SIGNATURE OF PURPAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. PART I. Enter the disease, or conditions above, or heart fellure. List only any cause on each line. 29. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 21. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. PLACE OF DEATH 24a. NAS AN AUTOPSY FACTOR OF ADDRESS OF FACILITY 29. NAME AND ADDRESS OF PARTIER OF The CHARLET AND ADDRESS OF PARTIER OF The CHARLET AND ADDRESS OF PARTIER OF NAME AND ADDRESS OF PARTIER OF NAME AND ADDRESS OF PARTIER OF NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 29. SIGNATURE AUBSTITLE OF CERTIFIER 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part) 20. NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (TEM 27) (Type. Part)	Description is 10 Other (Speciety) Speciety Organization Speciety Organi		20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City of Town State												
23. SART II. Enter the disease, or complications that caused the death-upo not enter the mode of dying, such as cardiac or respiratory arrest, interval Bel Onset and disease or conditions. Let only in cause on each line. IMMEDIATE CAUSE (Final disease) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYNG that individual causes on injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 1 any, leading to immediate overtax resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 1 but that initiated events resulting in death) LAST 25. PLACE OF DEATH (Chack only only Injury only that initiated events resulting in death) LAST 1 by the initiated events resulting in death but not resulting in the underlying cause given in Part I. 26. PLACE OF DEATH (Chack only only Injury only that initiated events resulting in death) LAST 1 by the initiated events resulting in death but not resulting in the underlying cause given in Part I. 26. PLACE OF DEATH (Chack only only Injury only that inj	22. NAME AND ADDRESS OF FACILITY CONNELLYFUNERAL SERVICE UCENSES 22. NAME AND ADDRESS OF FACILITY CONNELLYFUNERALHOME 30 OMaceAve. 21221 23. PART I. Enter the disease for complicating shart caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between conset and Death of the season of cardinor and the season of cardinor of the seaso			oval from State	Sprin	ngkil	ICem	eter	v 11	/20/					
23. PART I. Enter the disease fa, Dr complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval set of modes, or heart failure. List only since cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Approximate abook, or hearf believe. List only and cause of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or hearf believe. List only and cause on each line. MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (or AS A CONSEQUENCE OF): DUE TO (or A		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE							CILITY	yricine	rger	cy virgin	Id
23. PART I. Enter the disease fa, Dr complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval set of modes, or heart failure. List only since cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Approximate abook, or hearf believe. List only and cause of the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or hearf believe. List only and cause on each line. MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (or AS A CONSEQUENCE OF): DUE TO (or A		() DO Y	- :	111.			onne	11vF	unar	-al Homo	2001/10	7	21221	
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR AS A CONSCOURCE OF): DUE TO (OR AS A CONSCOURNCE OF): DUE TO (OR AS A CONSCOURCE OF):	Interval Between Conset and Death Ones and Death On		Jonnelly F	units	Mon	W								• 21221	
MMEDIATE CAUSE (Final disease or condition and	IMMEDIATE CAUSE (Final disease or condition resulting in death) B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO		23. PAHT I. Enter the diseases, Dr c shock, Dr heart fallure, I	omplications that	caused the de	ath Do r	not enter	the mod	de of dyl	ng, auct	aa cardiac or	respiratory	arreat,		
Sequentially list conditions as A conscouence of):	ASSEQUENTIALLY SOLUTION OF CAUSE OF DEATH (Check only one) Sequentially list conditions, if any, leading to immediate accesses, enter UNDERTYING CAUSE (Disease or injury has initiated wernix resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSCOUENC		IMMEDIATE CAUSE (Final		•.		1124								
Sequentially list conditions, I any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSC	DUE TO (OR AS A CONSCOUENCE OF): DUE TO		disease or condition												
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN AMAILABLE FRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 24b. WERE AUTOPSY FIN AMAILABLE FRIOR TO COMPLETED CAUSE OF DEATH (In my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. CERTIFIER (Chack only one) 25c. LICENSE NUMBER 25c. LICENSE NUM	## APART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ## DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):		,	DUE TO	OR AS A CONSEC	DUENCE O	F):								
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN AMAILABLE FRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 24b. WERE AUTOPSY FIN AMAILABLE FRIOR TO COMPLETED CAUSE OF DEATH (In my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. CERTIFIER (Chack only one) 25c. LICENSE NUMBER 25c. LICENSE NUM	## APART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ## PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing in the underlying cause given in Part I. ### PART II. Other algnificant conditions contributing in the underlying c	Z		Asca	D. V	Dan i	intra	ė .							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN AMAILABLE FRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 24b. WERE AUTOPSY FIN AMAILABLE FRIOR TO COMPLETED CAUSE OF DEATH (In my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. CERTIFIER (Chack only one) 25c. LICENSE NUMBER 25c. LICENSE NUM	DUE TO (OR AS A CONSEQUENCE OF): DUE TO	Ĕ	If any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF	າ:								
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN AMAILABLE FRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 24b. WERE AUTOPSY FIN AMAILABLE FRIOR TO COMPLETED CAUSE OF DEATH (In my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. CERTIFIER (Chack only one) 25c. LICENSE NUMBER 25c. LICENSE NUM	DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing in the underlying cause given in Part I. PART II. Other algnificant conditions and underlying cause given in Part I. PART II. Other algnificant conditions and underlying cause given in Part I. PART II. Other algnificant conditions and underlying cause given in Part II. PART II. Other algnificant conditions and underlying cause given in Part II. PART II. Other algnificant conditions and underlying cause given in Part II. PART II. Other algnificant conditions and underlying cause given in Part II. PART II.	<u>১</u> ∥													
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN AMAILABLE FRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 24b. WERE AUTOPSY FIN AMAILABLE FRIOR TO COMPLETED CAUSE OF DEATH (In my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. CERTIFIER (Chack only one) 25c. LICENSE NUMBER 25c. LICENSE NUM	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PRO 1 Inpatient 2 EPUOUpstient 3 DOA A Nursing Home 5 Prosidence a Other (Specify) 7. MANNER OF DEATH 1 Patural 5 Pending Investigation Part I. Part I Part I Part I Patural Sepending Investigation Part I Patural Sepending Investigation Part I Patural Sepending Investigation Part I Part I Patural Sepending Part I Patural Sepending Part I Patural Sepending Part I Patural Sepending Part I Patural Sepending Part I Patural Sepending Part I Patural Sepending Part I Patural Sepending Part I Patural Sepending Patural Pa	쁘	that initiated eventa	DUE TO (OR AS A CONSEC	DUENCE OF	T):								
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FIN AMAILABLE FRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 24b. WERE AUTOPSY FIN AMAILABLE FRIOR TO COMPLETED CAUSE OF DEATH (In my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 25c. CERTIFIER (Chack only one) 25c. LICENSE NUMBER 25c. LICENSE NUM	AMALABLE PRIOR TO COMPLETED CAUSE OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 30. MAINMER OF DEATH 1	EH	resulting in death) LAST	l											
PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PIO 1 Inpatient 2 ENOutpetient 3 DOA 4 Nursing Home 5 Tesidence a Other (Specify) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one) 1 VES 2 PIO 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 28. DATE OF INJURY 29. LOCATION (Street and Number or Pural Route Number, City or Town, State) 29. CERTIFIER 29. CERTIFIER 29. CERTIFIER 29. SIGNATURE AMOUNTED. On the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AMOUNTED. On the beate of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AMOUNTED. On the beate of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AMOUNTED. On the beate of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AMOUNTED. On the beate of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AMOUNTED. On the beate of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 290. SIGNATURE AMOUNTED. ON THE SIGNED (Month, Day, Vest) 291. LICENSE NUMBER 292. LICENSE NUMBER 293. DATE SIGNED (Month, Day, Vest) 294. DATE SIGNED (Month, Day, Vest) 295. SIGNATURE AMOUNTED. ON THE SIGNED (Month, Day, Vest) 296. SIGNATURE AMOUNTED. ON THE SIGNED (Month, Day, Vest) 297. LICENSE NUMBER 298. SIGNATURE AMOUNTED. ON THE SIGNED (Month, Day, Vest) 299. SIGNATURE AMOUNTED. ON THE SIGNED (Month, Day, Vest) 299. SIGNATURE AMOUNTED. ON THE SIGNED (MONTH) 290. SIGNATURE AMOUNTED.	AMALABLE PRIOR TO COMPLETED CAUSE OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 30. MAINMER OF DEATH 1		PART II. Other algorificant conditions	a contributing to	leath but not s	e eulėle e	n the rea	el a alcolar a							
29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	8		- continuating to t	seath put not t	eauiting	n the un	aeriying	cause g	iven in i	Part I. 24a. W		Y 24		
29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	ă									t 🗆 Y	ES 2 NO		COMPLETION OF CAU	
29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence a Other (Specify) 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation Investigation 2 Noone) 2 Accident Investigation 2 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 26c. INJURY AT WORK? 2 Accident Investigation 2 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 26c. INJURY AT WORK? 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 26c. INJURY AT WORK? 2 Accident Investigation 2 Suicide 3 Could not be determined 28e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 3 DIA 2 Z I WAS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 Print) 2 REGISTRAR'S SIGNATURE 3 DIA 2 Z I WAS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 C. REGISTRAR'S SIGNATURE 3 DIA 2 Z J REGISTRAR'S SIGNATURE	Σ									_				ī
29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence a Other (Specify) 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation Investigation 2 Noone) 2 Accident Investigation 2 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 26c. INJURY AT WORK? 2 Accident Investigation 2 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 26c. INJURY AT WORK? 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 26c. INJURY AT WORK? 2 Accident Investigation 2 Suicide 3 Could not be determined 28e. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 3 DIA 2 Z I WAS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 Print) 2 REGISTRAR'S SIGNATURE 3 DIA 2 Z I WAS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 C. REGISTRAR'S SIGNATURE 3 DIA 2 Z J REGISTRAR'S SIGNATURE	ž I											1		
29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	1 Test 2 RO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence a Other (Specify) 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Ba. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 9e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beale of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 9b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 2 3 2 3 3 3 3 3 3	ਹੋ		HOSPITAL					ACE OF DE	ATH (Che	ck only one)				
29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	1 Natural S Pending Investigation S Could not be detarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, attreet, factory, office 22f. LOCATION (Street and Number or Rur	ĭZ			ER/Outpatient 3	□ DOA			5 The	sidence i	B ☐ Other (Specify)			
29a. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the beside of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)	2 Accident Investigation Investigation Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28f.	표						28c. INJU	IRY AT		28d. DESCRIBE H	OW INJURY O	CCURED		
3 Suicide 4 Homicide 5 Could not be detarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. Function 32. A home, ferm, street, factory, office 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 22d. LOCATION (Street and Number or Rural Route Number) 2	Description determined building, sic. (Specify) City or Town, State) City or Town, Sta						М			NO					
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 22 2 3 6 8 8 1 9 8 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pa. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. Pb. SIGNATURE AND TITLE OF CERTIFFIED 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. Pb. SIGNATURE AND TITLE OF CERTIFFIED 2 D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3 D. NAME FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE		Could not be	28e. PLACE OF building, a	INJURY - At hor	me, ferm, a	treet, facto	ory, office			28f. LOCATION (S	treet and Numb	per or Rural	Route Number,	_
299. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29	(Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beat of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 2 2 3 8 8 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	- 11	4 Homicide detarmined		(City or lown,	State)			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year) 11. 18 9	2 MEDICAL EXAMINER: On the beale of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	Ž	29a. CERTIFIER 1 CERTIFYING PHYSIC	JAN: To the best of m	w knowledge des	th occurs	of at the sir	no I deto e	and alass	- 4 4					_
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Month, Day, Year) 11. 18 9	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D14221 D14221 D14221 D14221 D14221 D14221 D1422221 D14222221 D14222221 D14222221 D14222221 D14222221 D142222221 D142222221 D142222222222	Ž	one) 2 MEDICAL EXAMINER	: On the beale of exa	mination end/or is	nvestigatio	n. in my or	olulon de	ath occurs	and due t	to the cause(a) an	manner aa s	tated.		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) T. J. Fishon: 2 23 B. Bl. n Balt was 2121	D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) T. D. FUNON: 2.23 B. Blun Bult win 2111 Date Filed (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	10										e, end due to	me cause(a) and manner as state	ed.
T. J. Finlows 22 23 E. Blun Balt was 21221	DATE FILED (Month, Day, 1801) 32. REGISTRAR'S SIGNATURE	H	The state of section and		2		×2		29c, LICE	NSE NUMI	BER	29d. D	ATE SIGNED	(Month, Day, Year)	
T. J. Fishow 223 B. Blun Balt um 21221	DATE FILED (Month, Day, 1801) 32. REGISTRAR'S SIGNATURE	일	20 NAME AND ADDRESS OF SERVING	()	1/				11	42	-41		_//.	18 7)	
31 DATE FILED MANNEY DE WARD D	DATE FILED (Month, Day, 'ban') 32. REGISTRAR'S SIGNATURE		TA (-1		OF DEATH (ITEN	27) (Type,			1						
	NOV O A see				× 23	12.	My	10	PAL	r	man 21	221			
NOVO () to a least the second of the second	Trung Davidson Thomas Davidson			1 0		07.7									
1 TUNA Davidon Randa 10	The same of the sa		1661 0 7 1011	Juna Davy	dson-Rango	Lee									

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Ray 1/89



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	C	ERTIFIC	ATE O	F DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Lost) TOSEPH C. HARR	15				2. DATE OF DEATH MONTH	PAY /K	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 XM 2 - F	6. AGE (In yrs. Ia	1404	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	15	BIRTHPLACE (State or Foreign Country) MARYLAND	
DIRECTOR	99. FACILITY NAME (If not institution, give street and number) MERCY MEDICAL C RESIDENCE OF DECEDENT	ENTI	ER St.	SAL	TIMO		9c. COU	JNTY OF DEATH	
REC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LO	CATION			10d. INSIDE CITY	
	MARYLAND 100. STREET AND NUMBER		BALTIMORE				LIMITS?		
FUNERAL	124 W. FRANKLIN STR	EET AP:	r. 1504		21201		10g. CIT	USA	
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2V	2 V NO It ves specify Cuben Mexican Puerto Bicon a					14. RACE — American Indian, Black, White, atc. Specity: WHITE	
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. Di	ECEDENT'S USU	TION	16b. KIND OF E	BUSINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 + 9TH		TRUCK		DE	BUSINESS/INDUSTRY ELIVERY Jen Surname) VN Town, State, Zip Code)			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mald	n Surname)		
BE	UNKNOWN 190. INFORMANT'S NAME (Type/Print)					UNKNOW			
2	NAOMI HARRIS								
	20a METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramoval from State	20b. PLACE	3939 ROLAND AVENUE APT. 916, PLACE AND DATE 20c. LOCATIO					City or Town, Stata	
	GARDENS OF FATTH CEMETERY 11/18/91 RAITIMORE MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	E a		A.	ALAN SEIT	Z, JR. FU	NERAL	HOME	
	23. PART i. Enter the diseases, or complications that	caused the d	eath. Do not a	JOT	ode of dving suc	AVE., BAL	ro., 1	MD. 21211 reat, Approximate	
į	ahock, pr heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Approximate interval Batween Onsat and Death Due To (OR AS A CONSEQUENCE OF):							intarval Batwean Onsat and Death	
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	OR AS A CONSE	OUENCE OF):						
	PART II. Other significant conditions contributing to	seath but not	resulting in th	a underlyi	ng cause givan in	Part i. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS	
EDICAL	at 10 000 100	E Jan	lune	-		1 TYES	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Z	ald mybearlie	W. D	met.	10-	3/91	_		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		*		PLACE OF DEATH (Che	ack only one)			
IXSI	1 YES 2 NO 1 Inpatient 2		DOA 4	HER: Nursing Ho	me 5 🗆 Residence	6 KOther (Specily)	Nerc	n Hospital	
	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF (Month, December 28a)	NJURY r, Year)	28b. TIME OF INJURY	V	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCC	CURED	
ĕ I	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF	INJURY — At he	ome, farm, atreet.		YES 2 NO	281 LOCATION (Street	and Number	r or Rural Bouta Number	
ĔL	3 Suicide 8 Could not be 4 Homicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a medical examiner: On the basic of axi	ny knowledga, de emination and/or	eath occurred at	the time, de	te and piece, end due death occured at the	to the cause(e) end m	enner ea stat	ed.	
BEO	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			E SIGNED (Month, Day, Year)	
OIL	Nucrtial M	>		>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	OF DEATH (ITE	M 27) (Type, Print)		01771	332-91	000	Jeoner 1222	
	DANIEL WEINTRAIB WERCY HOSPITAL 332-9000 George 13333 DATE FILED (Month, Day, Veer) 32. REGISTRAR'S SIGNATURE NOV 2 () 1001								

www. Mandale

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE O	F DEATH	RE(3. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) MARIE E. JON	NES				2. DATE OF DE	ATH DAY	YEAR G I	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER , 217-07-8689	1 □ M 2 🎉 🕈	84 YRS.	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day, MAY 24	Monel	Country	PLACE (State or Foreign Y) RYLAND	
DIRECTOR	9a. FACILITY NAME (If not institution, give s LORIEN NURSING & RESIDENCE OF DECEDENT			96. CITY, TOW COLUM	N OR LOCATION OF D	DEATH	9c. COL	WARD		
S	10a. STATE 10b. COUNTY	1	10c, CITY	TOWN OR LO	CATION				10d. INSIDE CITY	
	MARYLAND 10e. STREET AND NUMBER	HOWARD		LLICOT					1 YES 2 NO	
FUNERAL	2618 LITER COURT				21043			U.S.		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 V IF YES, GIVE WAR O	ES 2 XNO	If yes,	BPOCIFY Cuban, Maxic ES 2 NO Speci	an, Puarto Rican, a	olfy Yas or No— etc.)	Black	— American Indian, t, White, etc.	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	JSUAL OCCUPA	TION most of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5+)	TELEPHO	retired.)		C &	P TELE	PHONE	E CO.	
00	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, I	Maiden Sumame)			
BE	OTTO STROES	SNER			ANNA		NOWN)			
2	190. INFORMANT'S NAME (Type/Print) BARBARA MERGEHENN	J			COURT - F				21043	
	20e. METHOD OF DISPOSITION 1									
	4 Donetion 5 Other (Specify) LOUDON PARK CEMETERY 11/20 BALTIMORE 21. SIGNATURE OF PUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	- Teresa	LA	A	HUBB	ARD FUNER	RAL HOME		ODE	MD. 21229	
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, abock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death									
CERTIFICATION	disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	DART II On a standing of the								1	
PHYSICIAN: MEDICAL	PART II. Other algorificent condition	s contributing to deet	in but not resulting in	the underly	ing cause given in	P	MS AN AUTOPSY ERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF 0EATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C)	heck only one)				
YSI	1 TES 2 NO	1 Inpatient 2 I ER/C	Outpetlant 3 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Raaldenca	8 Other (Specif	(y)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME INJU	RY	NJURY AT VORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OC	CURED		
	3 Suicida 8 Could not be datarmined	28s. PLACE OF INJI building, stc. (5	URY — At home, farm, st Specify)	reat, factory, of	fica	28f. LOCATION (: City or Town,	Street and Numbe State)	r or Rural Ro	oute Number,	
COMPLETED		CIAN: To the best of my ki							and manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Holodu	electi,	NO	29c. LICENSE NU	MBEB_	29d. DAT	E SIGNED	(Month, Day, Year)	
	KULODELLBETZ	95010	CCI Arm	erint)	lis Red	Ellie	Al Ca	7 x	4021042	
KULODEUBETZ 95DI Decl Armapalis Rel Ellicati City MD210 31. Chestile (Month, Day, 1647) 32. REGISTRAR'S SIGNATURE NOV 2 0 1001										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. It need to man be retained by the hospital or attending physician.

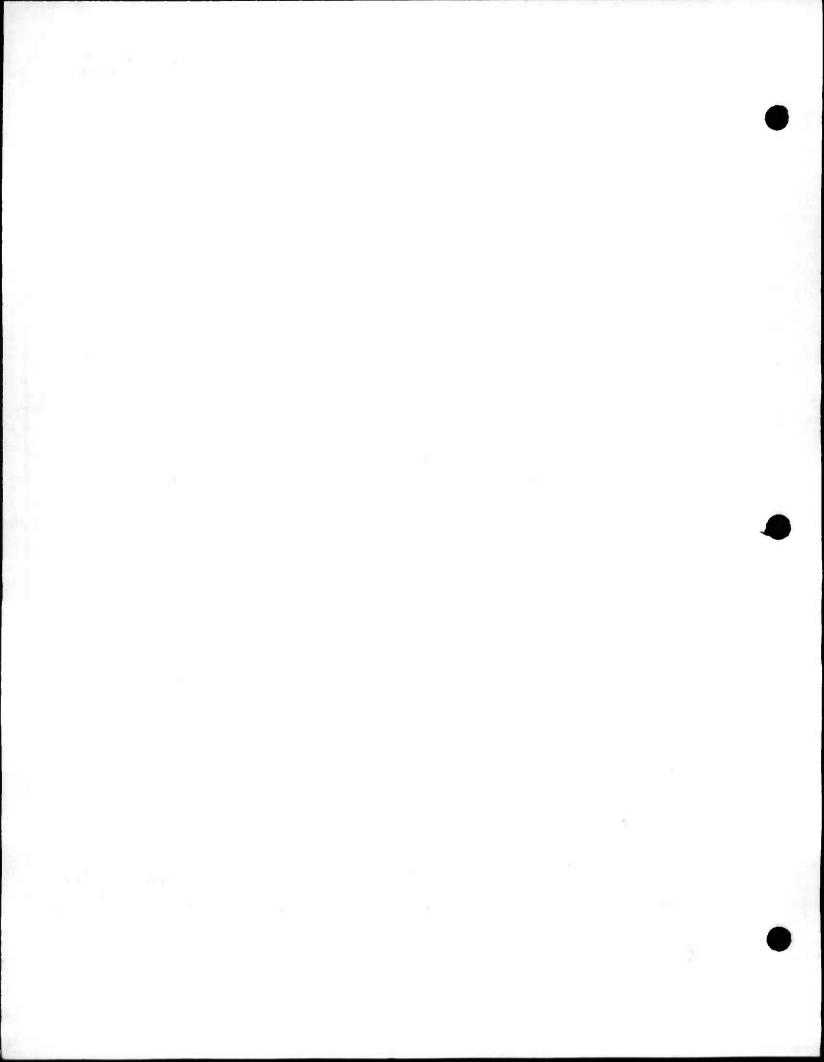
TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use 28 the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

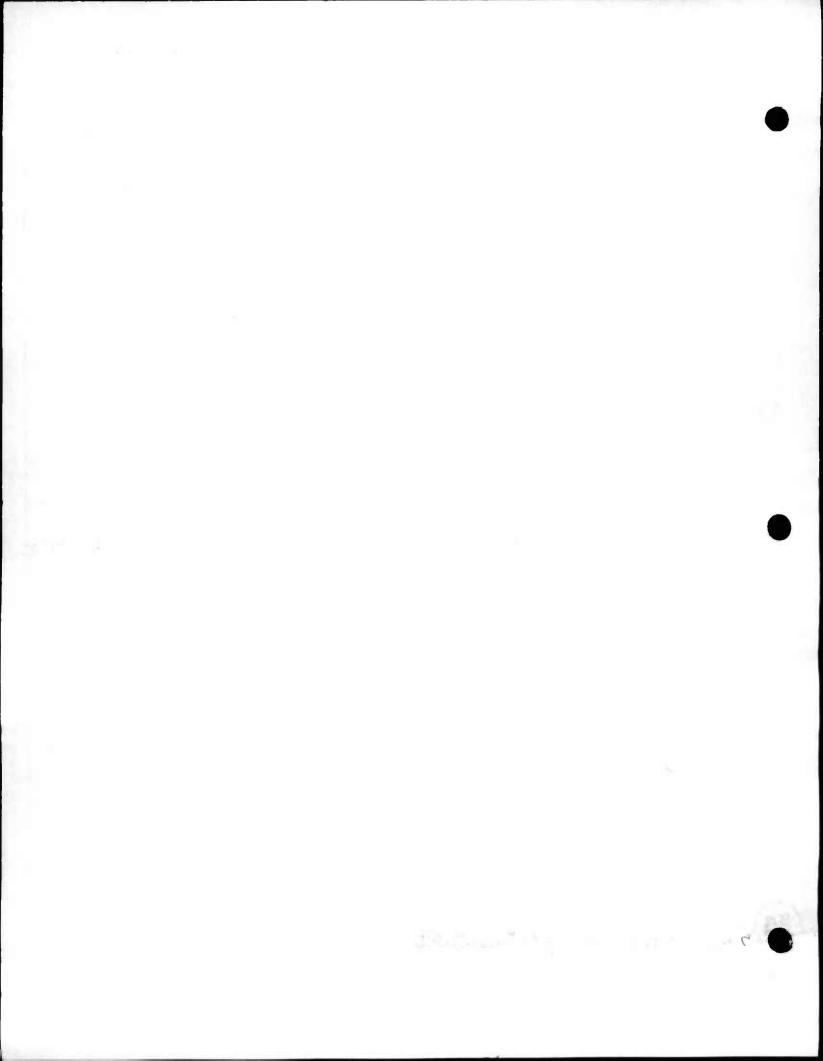
TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

340	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.
NAME (First, Middle, Last)		English of the second

	1 - FOR STATE OF MARYLAND / CE	DEPARTME	NT OF H	EALTH AND DEATH		YGIENE EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) MARVIN SH	IERWOOD	KATZ	EN	2. DATE OF E		991	3. TIME OF DEATH 9:15 P. M	
	4. SOCIAL SECURITY NUMBER 218-28-1832 5. SEX 1 🔀 M 2 🗆 F 61	YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	IRTH	8. BIRTH Count	IPLACE (State or Foreign	
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 3600 LABYRINTH RD. APT. J-1	.О	CITY, TOWN O	BALTIMO	EATH		DUNTY OF D	PEATH	
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCAT	ION				10d. INSIDE CITY	
	MARYLAND 10s. STREET AND NUMBER		BALTI					LIMITS? 1 XYES 2 NO	
FUNERAL	3600 LABYRINTH RD., APT. J-10		101.	21215	5	10g. C	USA	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARI FORCES? 1 AYES 2 N IF YES, GIVE WAR OR DATES WWII	MED IO	Il yes, spe	ENOENT OF HISPA city Cuban, Mexico 2 40 Specifi	an, Puarto Rican	ecity Yea or No-	14. RACE Black Speci	E — American Indian, k, Whita, atc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retined.) 16b. KIND OF BUSINESS/INDUSTRY (Bive. Do NOT use retined.)								
MPL	10 PRODUCER VIDEO PRODUCTION						TONS		
BE CO	17. FATHER'S NAME (First, Middle, Last) MAURICE KATZEN			16. MOTHER'S NA	NA	MOS	S		
10		MAILING ADDR 198 13TH		BROOKL	Poute Number, C	ity or Town, State, 11215	Zip Code)		
	4 Donation 5 Other	ND DATE OF DISF	ce)		/15/91	28c. LOCATION BALTI			
	21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE	IDON PAR	SOL SOL	LEVINSON REISTER	SILLEY BRO	S., INC			
	23. PART I. Enter the diseases, or complications that caused the dec	ath. Do not en						Approximata	
	MAMERIATE CALLES (Final	ellul		Cari				Interval Between Onset and Death	
ATION	Sequentially list conditions, oue to (or as a consequence of): oue to (or as a consequence of):								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	WENCE OF):							
	PART il. Other aignificant conditions contributing to death but not re	eaulting in the	underlying	cause given in	Pert i. 24a.	WAS AN AUTOPS	Y 24b	WERE AUTOPSY FINDINGS	
MEDICAL						PERFORMEO? YES 2 NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	DOA 4 DA	ER:	CE OF DEATH (Ch					
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY M	28c. INJU WOR	RY AT		E HOW INJURY O	CCURED		
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At hon building, atc. (Specify)	na, ferm, street, l	actory, offica		261. LOCATION City or Tow	(Street and Numb n, State)	er or Rural R	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the beat of my knowledge, das	th occurred at Ih	e time, data a	and place, and due	to the cause(a)	and manner as s	tated.		
BE CC									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		DLX:	274		11/13	3/41	
	RUTH E. KANTOR, M.D 6565 N. CHA	RLES SI	BAL	TIMORE,	MD 21	204			
	31. DATE FILED (Month, Day, Year) NOV 2 0 1991	ō.							
	HOAP II 1991 A Amende Machine	~							





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

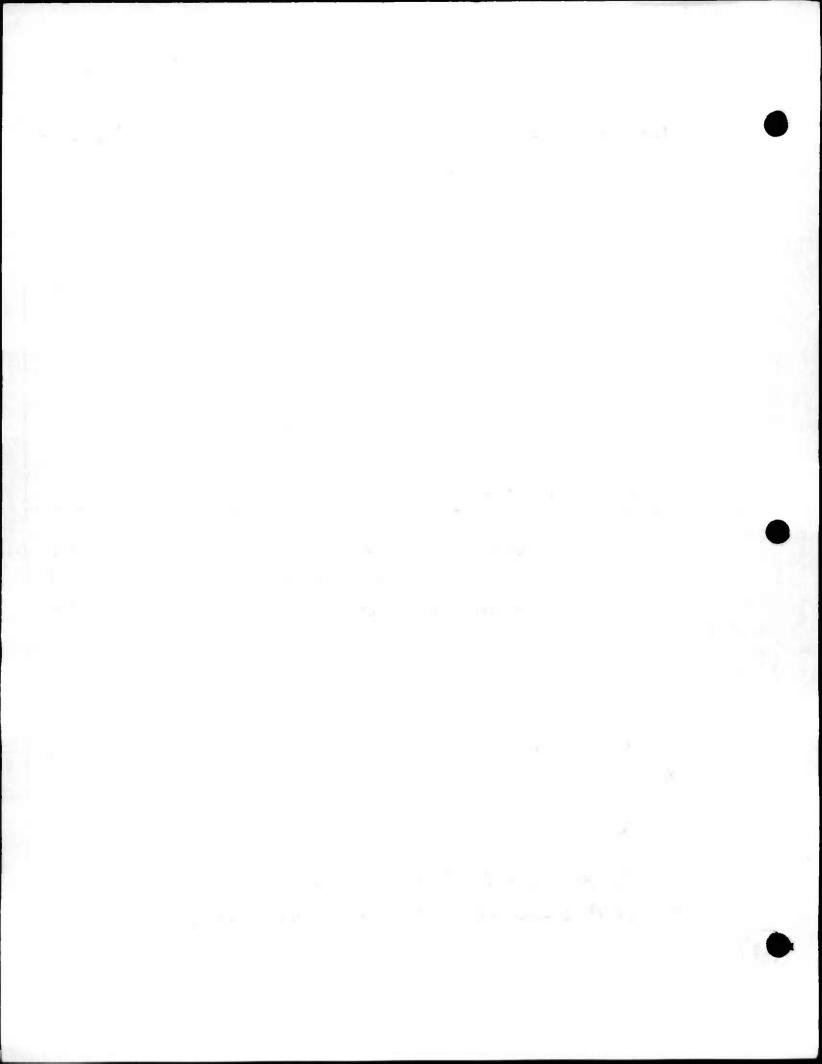
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF I	IEALTH AND	MENTAL HYGI			
	1, DEGERATE NAME (First, MIDDIE, L	KLITENIC				2. OATE OF OEATI MONTH NOVEMBE	4	YEAR	3. TIME OF DEATH 2:14 PM
	4. SOCIAL SECURITY NUMBER 214-14-4405	5. SEX 6. AGE	(In yrs. lest birthday) 7 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 5/10/19		8. BIRTH	PLACE (State or Foreign RYLAND
TOR	90. FACILITY NAME (If not institution, of WASHINGTON AI RESIDENCE OF DECEDEN	OVENTIST HOSPI	PAL		MA PARK	DEATH	9c. COUN		EATH OMERY
DIRECTOR	10a. STATE MARYLAND 10b. CO			TOWN OR LOCA					10d. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1801 WESTCHESTE	ER DR.		10	ZIP CODE	902	10g. CITIZ	_	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	NO	If yee, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHITE				
LETED	15. DECEDENT'S (Specify only highest of Elementary/Secondery (0-12)	EDUCATION grade completed) College (1-4 or 5+)	18e. DECEDENT'S I (Give kind of w life. Do NOT use	ork done during mo	ON at of working	18b, KIND OF	BUSINESS/INDU		
COMPLETED	17. FATHER'S NAME (First, Middle, Last	4	ATT	ORNEY		AME (First, Middle, Mai	LAW den Sumeme)		
H	MAX KLITENIC 190. INFORMANT'S NAME (Type/Print)		1000000			DUBINS			
임	MRS. SYLVIA KLI	TENIC			OHESTER	Route Number, City or DR. SII			, MD 20902
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	PLACE AND DATE OF	F DISPOSITION (Na	me of					
10	21. SIGNATURE OF FUNERAL SERVICE LIGENGEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.								
CERTIFICATION	23. PARK. Ental the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as cardisc or respiratory arrest, Approximate interval Between the mode of dying, such as								
MEDICAL	PART II. Other significant condi		ut not resulting in	the underlying	j causa givan in	PERI	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	1 O YES 2 NO	1 Cinpatient 2 - ER/Outp 28s. DATE OF INJURY		I ☐ Nursing Home		8 Other (Specify) 28d. DESCRIBE HO	AI 181 01 100	nec.	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	UUNI	RY WO	RK?	290. DESCRIBE NO	W INJUHY OCCU	HED	
	2 Accident 3 Suicide S Could not be determined 4 Homicide Schemici								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PH	HYSICIAN: To the best of my knowl	edge, death occurred	at the time, date	end place, end due	to the cause(e) end r	nenner es stated and due to the	i. cause(a)	and menner ee stated.
#	296. SIGNATURE AND TITLE OF CENT	Liel 6	M.	Si	29c. LICENSE NUI		29d. DATE :	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON Michael A. L 31. DATE THIRD (Adopt). Blay Mark	-incoln MO	10313			Silvers	pring,	mo	20910
	NOVE 0 1991 Prince Marine 1991 Prince Marine 1991								



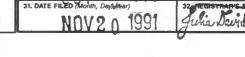


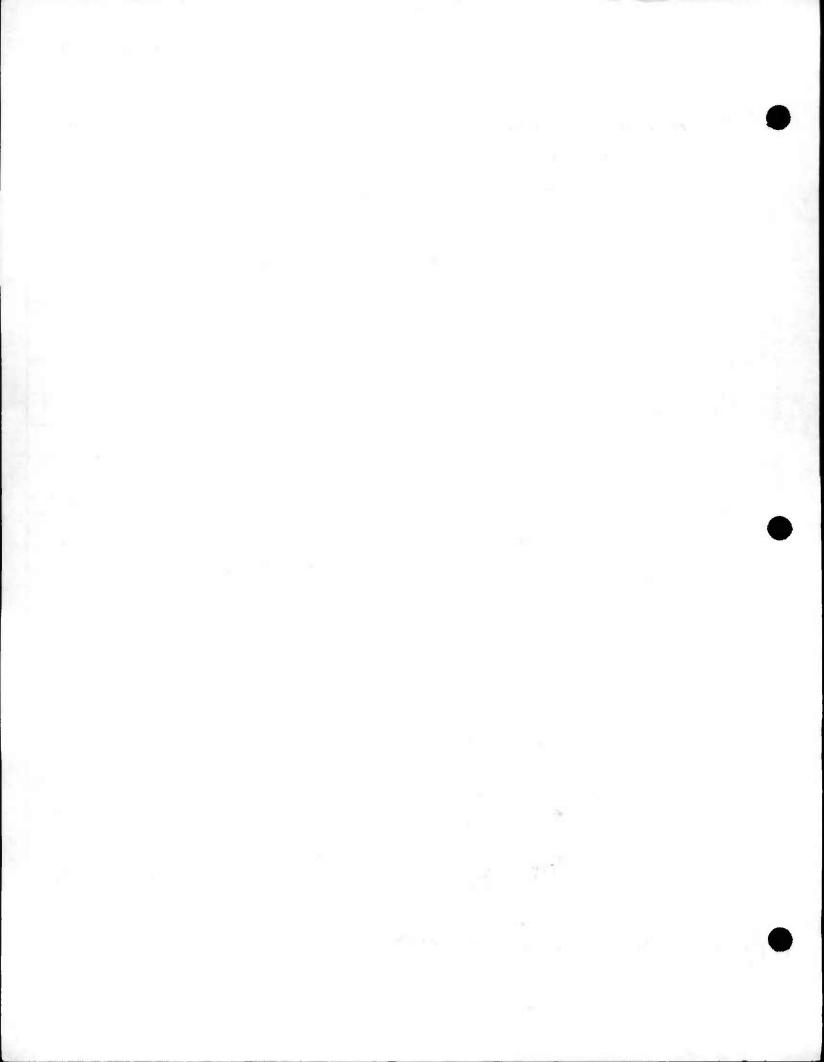
HYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burrial, cremation, or ramoval.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the	be filed within 72 hours after death with the State Dept. of Health and N	IMPORTANT: If item 28 is marked, or item 23 shows any inj	

ETVINSON, HIMAN FTV 71-50-10 3-10-9150 A 888 9

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

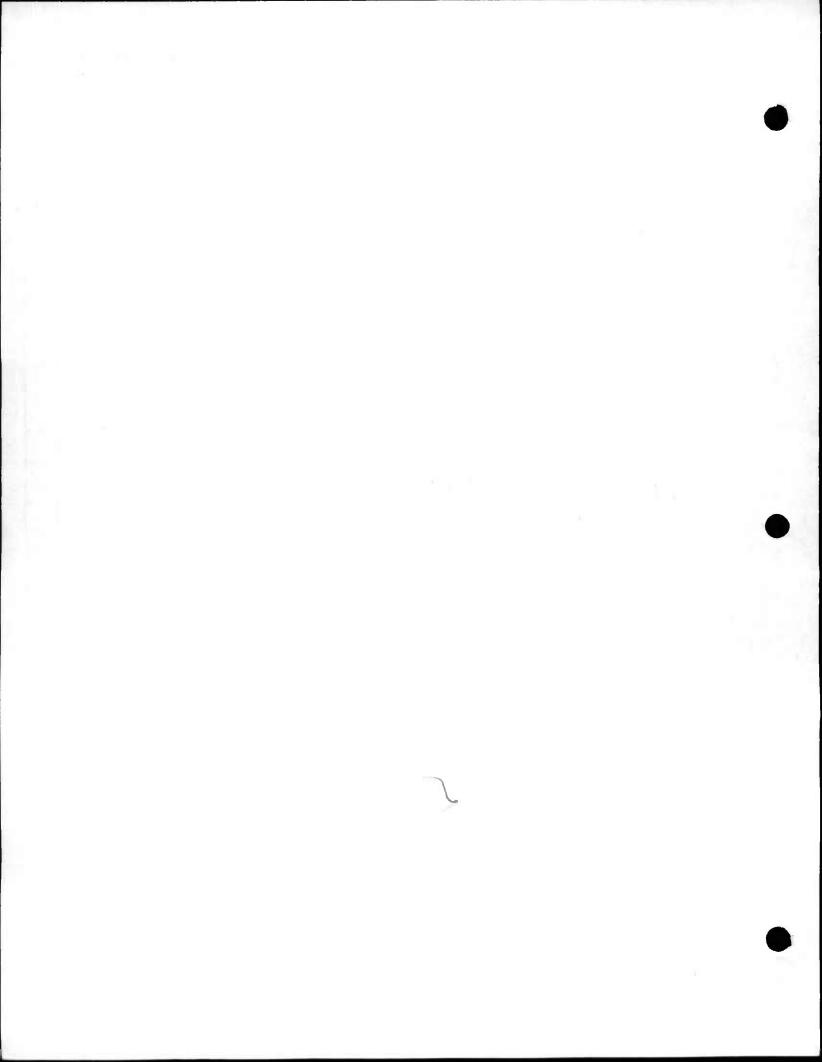
	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM	ENT OF H	EALTH AND I	MENTAL	HYGIEN		jalen de	
	1. DECEDENT'S NAME (First, Middle, Last) HYMAN J.LE	Fuin son	31		20	2. DATE MONTH	OF DEATH	ري س	EAD	SO Ann
	210-10-9150	1 12 M 2 □ F 8]	YRS. MOR	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	12-1	OF BIRTN 1, Day, Year) 15-190	9	Country) PENI	(State or Foreign
TOR	9a. FACILITY NAME (If not institution, give stre LEVIA DALE RESIDENCE OF DECEDENT	eet and number)		44	MORE	EATH		9c. COUNTY	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY	,		OWN OR LOCAT	_				L	NSIDE CITY IMITS? YES 2 \(\(\) NO
FUNERAL	2317 Ruger	reor	BALT		ZIP CODE	7			OF WHAT C	OUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE WITH A TR	2 NO	If yes, sp	ENDENT OF HISPAI city Cuban, Mexica 2 NO Specif	in, Puerto F				erican Indian, i, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elamentary/Secondary (0-12)		6a. DECEDENT'S USL (Give kind of work life. Do NOT use rei	done during mo	IN st of working	16b.		SINESS/INDUS		
	17. FATHER'S NAME (First, Middle, Last) HARRY LEVINSON 18. MOTHER'S NAME (First, Middle, Maiden Surname) LENA GOLUB									
TO BE	194. INFORMANT'S NAME (Type/Print) MRS. ISABEL LEVIN	SON	19b. MAILING ADI 2317	ROGENE	DR - BA	Route Numb	DRE, M	n, State, Zip Co D 212		- 100
CERTIFICATION									Approximata Interval Between Oneet and Death	
PHYSICIAN: MEDICAL	PART ii. Other aignificant conditione	contributing to death but	t not resulting in t	he underlyin	g cause given in	Part i.	24a. WAS AN PERFO 1 YES	RMED?	COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C/					
ZH.	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN.	URY AT	_		INJURY OCCU	RED	
à	2 Accident 5 Pending Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY – building, atc. (Specif)	- At home, farm, stree	M 1 🗆	YES 2 NO		ATION (Street or Town, State	and Number or	Rural Route N	umber,
COMPLETED	and and	IAN: To the best of my knowled: On the basis of axamination								nanner aa stated.
TO BE C	29b. SIGNATURE AND TITLE OF DESTRIPIER	noon	TH (ITEM AT C		29c. LICENSE NU	S/8	76	29d. DATE 5	1/16	9/
	30. NAME AND ADDRESS OF PERSON WNO	32 TEGISTRAP'S SIGNAL		ne)				/	/ /	





STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIE	NE
	C	FRTIFICATE	OF DEAT	TH		DEC N	-

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF HEALTH A		YGIENE EG. NO.				
	DECEDENT'S NAME (First, Middle, Last) Grace LEMIRANDE					2. DATE OF DEATH NOVEMBER 16:50 A M				
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 217–22–7553	5. SEX 6. AGE (I	In yrs. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS 6	HRS. 7. DATE OF E	7. DATE OF BIRTH (Month, Dey, Year) 8. BIRTHPLACE (State or Foreign Country) Maryland				
	98. FACILITY NAME (If not institution, give Franklin Squar RESIDENCE OF DECEDENT	e Hospital		96. CITY, TOWN OR LOCATION ROSSVIll			imore County			
		10b. COUNTY 10c. CITY, TO					10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🖟 NO			
	100. STREET AND NUMBER 1619 A Doolittle Road			101. ZIP CODE 21	221		CEN OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	ever Merried 2 Married FORCES? 1 YES 2 NO			HISPANIC ORIGIN? (Splenten, Puerlo Rican Specify:	pecify Yea or No—	14. RACE — American Indian, Black, White, etc. SpecifiWhite			
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	ISUAL OCCUPATION ork done during most of working retired.) EWife	16b. KIN	16b. KIND OF BUSINESS/INDUSTRY						
CON	17. FATHER'S NAME (First, Middle, Last)	mullo	'S NAME (First, Middle	ME (First, Middle, Maiden Surname)						
TO BE	19a. INFORMANT'S NAME (Type/Print)	Charles Niemuller Ire 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rura					ne Kurg Route Number, City or Town, State, Zip Code)			
-	George Niemul		2432	East Baltimo		Street Baltimore Md. 21224				
	1 Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State ceme	etery, cremetory or oth	er place) natory Inc.	DATE	BAltim				
	21. SIGNATURE OF FUNERAL SERVICE L	E (a 1 a a)	Uma	22. NAME AND ADDRESS COnnellyFu						
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Perforated gastric ulcerGastrostomy, Jejunostomy DUE TO (OR AS A CONSEQUENCE OF): Tracheostomy with sepsis from non-healing abdomen DUE TO (OR AS A CONSEQUENCE OF): The conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other algorificant condition Congestive Formula Chronic Obst Adult Onset	leart Failure, tructive Pulmo	PASE.	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? V 1									
ву РНУ	27. MANNER OF DEATH 1 Natural S Pending Pending Pending Natural Pending									
ETED	3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, tectory, offica building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, tectory, offica City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mennar as stated.									
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE BOALD 30. NAME AND ADDRESS OF BERCON WA	29c. LICENSI	ENUMBER	29d. DATE SIGNED (Month, Day, Year) 11/16/91						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Brad Ebright, M.D. 9000 Franklin Square Drive Baltimore MD 21237 31. DATE FILED (Month, Day, Ybar) 32. REGISTRAR'S SIGNATURE									
	MAY 2 0	32. REGISTRAR'S SIGNA	TURE	*			DHMH-16 Rev 1/99			



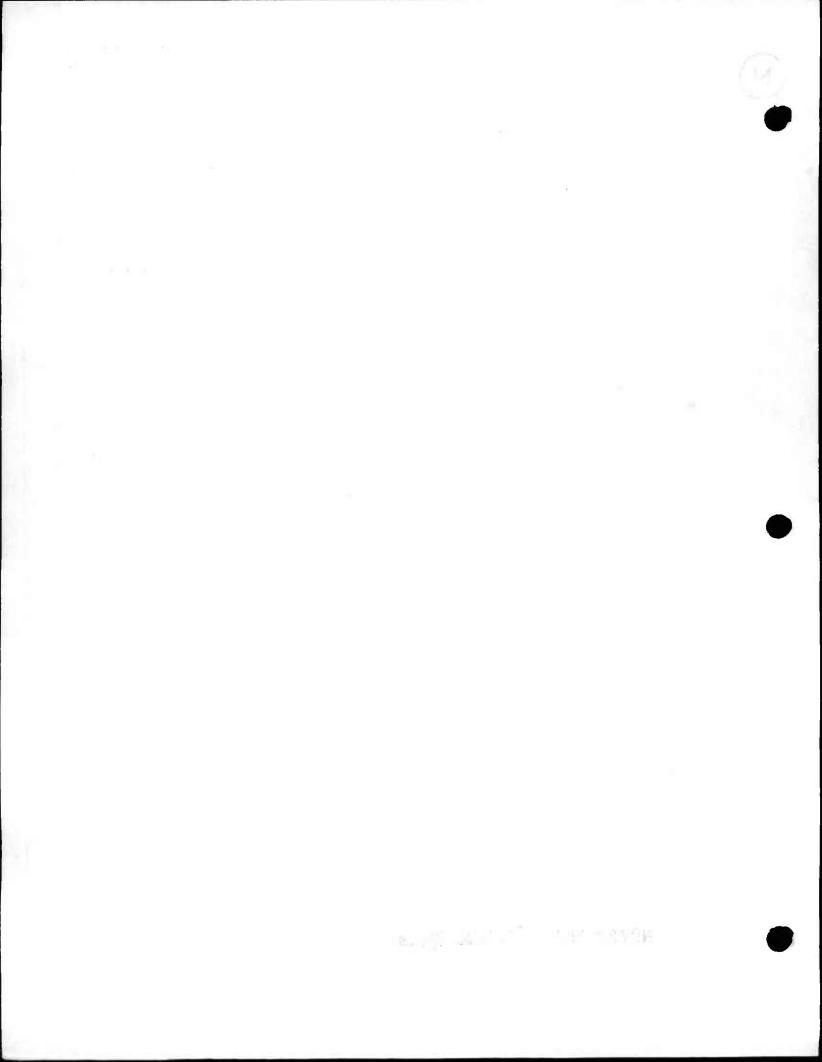
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DEG NO.

	1. DECEDENT'S NAME (First, Midd	tle Leet1	_		LITTI	ICATE	- 01	DEA	111		EG. NO.		_	
	JIMMY	NO, LESI)	R.			McNEIL			2. DATE OF	2. DATE OF DEATH MONTH DAY		YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY HUMBER							11 18		91	M			
			5. SEX			IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E			8. BIRTHPLACE (State or Foreign Country)	
	119-40-8405		1 💢 M 2 🗆 F	4	2 YRS.	- WONTES	DATE	HUUHS	wire.	10-8			COUNTY	S.C.
	9a. FACILITY HAME (If not institution					9b. CITY	, TOWN	OR LOCATIO	OH OF DI			9c. COU	NTY OF D	
DIRECTOR	UNION MEMORI	AL H	OSPITAL				BALT	IMOR	E			l		
5	RESIDENCE OF DECEDE													
2		COUNTY				Y, TOWN C		TION						10d. INSIDE CITY
	MD				BA	LTIM	ORE							LIMITS?
4	10e. STREET AHD HUMBER						101. ZIP CODE 10g. CITIZEN OF V							
8	4414 MARBLE HA		21218 U.S.A.											
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ADMED 19. WAS DECEMBED 19													
	1 Never Married 2 Married FORCES? 1 X YES 2 NO						If yes, specify Cuban, Maxican, Puarto Ricen, atc.) Black, Wh					- American Indian, , White, atc.		
E I	3 Widowed 4 Divorced		IF TES, GIVE V	WAR OR DATES		1 TES 2 NO Specify: Specify:					BLACK			
	15. DECEDEN	T'S EDUCA	TION	180.	DECEDENT'S	TISUAL O	CCLIPATIO	OH		Ter Kin	D OF BUI	1	ulores.	DLACK
E	(Specify only higher Elementery/Secondary (0-12)	1			(Give kind of sife. Do NOT us	work done (during mo	ost of working	ng	100. KIN	16b. KIND OF BUSINESS/IHDUSTRY			
7	12TH		College (1-4 or 5	•)	NEMPL									
COMPLETED	17. FATHER'S NAME (First, Middle, i	i ant)			HEIN C	OILD	_		_		U USAN			
ŏ	EDDIE E. MCNE							M A V	HER'S HA	ME (First, Middle THOMPS	e, <i>Meid</i> en : ∩ N	Surname)		
BE														
2	190. INFORMANT'S NAME (Type/Pri CORNELIUS THOM			1	19b. MAILING	ADDRESS	(Street a	and Number	or Rural I	Route Number, C	ity or Town	State, Zip	Code)	MD 01010
					4414	MAKB	LE F	IALL	KU P	NPI. 33	4/BA	LIIM	URE,	MD 21218
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3	☐ Remove	al from State	20b. PLAC	E AHD DATE	OF DISPOS	ITION (No	ame of		DATE		CATION —		
	4 Donation 5 Other (Speci	ily)		ALL	IGATOR	S. C.E.M	TETE	RY			MAR	INETT	ΓΑ, Ν	1.C.
	21. SIGNATURE OF FUNERAL SER	VICE LICEN	ISEE			22. 1	HAME A	HD ADDRES	S OF FA	CILITY				
	1 X Alin	- 1 7	to t	-(L	21	LIN	4 0	MADOL		11 /110	_			
	22 DADT I FAMILY	w	$\omega \wedge$	10	160	MIN	1.6.	MARCE	1 .	H./110	L E.	NURI	H AV	ENUE
	23. PART I. Enter the disees ehock, or heart f	es, or cor leilure. Lis	nplicetione the st only one cau	t coulsed the dise on each iii	deeth. Do r ne.	not enter	the mo	de of dyi	ng, suc	h se cardiec	or reepi	ratory err	eat,	Approximate intervsi Between
	IMMEDIATE CAUSE (Final							Onset and Daath						
	DUF TO OR AS A CONSEQUENCE OF								12 hours					
									1					
z	According to the same	b.	To	XOPLA	SMIC		EN	ICEF	AHA	LITT	Š			6 mas
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) L. TOXOPLASMIC ENCEPHALITIS DUE TO (OR AS A CONSEQUENCE OF): RETROUTRAL INFECTION 5 YRS													
5										5 YRS				
든	that initiated events		DUE TO	(OR AS A COHS	EOUEHCE OF	7):								7//
	resulting in death) LAST	d												
	DATT II Other startificants and the starting of the starting o													
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?							24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
ă	TO MEDICAL CO								COMPLETION OF CAUSE OF DEATH?					
ᄬᅦ	GF DE								1 TES 2 NO					
=	1 TES 2 540													
X I	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
PHYSICIAN: 1	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 Ser/Outpatient 3 DOA A Nursing Home 5 Residence 8 Other (Specify)													
≟ ∥	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM		28c. INJ	_	sidence			IIIIIIV OCC	TIDEO	
	1 Natural 5 Pendin	ay, Year)		URY			28d. DESCRIBE HOW INJURY OCCURED							
Ā	2 Accident Investi	F INJURY — At 1						201 1 2217121						
	3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, tarm, atree building, atc. (Specify)						эгу, отпе	•		City or Tox	PCATION (Street and Number or Rural Route Number, by or Town, State)			
ᄪᆘ														
로Ⅱ	29a. CERTIFIER (Check only one) 1 Σ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated,													
COMPLETED	One) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
S I	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
∞	11 (Mai	1						1		7168	Total State			
임	30. NAME AND ADDRESS OF PERS	SON WHO C	OMPLETED CAUS	E OF DEATH (IT	EM 27) /Type	Print1		1	- 1	169		1719 (97		
	RECHAISSON MO 1830 E MONUMENT ST BALTIMORE MO													
	31. DATE FILED (Morth. Day, 1601) 32. REGISTRAR'S SIGNATURE Whis Davidson-Randelle													

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



	9	5		2	i
•	be	306		pe	
	may	ď.		15	
	9	ectc		Ē	
	Page	- G		10	ı
	Ħ.	nera		Ē	l
	dea	10	_:	еха	ı
	ther	4	DOVA	100	
	60	o b	ren	9	I
	30	90	9	=	I
	24	y fill	Itlon	the state of	ı
	ithi	etel	ema	Ħ,	I
	3	gmc	, o	S	ı
	cute	b	uria	음	ļ
	exe	שר	to b	E	I
	pe	iciar	10	20	Į
	cate	SE	9	-	I
	ertif	Bu	gien	등	l
	9	endi	Ŧ	6	
	deal	aff	enta	Z.	
	the	量	M	를	
	hat	d b	an	J.	
	es t	gne	alth	60	ľ
	qui	n Si	Ŧ	8	ı
	A re	pee	1,0	65	ı
	8	has	8	23	l
	Ē	ate	tate	lem m	ŀ
	AN	tific	S	10	I
	Sic	Cel	th th	ď,	l
	F	this	W	rke	l
	NG	fter	eath	E	ı
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page 6 may be ret	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ;	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no	ĺ
	E E	6	aft	28	١
	SH.	JIR	Ours	em e	I
	AL	7	2	#	l
	SPIT	ER	III 7	1	ĺ
	Ř	E	WITH	TAN	١
	뿚	뿔	pa	Q	١
	2	5	pe #	W	١
	,		_	-	ſ

		91	31733						
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) MATTIE MC CBAY	2. DATE OF DEATH DAY	YEAR 303 A M						
	4. SOCIAL SECURITY NUMBER 5. SEX AGIE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. YRS. HOURS MIN.	(Month _a Day, Year)	BIRTHPLACE (State or Foreign country) atthews, Va.						
TOR	90. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH PRESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALT/MOR	RE	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	100. STREET AND NUMBER 4104 RIDGEWOOD AVE 216	2 1	N OF WHAT COUNTRY?						
BY FUR	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANI It yes, specify Cuben, Mexicen 1 YES 2 NO Specify:	, Puerto Ricen, etc.)	4. RACE — American Indian, Black, White, etc. Specify: 2/ 4 C.K						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
BE COMF	17. FATNER'S NAME (First, Middle, Last) Charles Allen Lucy Allen								
TO B	Charles Allen Lucy Allen 196. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Samuel Turner 5127 South Dakota Ave. Washington, 2D.C2001 209. METNOD OF DISPOSITION (Name of DISPOSITION (Name of DISPOSITION OF DISPOSITIO								
	A Donation 5 Other (Specify) A Donation 5 Other (Specify) A Donation 5 Other (Specify)		· Committee						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy 0. Dyett & SOn Funeral Home 4600 Liberty Heights Avenue 21207								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ahock, or heart failure. List only one cause on each line.	as cardiac or reapiratory arres	it, Approximata interval Between						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Ventricular tacchycardia Due to (or as a consequence of):								
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST								
	PART II. Other significant conditions contributing to death but an activities to								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF COM								
	1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
14SI	1 VES 2 NO 1 Vinpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8								
BY PI	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?	28d. DEŞCRIBE NOW INJURY OCCUI	RED						
	2 Accident Investigation 3 Sulcide 8 Could not be building, atc. (Specify) 28e. PLACE OF INJURY — At home, term, street, fectory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, term, street, fectory, office City or Town, Stete)								
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated.								
	2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner se stated.								
BE	29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMB	BER 29d. DATE S	IGNED (Month, Day, Year)						
٩	30. NAME AND ADDIESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)								

PLIPE SINA

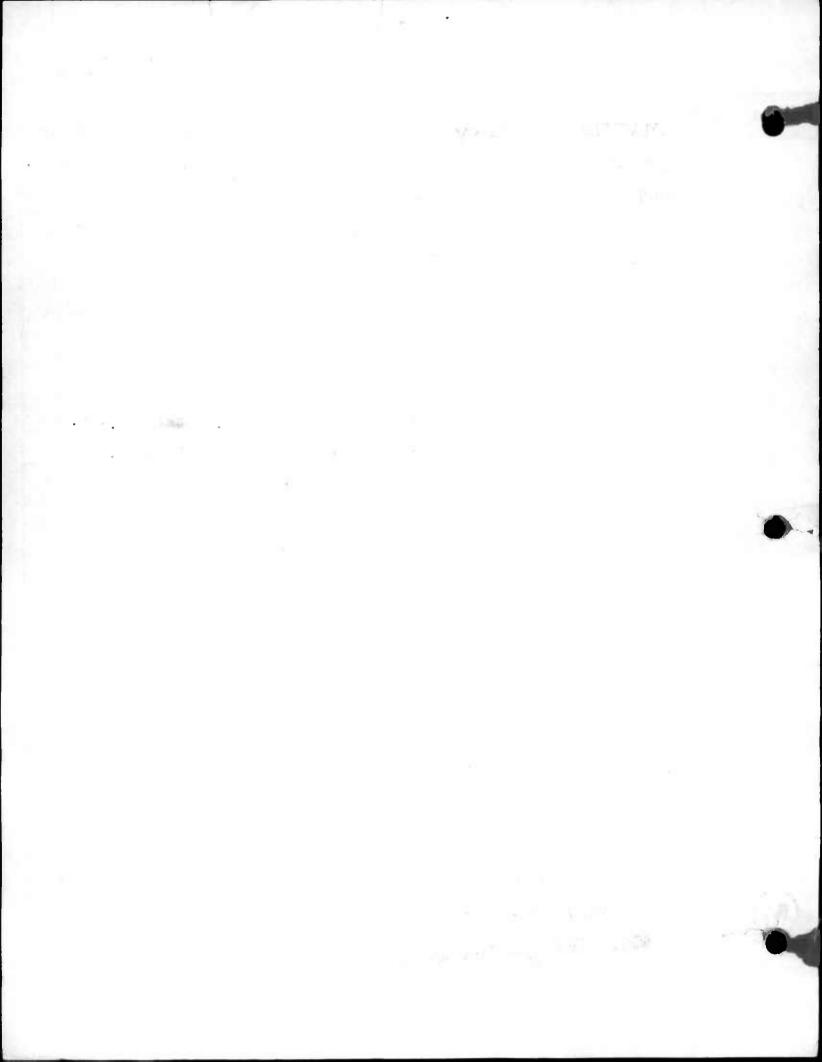
Swidson-Mandale



BENJAMIN 31. DATE FILED (Month, Day, Year) MOV 2 A

1991

HOSP, OF BALTIMORE



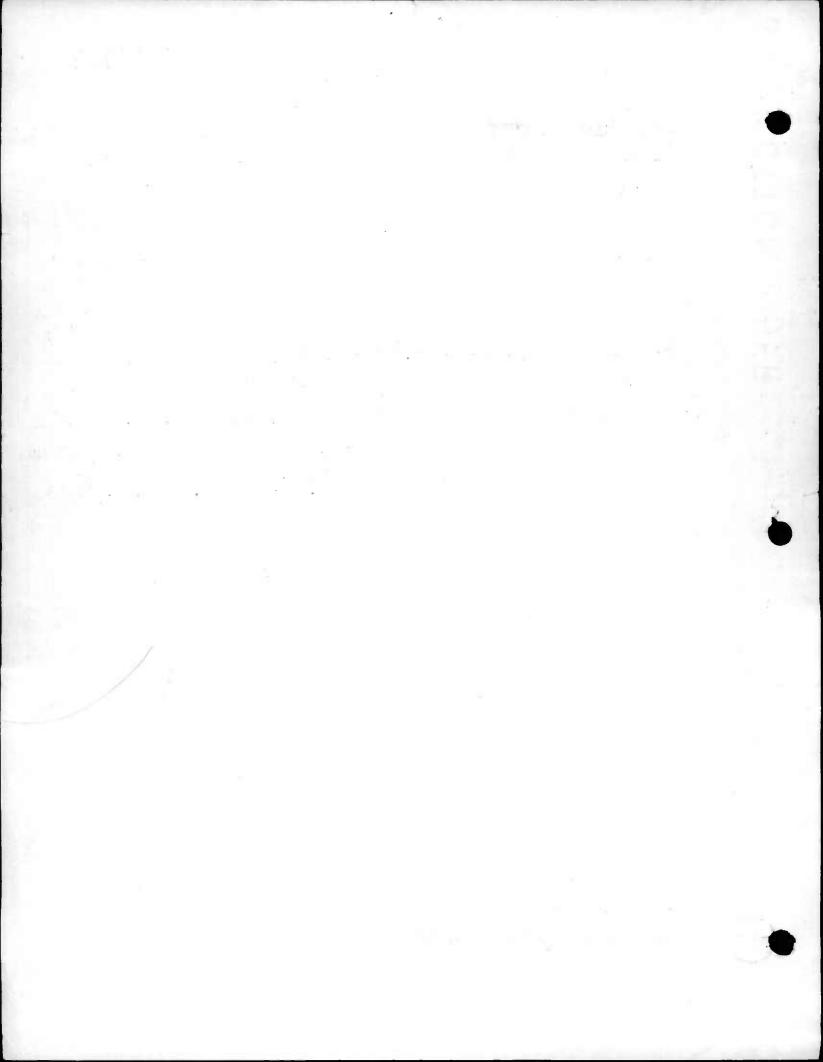
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within '24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

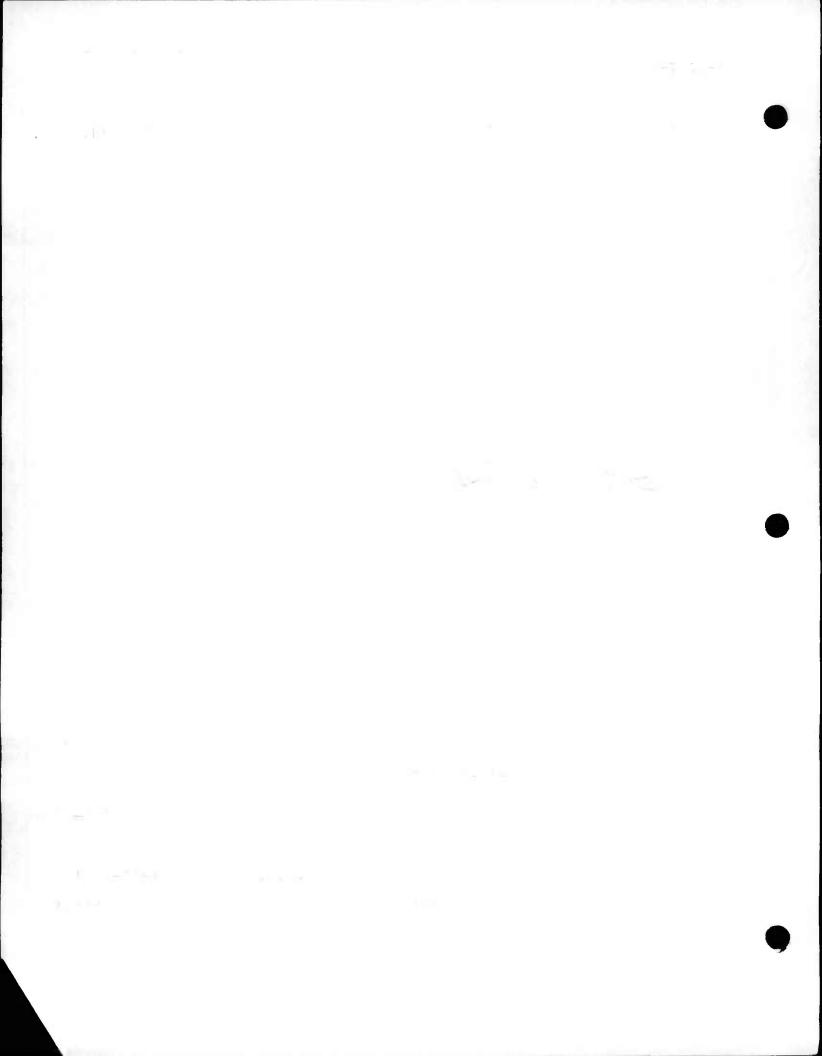
1. DECEDENT'S NAME (First, Middle, Last)				REG. NO				
	11 - 1 - 1 - 1	and the		2. DATE OF DEATH MONTH D	AY MEAF	3. TIME OF DEATH		
	MORANT			11 1	9 91	3:35 A		
0-0 15 6	5. SEX 6. AGE		IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-29-31	Cou	THPLACE (State or Foreign Intry) rginia		
9e. FACILITY NAME (If not institution, give stre			Db. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF			
SINAL HOSS	PITAL		BALTIN	NORE	MD			
Maryland 10b. COUNTY	none		TOWN OR LOCATION altimore Cit	У		10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER 6225 Liberty R	Road		101. ZIP CODE 21207			what country? d States		
	12. WAS DECEDENT EVER I		13. WAS DECENDENT OF HISPA	ANIC ORIGIN? (Specify Ye		ACE — American Indian, ack, White, etc.		
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, epecify Cuban, Mexic 1 ☐ YES 2 ☒ NO Spec		Sp	eck, white, etc. pecify: egroid		
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US (Give kind of wor	rk done during most of working	16b. KIND OF BU	SINESS/INDUSTRY			
Elementary/Secondary (0-12) 12th grade B	College (1-4 or 8+) BA Degree	Ilfe. Do NOT use i	t Manager	Socia	l Serv	ices		
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	NAME (First, Middle, Malder				
Purley Press			Eliza	abeth Bag	well			
19e. INFORMANT'S NAME (Type/Print)			DDRESS (Street end Number or Rura					
Eugene Morant			biberty Road					
20s METHOD OF DISPOSITION 2 Duriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from Stale	other place) odlawn	cion (Name of complety, crematory of Cemetery	Ва	cation - city of ltimor	e. Marvla		
21. SIGNATURE OF FUNERAL SERVICE LICE	North Stranger	Il.	calvin B.	Scruggs	Funera	1 Home		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
that initiated events				PERFO	RMED?	AVAILABLE PRIOR TO		
that initiated events resulting in death) LAST					RMED?	AVAILABLE PRIOR TO		
that initiated events resulting in death) LAST			the underlying cause given i	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PART II. Other algnificant conditiona 26. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death (but not resulting in	the underlying cause given in the un	PERFO 1 YES	RMED?	COMPLETION OF CAUSE OF DEATH?		
PART II. Other algnificant conditiona 26. WAS CASE REFERRED TO MEDICAL EXAMINER?	Contributing to death HOSPITAL: 1 Inpetient 2 ER/Out 20e. DATE OF INJURY	but not resulting in	26. PLACE OF DEATH (1) OTHER:	PERFO 1 YES	RMED? 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PART II. Other algnificant conditiona 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: Inpetient 2 = ER/Out 26e. DATE OF INJURY (Month, Day, Year)	but not resulting in	26. PLACE OF DEATH (1) OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? 1 YES 2 NO	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PART II. Other algnificant conditiona 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 6 Pending	HOSPITAL: Inpetient 2 = ER/Out 26e. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA 4	26. PLACE OF DEATH (1) OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? 1 YES 2 NO	PERFO 1 YES Check only one) a 6 Other (Specify)	INJURY OCCURED	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 2 1 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only	HOSPITAL: Inpetient 2 = ER/Out 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Specials)	patient 3 DOA 4 28b. TIME INJUI Y — Al home, farm, str	26. PLACE OF DEATH (I OTHER: 5 Nursing Home 5 Residence OF WORK? 1 YES 2 NO reet, factory, office	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCURED and Number or Rule onner ee stated,	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: Inpetient 2 = ER/Out 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Specials)	patient 3 DOA 4 28b. TIME INJUI Y — Al home, farm, str	the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the underlying cause given in the lime, date and place, and do in my opinion, death occurred at its	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) tue to the cause(e) end me the time, date end place, e	INJURY OCCURED and Number or Rui	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,		
that initiated events resulting in death) LAST A. PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: Inpetient 2 = ER/Out 26a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Specials)	patient 3 DOA 4 28b. TIME INJUI Y — Al home, farm, str	26. PLACE OF DEATH (I OTHER: 5 Nursing Home 5 Residence OF WORK? 1 YES 2 NO reet, factory, office	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) tue to the cause(e) end me the time, date end place, e	INJURY OCCURED and Number or Rui	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	HOSPITAL: Impatient 2 ER/Out 26e, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJURY building, stc. (Specials)	patient 3 DOA 28b. TIME INJUI	26. PLACE OF DEATH (1) 26. PLACE OF DEATH (1) OTHER: 5 Nursing Home 5 Residence OF 26c. INJURY AT WORK? 1 YES 2 NO reet, factory, office 28c. LICENSE N	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) tue to the cause(e) end me the time, date end place, e	INJURY OCCURED and Number or Rui	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Impatient 2 ER/Out 26e, DATE OF INJURY (Month, Day, Year) 28e, PLACE OF INJURY building, stc. (Specials)	patient 3 DOA 28b. TIME: INJUI Y — Al home, farm, strectly) Wiedge, death occurred on end/or investigation,	26. PLACE OF DEATH (1) 26. PLACE OF DEATH (1) OTHER: 5 Nursing Home 5 Residence OF 26c. INJURY AT WORK? 1 YES 2 NO reet, factory, office 28c. LICENSE N	Check only one) a 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State) tue to the cause(e) and me he time, date and place, e	INJURY OCCURED and Number or Rui	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ral Route Number,		





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any Internal or other terrinals assembled assembled as a settled of a settled or them 29 shows any Internal or other terrinals assembled assembled.
--	---

4. SCHARLY MAMERY TO ARREST AND ADDRESS AS THE PART OF THE STATE OF TH	3. TIME OF DEATH							
SOCIAL SECURITY NAME (IT and institution, give steeled and number) 10 40 - FACILITY NAME (IT and institution, give steeled and number) 10 40 - FACILITY NAME (IT and institution, give steeled and number) 11 40 - FACILITY NAME (IT and institution, give steeled and number) 12 5 HOCK TRAUMA CENTER 13 COUNTY OF DE 12 10 ACTION OF DEATH 13 SHAPE 10 SC. COUNTY OF DE 14 SATISTE 10 SC. COUNTY OF DE 15 STIREET AND NUMBER 12 10 ACCOUNTY OF DE 13 OAKLAND TERRACE 12 10 ACCOUNTY OF DE 14 SATISTIAN OF STATE 10 SC. COUNTY OF DE 15 STIREET AND NUMBER 16 SCOUNTY STATE 10 SC. COUNTY OF DE 17 SATISTIAN OF STATE 10 SC. COUNTY OF DE 18 SACEMENTS AND TERRACE 19 S. COUNTY OF DE 19 S. STIREET AND NUMBER 10 S. STIREET AND NUMBER 10 S. STIREET AND NUMBER 10 S. STIREET AND NUMBER 10 S. STIREET AND NUMBER 11 SANGARDARY STATES 12 SANGARDARY STATES 13 SANGARDARY STATES 14 SANGARDARY STATES 15 SANGARDARY STATES 16 SANGARDARY STATES 17 SANGARDARY STATES 18 SANGARDARY STATES 18 SANGARDARY STATES 18 SANGARDARY STATES 19 SANGARDARY STATES 10	11:30 1							
SHOCK TRAUMA CENTER SHOCK TRA	PLACE (State or Foreig							
10. STREET AND NUMBER 101. ZO CALL AND TERRACE 1.1. MANTELY STATUS								
10. ZIP CODE 12.13 OAKLAND TERRACE 12. WAS DECEDENT SUBMAL COUNTRY 13. MARIANT STATUS 14. MARIANT STATUS 15. DECEDENT SUBJACTORY 16. FYES, GIVE WAR OR DATES 16. PECEDENTS DUCATION 16. MARIANT SAME (From Mariant of 12) Marriad 17. MARIANT SAME (From Mariant of 12) Marriad 18. DECEDENTS DUCATION 18. DECEDENTS USUAL OCCUPATION 18. DECEDENTS USUAL OCCUPATION 18. DECEDENTS USUAL OCCUPATION 18. DECEDENTS USUAL OCCUPATION 18. DECEDENTS USUAL OCCUPATION 18. DECEDENTS USUAL OCCUPATION 18. DATE of the decedency of morbiding o	10d. INSIDE CITY							
Specify Spec	LIMITS? 1 YES 2 N							
Specify Spec	TAT COOKING							
10. Secretary	- American Indian, White, etc.							
12 th PRODUCTION COORDINATOR WESTINGHOUSE								
PAUL MURPHY 196. INFORMANT'S NAME (Type-Print) 196. INFORMANT'S NAME (Type-Print) 196. INFORMANT'S NAME (Type-Print) 197. INFORMANT'S NAME (Type-Print) 198. INFORMANT'S NAME (Type-Print) 199. INFORMANT'S								
MICHELE MURPHY 1206. WESTERLEE PLACE, APT 2A, BALTIMORE, 206. METHOD OF DISPOSITION 1206. WESTERLEE PLACE, APT 2A, BALTIMORE, 206. METHOD OF DISPOSITION Informed 1								
20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Tow	MD 21228							
22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, auch as cardiac or respiratory streat, and one of dying, auch as cardiac or respiratory streat, and death. Do not anter the mode of dying, auch as cardiac or respiratory streat, and disease or condition resulting in death) B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU	rn, State							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WAS AN AUTOPSY PERFORMED? 1	Approximat interval Bet Onsat and I							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. VPER 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY (Month, Day, Near) 29. PLACE OF INJURY At home, ferm, street, factory, office 29. CERTIFIER 4 CONTINUED CONTINUED City or fown, State) 24b. VPER 2 NO 24b. VPER 2 NO 24b. VPER Continue OF PROVINCE OF INJURY (Month, Day, Near) 21	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events Due TO (OR AS A CONSEQUENCE OF):							
27. MANNER OF DEATH 1. Natural 5 Pending Investigation 3 Suicide 8 Could not be determined Publishing, etc. (Specify) 28b. TIME OF INJURY AT WORK? 1 1 1 5 1 9 1 7 : 45 AM 1 VES 2 XNO DRIVER IN AUTO I 28c. INJURY AT WORK? 28c. DATE OF INJURY AT WORK? 28c. DATE OF INJURY AT WORK? 1 1 1 5 1 9 1 7 : 45 AM 1 VES 2 XNO DRIVER IN AUTO I 28c. INJURY AT WORK? 27c. DATE OF INJURY AT WORK? 28c. D								
27. MANNER OF DEATH 1. Natural 5 Pending Investigation 3 Suicide 8 Could not be determined Publishing, etc. (Specify) 28b. TIME OF INJURY AT WORK? 1 1 1 5 1 9 1 7 : 45 AM 1 VES 2 XNO DRIVER IN AUTO I 28c. INJURY AT WORK? 28c. DATE OF INJURY AT WORK? 28c. DATE OF INJURY AT WORK? 1 1 1 5 1 9 1 7 : 45 AM 1 VES 2 XNO DRIVER IN AUTO I 28c. INJURY AT WORK? 27c. DATE OF INJURY AT WORK? 28c. D	AVAILABLE PRIOR TO							
2 Accident 3 Suicide 8 Could not be 4 Homicide determined ON STREET 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) ON STREET 29e. CERTIFIER 4 DESCRIPTION CHARGES	AVAILABLE PRIOR TO COMPLETION OF CAL DF DEATH?							
4 Homicide determined ON STREET ON STREET ON STREET	AWALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO							
29e. CERTIFIER	AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 VES 2 NO							
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated.	AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 VES 2 NO							
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (I	AMALABLE PRIOR TO COMPLETION OF CAUDE DEATH? 1 VES 2 NO MPACT Julie Number, 0.& I 6 9 5							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	AMALABLE PRIOR TO COMPLETION OF CAUDE DEATH? 1 VES 2 NO MPACT under Number, 0 & I 6 9 5							
DOWNO G. WRIGHT MD DOME 111 PENN STREET BALTIMORE MARYLAND	MPACT outs Number o & I 6 9 5 end menner ee state Month, Day, Year)							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		-6
1 -	FOR STA REC	R NTE GISTR
1. D	ECED	ENT'S
J 4. S	o h	n L SECL
3	FACIL	C
3 RE	26	S
	V	10
_		AL STA
		AL STA

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATN	3. TIME OF DEATN
	John	0	NT .			MONTH	DAY Y	EAR
		5. SEX B. AGE	(In yrs. last birthday)	vak		111	17 199	
	4.0			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	ITH 6.	BIRTHPLACE (State or Foreign Country)
	1 1 2 2 8 4 - 40 - 21	1 M 2 🗆 F 1	76 YRS.	DAY'S	HOURS WITH.	05	18 15	MERVI OND.
	9e. FACILITY NAME (If not institution, give stree	et and number)		9b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH
Œ	226 C D		1				36. 555.111	OI DEATH
5	326 S. Patterso	n Park Av	renue	Baltim	ore			
DIRECTOR	10a. STATE 10b. COUNTY		10c CITY	TOWN OR LOCAT	TON			
Œ	MA		0					10d. INSIDE CITY UMITS?
	MD		Da	timor	e			1 YES 2 NO
A	10e. STREET AND NUMBER	6		101	ZIP CODE		10g. CITIZEI	N OF WNAT COUNTRY?
E	3210 3 PAHEN	END DK	AVO		217:	0.1	11	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EYER	IN II S ADMED	1 40 990 050	ي ماور ا سيان	51		371
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	It yea, sp	ENDENT OF NISPAI	nic Officin? (Spe in, Puarto Rican,	cify Yes or No- 14	. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 TYES	2 NO Specif	y.		Specify; 1 1/2 . / -
		UIUIL						CULITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	(ION mpleted)	16e. DECEDENT'S U	SUAL OCCUPATION TO THE MENT OF THE PARTY OF	ON st of working	16b. KIND	OF BUSINESS/INDUS	TRY
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)				
프	10th		Innach	aren	200			
र्ह ।	17. FATNER'S NAME (First, Middle, Last)			KII I II	16. MOTHER'S NA	ME /Cime Adiabatic	14-14 0	
	William Nav	INV			A A	CHIE (FIRST, MICOIN,	Maiden Sumame)	
8	WITH NOV	AN			MARY	7-6	Lbrosk	(A
2	19a. INFORMANT'S NAME (Typo/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City	or Town, State, Zip Co	de)
	Koxanne Nova	AK	1326S	POHP	MANN 6	OUD YO	BOHA	MJ 71731
	20a METHOD OF DISPOSITION	20	b. PLACE AND DATE OF	DISPOSITION (No	ment	DATE	ROC. LOCATION — CITY	1-101-12-01
	1 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	il trom State	metery, crematory or other	r place)	ine or	144	A LOCATION - CITY	or lown, Statu
	21. SIGNATURE OF FUNERAL SERVICE LICEN		EM DKIL		METERY	11-21	COLOCA	MD.
1	Y/	. / / /		22. NAME AN	D ADDRESS OF FA	CILITY	- -	. 11
	Tatelloon	YILOLU	2人 ノ	DAM	J. W.	5,5ER	tunera	.I HOME
	22 PART I February discussion				401	S. Ch.	ester.	St.
-	23. PART I. Enter the diseases, or com shock, or heart failura. Lis	nplicetions that cause at only one cause on (d tha deeth. Do no	anter the mo	de of dying, suc	h es cardlec o	respiratory errest	
	IMMEDIATE CAUSE (Final	,,						Interval Between Onset and Death
	diseese or condition	Arteriosc	lorotio	Candi	1	D:-		
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF:	Cardi	ovascul	ar Dis	ease	
_			n dondeddende or).					
CERTIFICATION	Sequentially list conditions, b.							
Ē	if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
0	CAUSE (Disease or Injury							
는 [thet initieted events	DUE TO (OR AS	A CONSEQUENCE OF):					
	resulting in death) LAST							
낑								
4	PART il. Other significent conditions c	contributing to death i	out not resulting in	the underlying	ceuse given in	Pert i. 24e. V	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL							ERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							YES 2X NO	OF DEATH?
Σ						In	quiry	1 TES 2 NO
PHYSICIAN:								
¥	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	eck only one)		
8		OSPITAL:		THER:				
<u>×</u>	27. MANNER OF DEATH	☐ Inpetient 2 ☐ ER/Out			5 Residence	6 Other (Speci	(V)	
ā	1 X Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TIME	OF 28c, INJU	JRY AT	26d. DESCRIBE	NOW INJURY OCCUR	ED
₽	2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
	3 Suicide 6 Could not be	26a. PLACE OF INJURY	f — At home, term, str	et, factory, office		28f, LOCATION	Street and Number or I	Bural Route Number
E	4 Nomicide determined	building, etc. (Spe	спу)			City or Town	State)	
COMPLETED	29e. CERTIFIER							
<u>-</u>	(Check only 1 CEHTIFYING PHYSICIAI	N: To the best of my know	rledge, death occurred	et the time, data	and place, and due	to the cause(a) a	nd manner as stated.	
6	one) 2 MEDICAL EXAMINER: C	On the basis of axamination	n and/or investigation,	in my opinion, de	ath occured at the	time, date and ple	ice, end due to the ca	use(a) and manner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			,				
H		MO			29c. LICENSE NUN	MBER	29d. DATE SI	GNED (Month, Day, Year)
2					O.C.M	. E .	11	18 1991
- 1	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, P	int)				V 1.771
	Donald G Wrich	t MD	111 p-	nn C+		-1-:		1 1 0 1 0 0 1
	Donald G. Wright 31. DATE FILED (Month, Day, Year)	T MD	111 Pe	nn Str	eet. B	altimo	re Mary	land 21201

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	if permit Page 1 2 3 should		
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burishiransir nermit Panes 1 2 3 enviled	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE OF MARYLA	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	a, Last)						2. DATE OF DEATH 3. TIME OF DEATH				
	Keith J. O'Dell				Nov.	19,	1991	4:00	Рм			
	432-24-8364 1X0 M 2 □ F 6	yrs. lest birthday) 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	V Munch	Countr	PLACE (State or y)	Foreign			
Œ	9a. FACILITY NAME (If not institution, give street and number)			OR LOCATION OF DE	ATH	9c. C	OUNTY OF D	EATH				
DIRECTOR	2630 Lehman St.		Balti	more								
REC	10a. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT	TON		-		10d. INSIDE CI	TY			
	Md.	Ba	ltimore					LIMITS?	NO			
RAI	104. STREET AND NUMBER 2630 Lehman St.		101	. ZIP CODE		10g. 0	ITIZEN OF W	HAT COUNTRY	?			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	S ADMED		21223			USA					
B⊀	1 Never Merried 2 Married TORCES? 1 YES Widowed 4 Divorced TYPES, GIVE WAR OR DATE	2 NO	If yea, sp	ENDENT OF HISPAN scify Cuben, Mexice 2 NO Specify	n, Puerto Rican	pecify Yea or No- i, etc.)	- 14. RACE Black Speci	— American in t, White, atc.	dien,			
COMPLETED	15. DECEDENT'S EDUCATION 1 (Specify only highest grade completed)	8a. DECEDENT'S U	JSUAL OCCUPATION ork done during mo	ON st of working	16b. KIN	D OF BUSINESS/	INDUSTRY	WILL US				
iii	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	retired.)	SI OF WORKING								
M	17. FATHER'S NAME (First, Middle, Last)	Truck	Driver									
	Charles Jefferson O'Dell			16. MOTHER'S NA		e, Malden Sumame	9)					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural F		Vibras Tours Chab	7/a Ondal					
임	Catherine M. O'Dell			. Balto.		21230	ZID Gode)					
	20s. METHOD OF DISPOSITION 20b. P	LACEANDDATEO	F DISPOSITION (Na		DATE	20c. LOCATION	— City or To	wn, Stata				
	4 Donation 5 Open (Specify) Mes	ary, crematory or oth		ial Park		Elkri	dge. I	vd.				
	21. SIGNATURE OF TOMISMAL SERVICE LICENSIA	-		L. Kaufm			10000					
	- Lary a. Kauf	- Carry		Main St.				1227				
	23. PART I. Enter the diseases or complications that caused the shock, or heart failure. List only one cause on section immediate CAUSE (Final	n line.	ot enter the mo	de of dying, suct	ea cerdiec	or respiratory	srrest,	Approxi	Bstween			
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AT W	nud	Tuy	ocare	lead		Unaet a	nd Death			
z	- Congr	nary	· Kle	and &	Polen	an						
5 1	Sequentially liet conditions, if any, leading to immediate	ONSEQUENCE OF										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	00	one	· ·								
Ë	thet initisted evente DUE TO (OR AS A Co	ONSEQUENCE OF)										
E E	d							-				
CAL	PART ii. Other eignificent conditions contributing to death but	not resulting in	ths underlying	ceuse given in i	Part i. 24a.	WAS AN AUTOPS PERFORMED?	Y 24b.	WERE AUTOPSY				
S .					_ 10	YES 2 NO		AVAILABLE PRIOR COMPLETION OF OF DEATH?				
ME					_			1 YES 2	NO			
AN	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: MEDI	EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (Che								
H	27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIME	The same of the sa	5- Residence		E HOW INJURY O	COURT					
BY P	1 Nsturel 5 Pending (Month, Day, Year)	INJU	RY WOR	HK? NYA	tod. DESCRIB	L HOW INJURY	CCOREO					
	2 Accident Investigation 3 Suicide 6 Could not be building, atc. (Specify)	At home, farm, st	reet, factory, office		261. LOCATION	(Street and Numl	Der or Rural Re	oute Number,				
	4 Homicide determined	NOB			City or Tow	vn, State)						
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	ge, death occurred	st the time, date	end place, and due	to the cause(a)	and manner as a	tated.					
S I	one) 2 MEDICAL EXAMINER: On the basis of examination as	nd/or investigation	, in my opinion, de	eath occured at the i	time, data end	place, and due to	the cause(s)	and manner as	stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER	29d. D.	ATE SIGNED	(Month, Day, Year	,			
10 B	Marein Geod			7.14	870	•	11.	21- 9	1			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH											
	Nareisco A. de Borja, MD, 910		bard St.	, Balto.	, Md.	21223						
	31. DATE FILED (MORTH, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 2 0 1991 Junia Davidson-Randa December 1991 Junia December 1991 Junia D											

11-4-2

THE THE PARTY OF THE

TO THE PARTY OF THE

Jan Jan

Table Con

Lient organics

Life I . ougstonger

no series foot of other

the following state that the contribution of

THE LOCATE COMPANY, I VEST Says Harmon, courting, Mr. 2126

المتعددة و المعددة وا

pinc

	C.
60,	within
RECORDS, P.O. BOX 68760,	executed within
2	å
m	Cate
0	Certifi
D.	death
Ö	age of
OR	that
RECO	aw requires that the death certificate by
AL	The law
DIVISION OF VITAL R	PHYSICIAN: 1
VISION	SPITAL OR ATTENDING PHYSICIAN
5	OR
	PITAL

	2 ch			
	0 1 3	7 .		
	Pan	1. 1 000		
	hurial-transit narmit Page			
an.	raneit			
physici	HIN'S.			
ttending physician.	s the			
r atte	USe 3			
spital o	ed for			
the hos	te 5 should be detached for use as the hun		once.	
d by	ed be		d at	
retaine	5 shou		otifie	
ay be	page		be n	
e 6 m	ector,		iner must be not	
h. Pag	eral dii		niner	
r deat	he fun	Ta.	exan	
irs affe	n by t	гетома	edicai	
24 hou	filled	OU, OF	he m	
MILLI	pletely filled in by the funeral direct	, cremati	ent, t	
cuted	moo p	urial, c	ic ev	
exe	ician and completely fi	or to b	auma	
ncate t	5	пе рио	er tra	
n ceru	uding	Hygiel	or oth	
e Gear	he atte	ate Dept. of Health and Mental Hygiene	jury,	
IN ALL IN	ed by	h and	any in	
dalles	n sign	f Healt	SW0	
al wb	as pee	lept. o	23 sh	
. III	cate h	h with the State Del	Item	
SICIA	certifi	h the	d, 0r	ĺ
2	ter this	ath wit	is marked, or item 23 shows any injury, or other traumatic event, the medical examine	
ENDI	DR: Af	fter de	MPORTANT: It item 28 is marked	
5	JIRECT	OUIS 3	еш 2	
LINE	ERAL (n 72 h	T: ##	
3	E FUN	d with	RTAN	
5	O TH	e file	MPO	

91 31738 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Beatrice A. Parrish 11 91 9:30 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 7. DATE OF BIRTH 214-68-5903 1 M 2 F 78 March 28 1913 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 6909 Thornton Road DIRECTOR Royal Oak, MD. 21662 Talbot RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Talbot Royal Oak, 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P.O. Box 52 21662 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-If yes, specify Cuben, Maxicen, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, alc. 1 Never Merried 2 Merried BY Specify: White 1 YES 2 NO Specify. 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during me life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 4 Registered Nurse Medical 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Granville Bixler BE Ethel Beatrice Richardson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jane Parrish Blades 1801 Maryland Avenue, Phoenix, Md. 21131 20a. METHOD OF DISPOSITION

| Burial | 2 | Cremation | 3 | | | 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Slate DATE Dover United Meth. Ch.Cem.11/18/91 Butler, Md. 4 Donation 5 Other 5 21. SIGNATURE OF PUNERAL R 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld Lowell M. Lemmon 10 W. Padonia Rd., Timonium, Md.21093 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate ahock, or haart failura. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final rectal Caremona Onaet and Death disease or condition C reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED! 1 | YES 2 | NO DF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 3 Sulcide COMPLETED 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.



BE

9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) David H. Smith, M.D. 509 Idlewild Ave. Easton, MD. 21601 30. REGISTBAR'S SIGNATURE Ficha Davidson-Aandall

MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death

19th SIGNATURE AND THE CONTROL

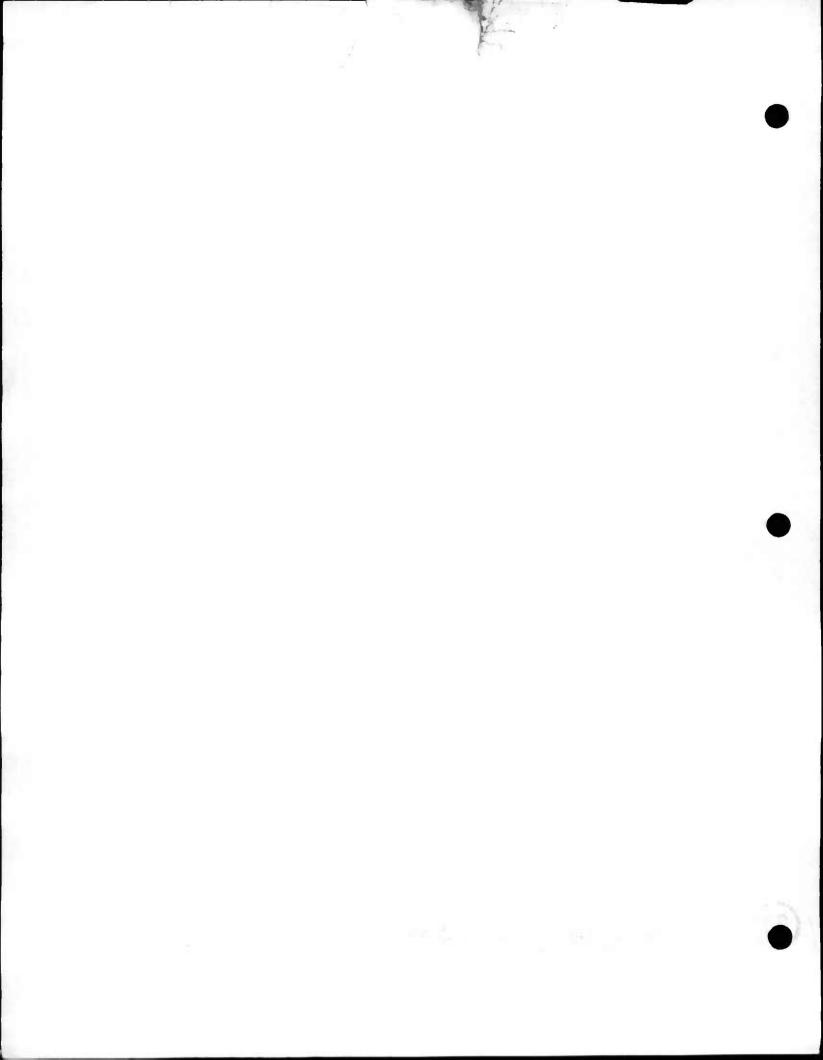
31. DATE FILED (Month, Day, Year)

NOV20

166

1991

cured at the time, data and place, end due to the cause(e) and menner ee stated.



1 -	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEA

	1 - STATE REGISTRAR		OINIE OI II	CE	RTIF	ICATE OF	DEAT	ANU P	MENIAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Mic	driin Lasti					02.7		2. DATE OF DEATH		3	. TIME OF DEATH
	Sebastian J. Pfeiffer								MONTH	2/0	YEAR	5,22
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE fin yrs. i				ofthday)	IF UNDER I YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	1/-	8. BIRTHPL	ACE (State or Foreign
	2160731	55	Ø M 2 □ F	82	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	09	Country)	land
	Sa. FACILITY NAME (If not institu	ition, give street	and number)	, ,		9b. CITY, TOWN	OR LOCATE	ON OF DE		Se cou	INTY OF DEA	
DIRECTOR	Ben Secours I		1	<u> </u>		Baltim						
E C	RESIDENCE OF DECED 100. STATE 10	b. COUNTY	,		10c CIT	Y, TOWN OR LOCAL	TION					
E I	Md.					Ltimore	1011					INSIDE CITY
	10e. STREET AND NUMBER				2,000		. ZIP COD	F		100 CIT		YES 2 NO
FUNERAL	420 S. Strick	420 S. Stricker Street						223		log. Cit	USA	4 COONTHY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?					If yea, sp	ENDENT Cocity Cuba	n, Mexicer	iC ORIGIN? (Specify Yes I, Puerio Rican, etc.)	or No—	Specify:	American Indian, White, etc.
	15. DECEDE (Specify only hig	NT'S EDUCATI	ON (colored)	18a. DEC	EDENT'S	USUAL OCCUPATION	ON		16b. KIND OF BUS	BINESS/INC		
9	Elementery/Secondary (0-12)	1	ollege (1-4 or 5+)		Do NOT u	work done during mo se retired.)	st of workin	9	ŀ			
MP	9			Tr	uek	Driver						
COMPLETED	17. FATHER'S NAME (First, Middle	, Last)					18. MOTI	HER'S NAM	AE (First, Middle, Maiden	Sumame)		
8			feiffer						ldegart			
2	Wayne D. Pfei								oute Number, City or Tow			02
	20a METHOD OF DISPOSITION					OF DISPOSITION (Na		,	Baltimore			
	t Burial 2 Cremetion :		from State	cametary, cram	atory or o			Park	111/	erroi di	City or Town	, State
	21. SIGNATURE OF EUNERAL SE	RVICE LICENS	EE L	Λ		22. NAME AN	D ADDRES	S OF FAC				
	1 Var	us d	· La	ufma	vi	Gary I	i. Ka	uf ma	n Funeral Elkridge	Home		07
	23. PART I. Enter the disea	s s Dr com	plicetions that	causad the dae	th. Do r	not enter the mp	de of dyi	ng, such	es cardiec pr reepi	retory eri	212	Approximate
	shock, pr heard IMMEDIATE CAUSE (Finel disease or condition resulting in death)	t ragure. List	only one caus	e Dri eech line.		Heart	F	as /	hic	,		Intervel Between Onset and Death
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Last Congressival function for the consequence of the conseque											
MEDICAL	PART II. Other significant of	MMA		death but not res			1 1	. /	Part I. 24a, WAS AN PERFOR	MED?	AM CC OF	I RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
SIA	25. WAS CASE REFERRED TO ME EXAMINER?						ACE OF DE	EATH (Chec	ck only one)			
/SK	1 YES 2 NO	1/2	SPITAL:	ER/Outpatient 3	DOA	OTHER:						
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF II (Month, Day	NJURY	28b. TIM	E OF 28c. INJ	JRY AT		28d. DESCRIBE HOW IF	JURY OCC	CURED	
BY	1 Natural 5 Pend 2 Accident Inves	ding stigation	(. 10.87	1143		RK? 'ES 2 🗌	NO				
	3 Suicide S Coul	ld not be rmined	28e. PLACE OF building, e	INJURY — At home tc. (Specify)	e, ferm, s	street, factory, office			28t. LOCATION (Street a City or Town, State)	nd Number	or Rural Rout	number,
91	29e. CERTIFIER									_		
COMPLETED	(Check only	EXAMINER: O	To the beat of n	ny knowledge, deat mination and/or inv	h occurre restigatio	n, in my opinion, de	and place, eth occur	and due t	o the cause(a) and man me, date and place, and	ner aa atat I due to th	ed.	d manner se stated
	29b. SIGNATURE AND TITLE OF				-							
TO BE	Mura la	heri	w	M. I	2.		D 1	56	18	P CATI	1////	F/51
	MA Y COS (TA	LICI	MPLETED CAUSE	Rom (ITEM)			21	71	0 11	n	0	
ı	31.NOV-2"11" 1991	Jul	32 A GISTRAR	S MONATURE Once	78	Ecours	17504	1/2/	15617	IU	1	
- 11		1		- Mailwer								

BALTIMORE, MARYLAND 2121 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Intransit permit, Pages 1, 2, 3 should

ويعلمني سعاليها

LEO SETIONES STEEDS USE

Taking the same of

10 V 11 OA 11

Total total and the comment of the c

والمرابع المستمانية ال

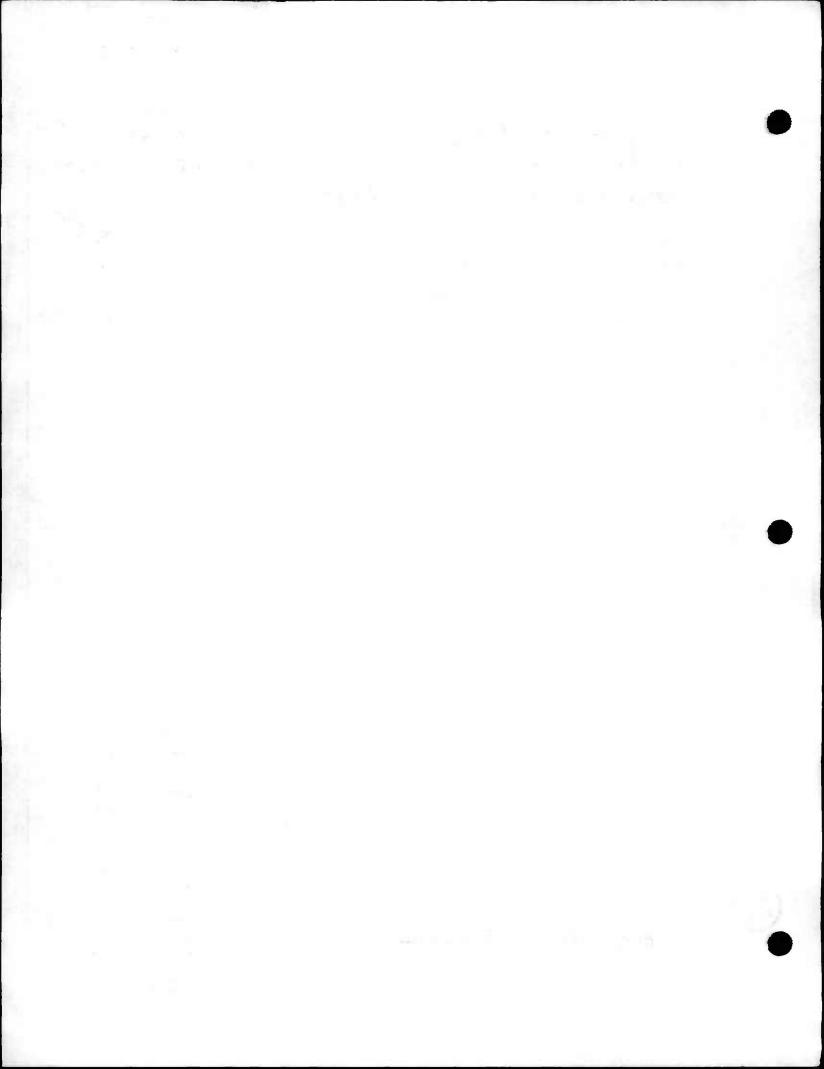
ارنائلان المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع

AND THE

DHMH-16 Rev 1/89

	24
90,	within
(687	executed
2	2
m.	ficate
Ö	cert
ς, σ	death
ö	the
S S	that
RECO	requires
_	WE.
₹.	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 T
7	S

Item: 19b, per F.H. 11/22/91 G-681 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF OEATH 3. TIME OF OEATH 6. AGE (m yrs. last birthday) 7. OATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. & BIRTHPI ACE (State or F YRS. filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should on, or removal. TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 2 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14, RACE — America Black, White, atc. FORCES? 1 YES 2 1 Never Married Marris Divorced B 1 | YES 2 3 Widowed COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NQT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5 +) Maintenance Worker 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 늄 BE Jasper Parker. 011ie McCoulev notified 19a INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21217 2 Ollie Parker 2313 Division Street Baltimore Maryland DATE must be 20s. METHOO OF OISPOSITION 20b. PLACE AND OATE OF OISPOSITION (Name of cemetary, crematory or other place) 20c. LOCATION — City or Town, State Burial 2 Cremation 3 Re 11 21/ Donation 5 Other (Specify) Star Cemeter onsville Marylan examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1701 McCulloh St Chatman-Harris F/H Baltimore, md 212 event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, **Approximata** shock, or hasrt failure. List only one cause on each line. Interval Between cremation, or Onsat and Daath **IMMEDIATE CAUSE (Final** disesse or condition resulting in dasth) 0 yslcian and completely 1 prior to burial, cremation 100 concer QUE TO (OR AS A CONSEQUENCE OF) tal tall (traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING physician wnic CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events certificate has been signed by the attending in the State Dept. of Health and Mental Hygier resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Item OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA PHYSICIAN: 4 Norsing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED marked, With this 1 Natural 1 YES 2 NO BY death THE FUNERAL DIRECTOR: After the filed within 72 hours after death IMPORTANT: If Item 28 is mai ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be determined 4 Homicide THE HOSPITAL OR A THE FUNERAL DIREC filed within 72 hours 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year) BE anosicion No 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print 32 MEGISTRAR'S SIGNATURI 31. DATE FILED (Month, Day, 1991



-	1	3		1	1.5	1
			٠			

	1 - STATE REGISTRAR		SIAIE UF N	JAKYLANU /	ERTIF	FICAT	E OF	DEA	AND TH	MENTAL HYG	GIENE 3. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)	-		PARK			bran		2. DATE OF DEA NOVEMBE	ATH	1 Q YEAF	R	TIME OF DEATH 2:35 A M
	4. SOCIAL SECURITY NUMBER 236-12-8625		5. SEX 1 3 M 2 F	8. AGE (In yrs. la	est birthday) YRS.	MONTHS	DAYS	IF UNDER	R 24 HRS.	7. DATE OF BIRT (Month. Day Ye	TH bark	8, BIR	TYLIDI A	CE (State or Foreign
OR	9a. FACILITY NAME (# not ins	Square	e Hospit	tal			ry, town o	on Location			9c. C	Balti	F OEATH	Н
EG	RESIDENCE OF DEC	10b. COUNTY			T 402 OF		OR LOCAT					Jaic		
DIRECTOR	W. Va.	Wetze	el Cour	nty	100.00		letz	ION					-	I. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER					-		. ZIP CODE	E		10a. /	CITIZEN O		YES 2 NO
IER.	Rt. 1	Box 1	.25				11.5	265				U.S		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 6 3 Wildowed 4 Divorce	Married	IF YES, GIVE W	YES 2 X	AMEO NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, White, etc.) Specify: White					American Indian, hita, etc.			
COMPLETED	15. OECEGENT'S EOUCATION (Specify only highest grade completed) 16a. Elementary/Secondary (0-12) College (1-4 or 5+) NA NA			(G	ECEDENT'S Sive kind of 9. Do NOT u	T'S USUAL OCCUPATION of working of working of work done during most of working of use retired.) Laborer Oil Industry								
Ö	17. FATHER'S NAME (First, Mid					2000	0101		HER'S NA	ME (First, Middle, Ma			LLy	
BE C	Stonewall	Jackso	n Pe	ark						garet Ar		bert	S	
TO B	19a. INFORMANT'S NAME (Typ. Lillian S	pe/Print) toneki	ng (Dgh	.tr) 19	1055	Bun	s (Street at	nd Number Way	r or Rural F	Aoute Number, City of	or Town, State,	Zip Code)		205
	20a. METHOD OF DISPOSITION 1 CK Burlel 2 Cremation 3 Removal from State X Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, cremation or other place) Yost Cemetery Yost Cemetery							Town, 5	Stata					
	21. SIGNATURE OF FUNERAL	SERVICE LICEN	Lan	the	Dr		Schi	mune	k Fu	outy ineral Ho	ome In	nc.		
	23. PART I. Enter the dis	seases of co	mplications that	t caused the	eath. Do	not enta	3331	Bre	hms	Lane Ba	alto.	Md		21213 Approximata
	ahock, or heart felitive. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. End Stage Renal Disease Due To (or AS A CONSEQUENCE OF):													
NOI	Sequentially list conditions, ff any, leading to immediate Secondary Electrolyte Imbalance Due to (or as a consequence of):													
CAT	cause. Entar UNDERLYIN	VG											Ì	
CERTIFICATION	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
	PART ii. Other significant	it conditions	contributing to	daath but not i	resuiting	in tha u	ndariying	cause (iven in	Part i. 24a. Wf	AS AN AUTOPS	ev] 2	45 WED	RE AUTOPSY FINDINGS
EDICAL	Anemia									PEI	ERFORMED?		COM	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
≥										-			1 🗆	YES 2 NO
MAK	25. WAS CASE REFERRED TO MEDICAL EVANINGED: 26. PLACE OF DEATH (Check only one)													
SIC	EXAMINER?		HOSPITAL:	ER/Outpetient 3	DOA DOA	OTHER 4 Num	R:			6 Other (Specify)				
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural 5 Pe 2 Accident Im		28s. DATE OF I (Month, Day	INJURY	26b. TIM		28c. INJU WOR	JRY AT		28d. OESCRIBE H		CCURED		
	3 Suicide 8 Co	could not be elarmined	28s. PLACE OF building, s	F INJURY At hosetc. (Specify)	me, lerm, a	Itreet, fact	lory, office			281. LOCATION (St. City or Town, S	treet and Numb State)	ber or Rural	I Route I	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIF	YING PHYSICIA AL EXAMINER:	AN: To the best of n	my knowledge, de	ath occurre	ad at the ti	ime, data a	and place,	and dua i	lo the cause(a) end lima, date and plac	I manner sa s'	Asted.	e(a) and	menner se stated.
BE	29b. SIGNATURE AND TITLE O	OF CERTIFIER	Rinett	te, es	D			29c. LICE						th, Day, Year)
2	30. NAME AND ADDRESS OF F						quar	o Dr		21227		, , , , ,		* 1
	NOV 2	1991	32. BEGISTRAM	us signature avidson-R	indese.	<u> </u>	quar	ב טו	IVE	21231				

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

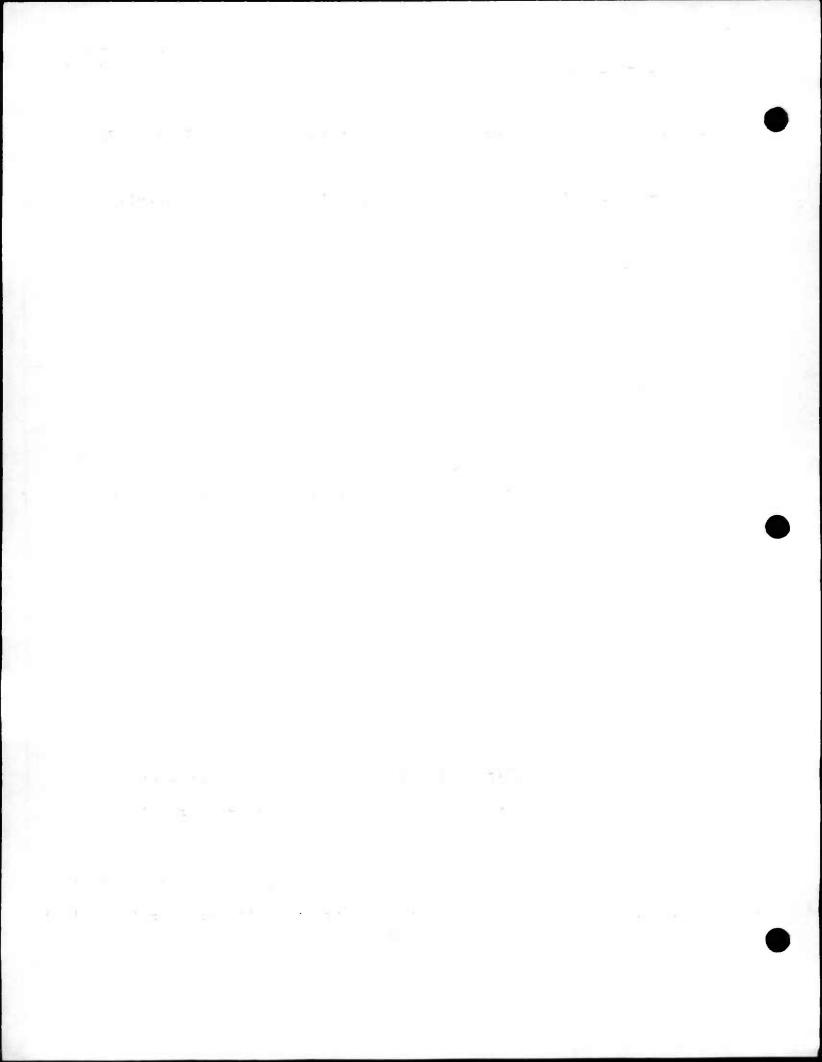
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91-6762-011 FOR 1 - STATE BEGISTRAR

	REGISTRAN				CERTIF	ICALE	UF	DEATH	1	RE	G. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)		John		Po	ter	con		DATE OF D	EATN DA	NY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUME		5. SEX		s. lest birthdey)	IF UNDER 1		IF UNDER 24	uee 7	DATE OF BI	17 BTN			7:40 P M IPLACE (State or Foreign
	470-44-0362		1 🖾 M 2 🗆 F	51	YRS.		DAYS		MIN. Ju	me 2	5°, 1	1940	NC	rth Dakota
~	9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY, 1	OWN OF	R LOCATION	OF DEATN			9c. COU	INTY OF D	DEATH
OT	135-A Mar	vde1	Road			Mary	de]					Car	roli	ne
IRE(10e, STATE Maryland	10b. COUNTY			10e. CIT	Y, TOWN OR		ON						10d, INSIDE CITY LIMITS?
LD	10e. STREET AND NUMBER		arorrite			Mard						1 Tes 2 No		
FUNERAL DIRECTOR	R. D. 1, Box 135B, Marydel Road			d		101.	21469	9			1000		WHAT COUNTRY?	
S	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1)	EVER IN U.S	. ARMED	13. W	S DECE	NDENT OF H	HISPANIC C	RIGIN? (Sp	ecify Yee	U. S. A.		
ВУ	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE W	AR OR OATES	_ NO	If yes, specify Cuben, Mexicen, Puerto Ricen, stc.) □ YES 2 💆 NO Specify: William Specify William Specify William Willia								
TED	(Specify only	EOENT'S EOUG highest grade	CATION completed)	16e	Give kind of a	vork done du	UPATION	N t of working		16b. KIND	OF BUS	INESS/IN	DUSTRY	
COMPLET	Elementery/Secondery (0 NA	-12)	College (1-4 or 5 + NA)	Shop		an			C	arev	's D	iese	.1
NO.	17. FATNER'S NAME (First, MI						T	18. MOTHER	R'S NAME (
BE	August Peter									Brue				
2	19a. INFORMANT'S NAME (7) Lorne J. Pet		. Jr. (sc	m)	196. MAILING 203			Delay						
	20e. METNOD OF DISPOSITI	ON		20b. PLA	CEANDDATE	OF DISPOSIT	ON (Nam	ne of	Wale			CATION —		wn, State
	1 Burlel 2 X Cremation 3 Removel from State 4 Donetion 5 Other (Specify) SILVET D1 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										Wi	lmin	gton	, Del.
						22, NA SC 3 3	ME AND himu	inek l	of facilit Funer	al Ho	omes	, In	.c.	21212
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,													
	IMMEDIATE CAUSE (Fine)								Interval Between Onset and Death					
	disease or condition resulting in death)	+ ,	10/	tiple	- Gar		1	hor	nd!	5				
z	OUE TO (OR ÁS A CONSEQUENCE OF):													
TIO	Sequentially list condition if any, leading to immediate	liete	DUE TO (OR AS A CON	NSEQUENCE OF):								
FIC	CAUSE (Disease or Injustite Initiated events	ng ry	DUF TO (OR AS A CON	SEQUENCE OF	0.								
CERTIFICATION	resulting in deeth) LAST		1.		IOLOGENCE OF	,.								į
2	PART II. Other eignificer	nt conditions	a contributing to	death but n	of resulting i	n the unde	riving	Cattee cive	n in Bed	1 040	WM 0 AN	AUTOPSY	1	+
MEDICAL					or rounding .	ii tire direc	y.i.y	couse give	en in ran		PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
ME											123 2	_ NO		OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO													
PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:	EB/Outootla		OTHER:		CE OF DEAT						
Ä	27. MANNER OF OEATN		28e. OATE OF I	NJURY	26b. TIM	E OF 2	Be. INJUI	5 AT Reside	_	Other (Spec		JURY OC	CURED	
BY		Pending nvestigation	1 F Month, Pa	<u> 1991</u>		71	WORI		0 5	ubje	ect	sho	t	
		Could not be	26e. PLACE OF building, e	INJURY — Al	l home, farm, a	treet, fectory	, office			City or Town	n, State)			loute Number,
29e. CERTIFIER (Cock only 1 CERTIFYING PNYSICIAN: To like best of my knowledge, death occurred at the lime, date end place, end due to the cause(s) end menner se stated.						oad								
COMPLETED	(Check only 1 CERTI	CAL EXAMINER	3: On the best of ex	ny knowledge emination and	, death occurre l/or investigation	d at the lime n, in my opin	, date e	nd place, end ofth occured a	d due to the	e cause(s) o	end meni	ner ee stat Ldue to th	ed.) end manner es atated.
	296. SIGNATURE AND TITLE			. /	1			29c. LICENSI						(Month, Day, Year)
TO BE	// aro	n (ville	MI					С.М.	Ε.		▶ 11		1991
	10. NAME AND ADDRESS OF			E OF DEATH (_			
	J. Laron I	(ARI)	MD 32. RIGGISTRAR	SIGNATUR	111 P	enn	Str	eet,	Ba1	timo	ore	Mar	y1a	nd 21201
	NUV 2	U 1991	32. ARGISTRAN	avidson	- Handel									





ì	#	ő		ē
	5	2		-
	Pe	용		20
	tai	Sho		-
	9	3		5
	Ď	906		9
	E	, p		to
	9	BCC		Ē
	300	ģ		ě
	d.	23		E
	eat	Ę		12
	0 10	19	S.	-
	aft	3	Ē	5
	urs	5	re-	Ped
	2	led	0,	t
	124	y fi	100	ŧ
	Ē	etel	E	+
	×	Ē	5	9
) He	00	riai	2
	Xec	and	3	7
	83	E	9	E
	e p	Sici	970	Ē
	Ca	Ę	9	9
	ertii	8	gie	ŧ
	ų,	Bud	£	0
	Jeat	affe	멸	2
	و	the	Š	100
	at the	3	and	-
	=	8	₽	an
	ires	Sign	lea	8
	edin	E.	6	2
	*	2	pt.	3
	e	has	å	12
	F	ate	tate	Бед
	AN	tiffic	S	_
	Sici	9	ŧ	0
	ξ	This	A SE	Ker
	9	er.	E	Jar
	N	Aft	de	8
	EN	8	fter	00
	A	ECT	S	1 2
	O.B	DIR	DOL	len
	A	AL	2	-
	PIG	ER	5	Ľ
	Š	E	WH.	AN
	Ψ	뿌	9	98
	E	E	E 0	M
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury or other traumatic event, the martical examiner must be notified at a

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAI CERTIF	RTMENT OF I	HEALTH AN	D MENT/	AL HYGIEN	E			
	1. OECEDENT'S NAME (First, Middle, Lest) (MARK) MARC	KEVIN		OYSTER	DEATH	2. DAT	E OF DEATH	199	VEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 217–78–7414	1 🖄 M 2 🗌 F	AGE (In yrs. last birthday) 33 YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR		E OF BIRTH	-		IPLACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give s JOHNS HOPKINS RESIDENCE OF DECEDENT		L	96. CITY, TOWN BALTI		DEATN		9c. COUN	TY OF D	EATN	
DIRECTOR	10e. STATE 10b. COUNTY	,		Y, TOWN OR LOCA BALTIMOR						10d. INSIDE CITY LIMITS? 1 1 YES 2 X NO	
FUNERAL	3635 FOREST GARD	EN AVE.		10t. ZIP CODE 21207					10g. CITIZEN OF WNAT COUNTRY?		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 I	YES 2 NO	If yes, sp	13. WAS DECENDENT OF NISPANIC ORIGIN? (Speif yes, specify Cuben, Mexican, Puerio Ricen, 4 1 YES 2 NO Specify:					American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. OECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI work done during ma se retired.)	ON ost of working	16	b. KINO OF BUS	SINESS/INDL	JSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Last) AUGUSTUS ROYSTER	}			16. MOTNER'S	NAME (First,	Middle, Maiden ARBER	Sumame)			
10 8	190, INFORMANT'S NAME (Type/Print) LILLIAN ROYSTER		19b. MAILING 3635	FOREST	GARDEN	AVE.	BALTO.	n, State, Zip (212(07	
20g. METNOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) WOODLAWN CEMETERY 11-23-91 BALTO. MD								wn, State			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH F/H-WEST 4300 WABASH AVE. BALTO. MD 21215										
	23. PART I/ Enter the dispesse, or c chock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	omplications that co- liet only one couse of	on each line.				diec or respi	retory arre	st,	Approximete interval Between Onsat and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST										
AL CE	PART ii. Other significent conditions	contributing to dee	th but not resulting	in the underlyin	ceuse given	in Pert i.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINOINGS	
PHYSICIAN: MEDIC							PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH	Check only o	ne)				
PHYS	YES 2 NO 27. MANNER OF DEATN	1 M Inpatient 2 ER/	RY 28b. TIM	4 Nursing Nom		_	SCRIBE HOW IN	JURY OCCU	IREO		
à	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	1 1 8 - 1 8 - 1 28e. PLACE OF INJ	URY Al home, larm, s	PM 101	ES 2 NO		JECT STreet as				
ETEC	Nomicide determined	28e. PLACE OF INJURY — AI home, larm, street, factory, office building, etc. (Specify) STREET						BETI	HEL	V 1) .	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my k	nowledge, death occurre	od at the time, date n, in my opinion, d	end place, end d	iue to the ce ha time, date	use(e) end meni e end place, end	ner ae stated I dua lo the	l. ceuse(e)	end manner ee stated.	
O BE	Way was hard from	h m	n		29c, LICENSE N					(Month, Day, Year) - 1991	
		olow	111 N.		TREET	BALT	IMORE	, MAR	ZLA	ND 21201	
	31. DATE FILED (MONTH, Day, Year) 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 2 0 1991 Such a Davidson fundame:										

hould

_	affe
_	8
	6
,	within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	avacitad
×	2
). BO	artificate
٩.	danth o
က်	the
2	that
ZEC0	racilirac
_	300
<u>Z</u>	F
5	AM
OF	DUNCIU
Z	9
1510	ATTENDE
\leq	8
	ir conservations arteriorate DENCHAN. The law consists that the death confidents he exempted within 3 miles after
	Ŀ

VDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	After this ce	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TH	TO THE FUNERAL DIRECTOR; After this certificate	be filed within 72 hours after death with the State	IMPORTANT: It Item 28 is marked, or iten

91 31744 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ROTHMAN 1551 JEAN AM 11 K. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 🗆 M 2 🙀 F YRS 220-09-5308 76 9/20/1915 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE COUNTY GENERAL HOSPITAL RESIDENCE OF DECEMENT DIRECTOR BALTIMORE RANDALLSTOWN 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 - YES 2 NO MARYLAND BALTIMORE BALTIMORE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101, ZIP CODE 21215 6918 MARSUE DR., APT. 2-D USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yaa or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married 1 TYES TO NO Specify: Specify: WHITE В 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high AT HOME HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumerne) NETTIE HYMAN KRAMER SAVITCH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 DAVID ROTHMAN BALTIMORE, 6918 MARSUE DR., APT. 2-D MD 21215 20a_METHOD OF DISPOSITION
1 2 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory of 11/15/910c. LOCATION — City or Town, State other place) 4 Donation 5 Other (Specify) PROGRESSIVE BENEFIT & SICK RELIEF ASSOC RANDALLSTOWN 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. UN 6010 REISTERSTOWN RD. 21215 BALTO MD I. Enter the diseases, or copt fications that causad tha death. Do not antar the mode of dying, such as cardiac or respiretory arrest, **Approximata** intarvai Between shock, or heart failure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final diseasa or condition_ SEPSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ABBOMINAL ABS 4555ES PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Diseasa or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO TUROMBOCYTOPENA TURNAL FAILLOW COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 1 NO itlent 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida COMPLETED 6 Could not be 4 Homicide determined 29s. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 29 OKCOL way AM 0 9 30, NAME AND ADDRESS OF PERSON WHO LETED CAUSE OF DEATH (ITEM 27) (Type, Print)



TOKAY

1991

31. DATE FILED (Month, Day, Year)

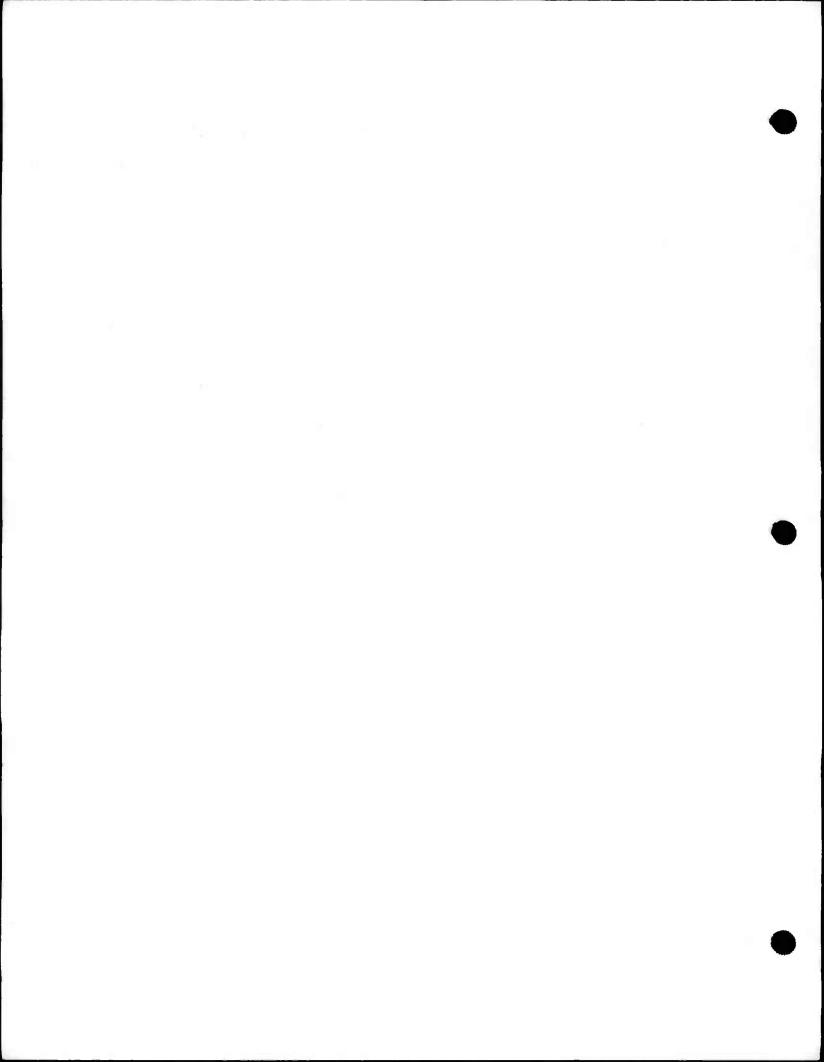
M

32. REGISTRAR'S SIGNATURE a Davidson

BA

mollo

10:174



Should

Ψ.	
o o	
9	
-	
8	
w	
×	
80	
m	
_	
O.	
0.	
<u>α</u>	
10	
ဇ္ဇ	
믔	
<u> </u>	
RECORD	
O	
Ш	
α	
7	
\equiv	
_	
>	
L	
0	
_	
Z	
NISION	
70	
97	
>	
$\overline{}$	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-transit permit. Pages 1, 2,	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--	--

91 31745 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 9:17am tanny eclifeco (FANNY S. REDFERN) 11 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS ILLINOIS 1 M 2 F 0,2 119/11 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH ANNE ARUNDEL GENERAL HOSPTIAL ANNAPOLIS ANNE ARUNDEL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? FLORIDA DEERFIELD BEACH X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? NEWPORT S 2082, CENTURY VILLAGE EAST 33442 USA 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, atc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married Specify. BY 3 ₺ Widowed 4 □ Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY SLOTNICK SARAH ELMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 78 GENTRY CT. ANNAPOLIS, MD CANTOR ELLWIN REDFERN 21403 20a. METHOD OF DISPOSITION
1 Duriat 2 Cremation 3 Marmoval from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE "SHAL'OM" MEMORIAL PARK 11/17/91 PALATINE, IL 4 Donation 8 Other (Specify) 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE levison 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Batween Myelodysplastic Syndrome Onset and Death IMMEDIATE CAUSE (Final disease or condition_ year resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 TES NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 prinpetlant 2 = ER/Outpetlant 3 = DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 8 ☐ Residence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED

29a. CERTIFIER

(Chank and)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year)

295 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

019838 Stuart E. Selouil, un 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Selouia, M.O. ST Fraudin St. Annapolis, Und 21401 Stuart

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ha Davidson Randalle 1991

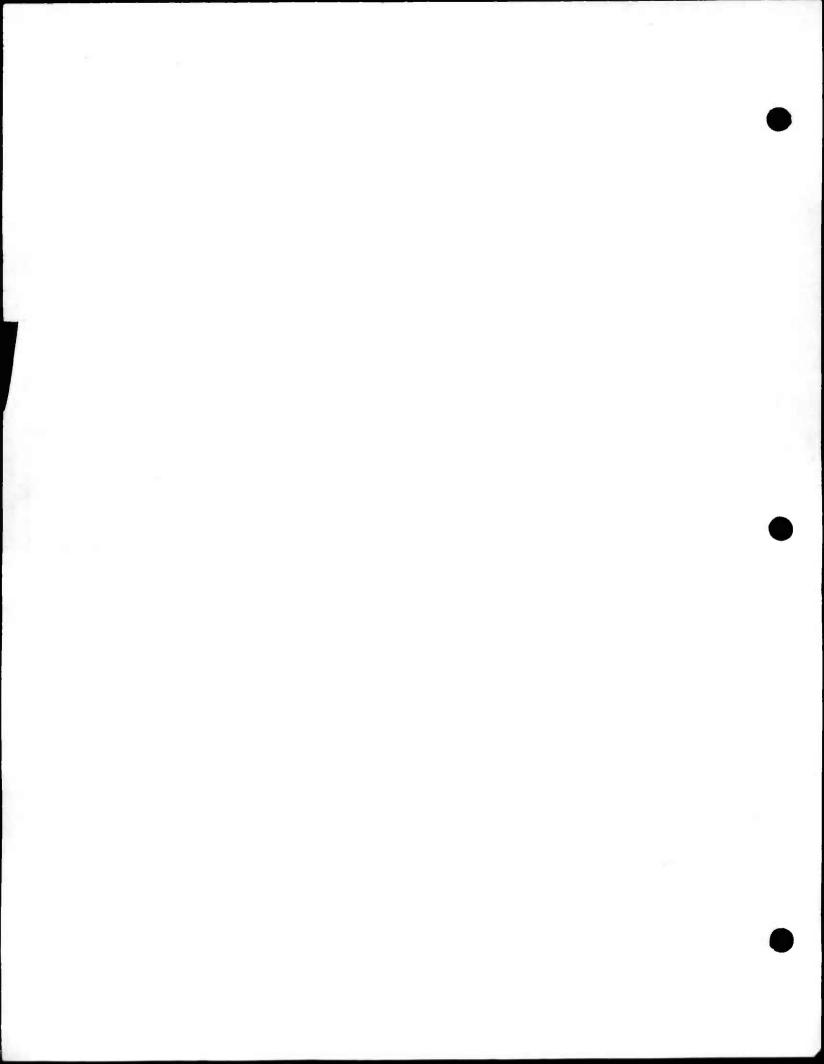
4 | Homicide

BE

d by the hos	id be detach	d at once.
e 6 may be retaine	rector, page 5 shou	must be notifie
offer death. Pag	y the funeral di	cai examiner
rithin 24 hours	emation, or ren	int, the medi-
e be executed w	sician and comp	traumatic eve
death certificat	e attending phy fental Hygiene p	ury, or other
requires that the	en signed by the	shows any inj
ICIAN: The law	ertificate has be the State Dept.	or item 23 s
TENDING PHYS	TOR: After this cafter death with	28 is marked,
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
02	10	IM.
0	, -	

				_
STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL	HVCIENE
	L DELIMITATION	OI HEVELLI VIAD	IMEIA IME	RIGIENE
	CERTIFICATE	OF DEATH		DEC NO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF	RTMENT	OF H	EALTH DE AT	AND I	MENTAL	HYGIEN REG. NO		O I	1 - 0
	1. DECEDENT'S NAME (First, Middle, Last)				<u> </u>			2. DATE	OF DEATH			3. TIME OF DEATH
	JOSEPH A. REXR	ODE, SR.						NOV		199	91	11:40 A M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE O	OF BIRTH Day, Year)	,		PLACE (State or Foreign
	235-48-2649		58 YRS.					DEC.	6,19	32	WES	T VIRGINIA
OR	90. FACILITY NAME (If not institution, give on 12520 REGWOOD RO				CITY, TOWN OR LOCATION OF DEATH HYDES 9c. COUNTY OF DEATH BALTIMORE							
등	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY									L		
DIRECTOR	MARYLAND 1	BALTIMORE	10c. CIT	Y, TOWN OR HYDI		TON				10d. INSIDE CITY LIMITS? 1 YES 2X		
BY FUNERAL	104. STREET AND NUMBER				101	ZIP CODE				10g. CIT1	ZEN OF Y	WHAT COUNTRY?
NE	12520 REGWOOD I				21082					l	J.S.	Α.
F	1 Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2/L/NO	lf y	es, spe	ecify Cubar	n, Mexicer	IIC ORIGIN	(Specify Yealican, atc.)	or No-	14. RACE Black	- American Indian, White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 [YES	2 X NO	Specify	<i>/</i> :			Speci	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16e. DECEDENT'S	USUAL OCC	UPATIO	N .		16b.	KIND OF BUS	SINESS/IND		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	INO. DO NOT us			St of workin	g					
MP	NA	NA	AUTO M	ECHAN1	C			A	UTOMO	BILE	DEA	LERSHIP
	17. FATHER'S NAME (First, Middle, Lest) ARCH P. REXRODE								iddle, Maiden	Surneme)		
BE	19s. INFORMANT'S NAME (Type/Print)								KROAD			
5	MARY JOAN REXRODE	E (WIFE)	19b. MAILING	O REGW	TOO!	nd Number	or Rural A	HVITEC	City or Town	, State, Zip	Code)	1082
	20a, METHOD OF DISPOSITION	100				-	ΔD, 1				_	
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of Competition of Competitio											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								TARILAND				
	SCHIMUNEK FUNERAL HOMES, INC. 9705 BELAIR ROAD, BALTIMORE, MD 21236											
	23. PART LEnter the diseases, or c	omplications that caused	the death Do r	9/	05	BELA	AIR I	ROAD,	BALT	IMORE	E, MI	
	IMMEDIATE CAUSE (Fine)	DUE TO (OR AS A	ecn line.						or reepi	atory em		Approximete Interval Between Oneet and Death
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate ceusa. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other eignificent conditions	contributing to death be	ut not resulting i	n the under	rlying	cause of	lven in P	Pert i.	24a. WAS AN	MITTOREY	245	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									PERFORI	MED?		AVAILABLE PRIDE TO COMPLETION OF CAUSE OF DEATH?
ž								-				1 NES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL/	CE OF DE	ATH (Chec	ck only one)				
YSI	1 VES 2 NO	1 Inpatient 2 ER/Outpa	Hlant 3 🗆 DOA	OTHER: 4 Nursing	Home	5 Res	Idence 8	Other (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	285. TIME		c. INJU			28d. DESC	RIBE HOW IN	JURY OCC	URED	
B≼	2 Accident Investigation				YE		NO					
TED	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY building, atc. (Special	— At home, term, s	treet, factory,	offica			281. LOCAT City or	ION (Street er Town, State)	nd Number o	or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowle On the basis of exemination	edge, death occurre	d at the time,	data a	and place, o	end due to	o the ceuse	e(e) and menr	due to the	d.	and manner as attend
	296. SIGNATURE AND TITLE OF CERTIFIER			The state of the s	_	29c. LICEN						
BE	Tong Fred	Man Ms					239			≥ 11	1	Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WHO DR. GARY FRIEDMAN				DC.							
ŀ	DR. GARY FRIEDMAN 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		WT RT	IJĠ.	, 88	1/ B	SELAI.	K KD.	BALT	IMOR	E, MD
	NOV 2 0 1991	Julia Davidso	n-Randell									



1 - FOR STATE REGISTRAR

DHMH-16 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA	NT OF	HEALTH AND	MENTA	AL HYGIENE REG. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)	Smith				MON	E OF DEATH	YEA	3. TIME OF DEATH	
Pir		4. SOCIAL SECURITY NUMBER 420-05-9071	5. SEX 6. AGE (In	yrs. lest birthday) IF UN YRS. MONTH	DER † YEAR S DAYS	IF UNDER 24 HRS. HOURS MIN.		E OF BIRTH With, Day, Year)	8. BI	RTHPLACE (State or Foreign unity)	
1, 2, 3 should	TOR	99. FACILITY NAME (If not institution, give s	1 1	9b. C	11	OR LOCATION OF I		96	. COUNTY O	FDEATH	
permit, Pages	L DIRECTOR	10a. STATE 10b. COUNTY		bal-	tin	lore				10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO} \) NO	
	FUNERAL	2618 OSWE		· · · · · · · · · · · · · · · · · · ·	10	2121	5	10	Q. CITIZEN C	HAT COUNTRY?	
21215-0020 al or attending physician. for use as the burial-transit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEOENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	II yes, s	pecify Cuben, Mexic S 2 NO Spec	an, Puarlo	N? (Specify Yea or f Rican, atc.)	8	ACE — American Indian, lack, White, etc.	
D 2121 spital or ath	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	8a. DECEOENT'S USUAL (Give kind of work doi life. Do NOT use retired	ne durina m	ON ost of working	16	b. KINO OF BUSINE	SS/INOUSTR		
3 8 S	E CON	17. FATHER'S NAME (First, Middle Last) Steve Sm	+1			18. MOTHER'S N		Middle, Malden Surn	ame)		
MAR e retained to 5 should notified	TO B	190. INFORMANT'S NAME (Type/Print)	th	2613 O	SS (Street)	and Number or Rural	Route Nun	ber, City or Town, St.	ate, Zip Code)	100 A 10 A 100 A	
ALTIMORE, Jeath. Page 6 may be funeral director, page xaminer must be 1		20a METHOD OF DISPOSITION 1	ovat from State 20b. Pl	LACE AND DATE OF DISP	OSITION (N	ama of	OAT	ZOC. LOCATIO	ON — City or	Town, Stata	
ALTIMOR death, Page 6 ma e funeral director, i		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2	2. NAME A	ND ADDRESS OF A	WILITY \	pne-We	to. n	I N	
9 = 0	\vdash	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dulor much as careful as a									
within 24 hours within 24 hours ppletely filled in cremation, or referr, the med		ehock, or heert failure. I	Liet only one cause on each	ronia	er the mo	ode of dying, euc	ch as cer	diac or reepirato	ry arrest,	Approximate Interval Between Onset and Deat	
e be executed sician and convior to burial, traumatic ex	N O	Sequentially list conditione,	1- 1- 1	catic co	me	ex				weeks	
P.O. Estimated the certificate and ing physical Hygiene por other	ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	OUE TO (OR AS A CO	my arte	my.	Diser	L			yeous	
E S E	CAL CE	PART II. Other algolficent conditions	contributing to death but	not reaulting in tha	underlyin	g cause given in	Pert I.	24a. WAS AN AUTO PERFORMEO		4b. WERE AUTOPSY FINDINGS	
requires the sen signed of Health shows an	: MED!	SIPCUA						1 T YES 2 N		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO	
N: The law ficate has by State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C)	neck only or	ne)			
SICIAN: The Certificate the State	HYS	1 YES 2 NO 27. MANNER OF GEATH	1 A Inpetient 2 ER/Outpetie		ursing Hom	e 5 🗆 Residence					
DING PHYS After this of death with s marked,	ву Рі	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY M		URY AT PRK? YES 2 NO	28d. OE	RULNI WOH BEIRDS	Y OCCUREO		
DR ATTENDIN DIRECTOR: Af hours after de Item 28 is r		3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atreet, fa	ctory, office		28f. LOC City	ATION (Street and No or Town, State)	umber or Run	il Route Number,	
12 12 12 12 12 12 12 12 12 12 12 12 12 1	COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	IAN: To the best of my knowledg	je, death occurred at the	time, data opinion, d	and place, and due	to the car	use(a) and manner a	a stated.	e(a) and manner as stated.	
물 물을 통	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	witte:			29c. LICENSE NUI			DATE SIGN	ED (Month, Day, Year)	
268₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	P.	od w		100	1(.	14.91	
0	ı	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR		. 08	er. W	M7 S	1636			
L 64.6		NOV 2 n 1991	Julia Tavidon 13	ndess							

Jane Janes

13	2	L	Ł	2	I	40-191	
5	整	Y	0	F	R	RUTH	

1315 9/- 3/748 HERE RICHARD A HD 758/11/91

FOR	1 . STATE	REGISTRAR
	1 .	

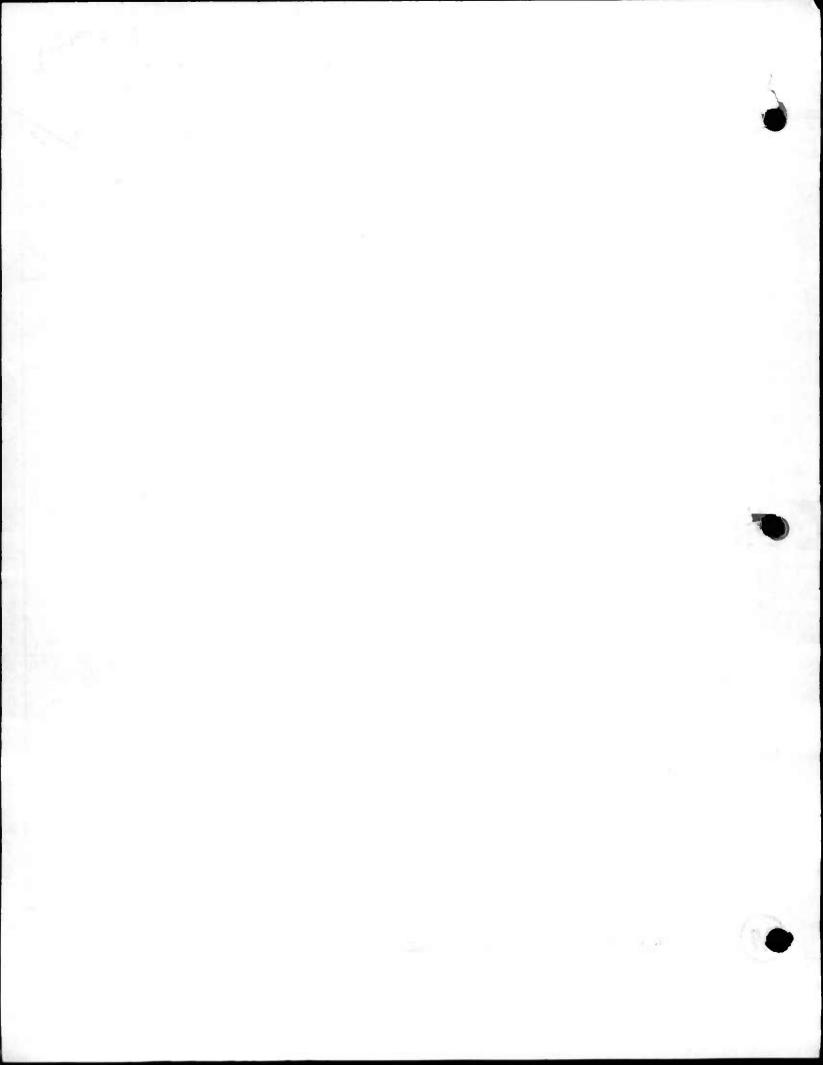
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH FOR ALL NO. 18	D
---------------------------	---	---

	REGISTRAR		CERTIF	ICATE O	FIDEATH	F OSA	6.40/03	
	1. DECEDENT'S NAME (First, Middle, Last)	Soudor	(RUTH	SNYDER)		2. DATE OF D	EATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)			7. DATE OF BI	RTH I	8. BIRTHPLACE (State or For
	219-10-2757	1 M 2 K F	82 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Dav	, 1909	NEW YORK
	9a. FACILITY NAME (If not institution, give s	itreet and number)		9b. CITY, TOW	OR LOCATION OF E			TY OF DEATH
DIRECTOR	SINAI HOSPITAL				BALTIMOR	E		
EG	10a, STATE 10b, COUNT	Y	10c. CIT	Y, TOWN OR LOC	CATION			10d, INSIDE CITY
B	MARYLAND			BALT	IMORE			LIMITS?
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
FUNERAL	3305 LABYRINTH R	D•			21:	215	Ü	JSA
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 TYES	2 X NO	If yes,	ECENDENT OF HISPA specify Cuben, Maxic	NIC ORIGIN? (Sp	ecify Yea or No-	14. RACE — American Indian Bleck, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.	ATES	1 🗆 Y	ES 2 X NO Spec			Specify: WHITE
	15. DECEDENT'S EDU	CATION COMMISSION	18a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND	OF BUSINESS/INDL	JSTRY
E	Elementary/Secondery (0-12)	College (1-4 or 5+)		work done during i se retired.)				
COMPL		2	ВО	OKKEEPE			ACCOUNTI	NG
	17. FATHER'S NAME (First, Middle, Lest) LOUIS RODNEY				18. MOTHER'S N	FANNIE	FAIGEL	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Stree	t and Number or Rural			2.41
2	JEFFREY SNYDER				INTH RD.		MORE, MD	21215
	28a. METHOD OF DISPOSITION 1 WBurlal 2 Cremetion 3 Ram	comit from State	PLACE AND DATE	OF DISPOSITION	Name of	DATE	20c. LOCATION — C	
	4 Donation 5 D Other (Specify)	OH	EB SHALO	MEM.	PARK 11/	17/91	REISTER	STOWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME	AND ADDRESS OF FA	SON & BI	ROS., INC	
	- yay lau	helis		6010	REISTER	STOWN R	D. BALTO.	, MD 21215
	23. PART K Enter the diseases, or of shock, or heart failure.	complications that caused List only one cause on e	d the death. Do r	not enter the m	node ot dyling, suc	ch as cardiac D	or respiratory arre	et, Approximat
	IMMEDIATE CAUSE (Final disease or condition	C						Interval Bet Onset and
	resulting in death)	· Jepsis	CONSEQUENCE OF					
_		DUE TO (OR AS A	CONSEQUENCE OF	F):				
CERTIFICATION	Sequentially list conditions, it any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):				
S S	CAUSE (Disease or injury	с						
ËI	that initiated eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):				
E I		d						
	PART II. Other significant condition			in the underlyi	ng cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIN
EDICAL	Valvelar	Heart Dis	5 Cerse			1 1	YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
≥	Ventricula	c Ectopo	4					1 YES 2 N
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	- 0						
Sici	EXAMINER?	HOSPITAL:	adlant a C and	OTHER:	PLACE OF DEATH (C/			
PHY	27. MANNER OF DEATH	Inpatient 2 ☐ ER/Outp	28b, TIM	E OF 28c. IN	me 5 Residence		HOW INJURY OCCU	IRED
BY P	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY	YES 2 NO			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, stc. (Spec	— At home, farm, s	street, factory, off	lca	28f. LOCATION City or Town	(Street and Number of	r Rural Route Number,
	4 Homicide determined					.,		
ᆲ		CIAN: To the best of my knowl						
5 II	2 MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation	n, in my opinion,	death occured at the	time, date end p	laca, and due to the	cause(a) and manner as ata
₩ 00 10 10 10 10 10 10 10 10 10 10 10 10					29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Yeer)
ш II.	296. SIGNATURE AND TITLE OF CERTIFIER	100	^		ZPC. LICENSE NO			SIGNED (MORIN, Day, 1991)
	Man C	contal ML	ATH OTEM OT G	Outre)	ZSC. LICENSE NO.		> /	1/14/91
BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CHEN LOS EN FE	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type,		itul o	1 A	> /	1/14/91



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be a completed for use as the burial-transit permit. Pages 1, 2, 3 should be a completely filled in the formal director brace of burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral fun	De met writin 12 hours dret deet with the State Dept. Or regula and mental stygent produce contact, contactors, or convex. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF N	IARYLAND /		RTMENT OF				YGIENE EG. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, La		<i>witc</i>					2. DATE OF D	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR		R 24 HRS. MIN.	7. DATE OF B		8. BIRTI	IPLACE (State or Foreign
	212-40-7992 9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY, TOW	N OR LOCAT	ION OF DE			DUNTY OF D	
DIRECTOR	BALTIMORE COUN		HOSPIT	AL	RA	NDALL	STOWN	Ŋ	1	BALTI	MORE
12	10e. STATE 10b. COU			10c. CI	TY, TOWN OR LO	CATION		-			10d. INSIDE CITY LIMITS?
	MARYLAND	BALTIMOF	Œ		BALI	IMORE					1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER	100 D				101. ZIP COI	_		10g. C		WHAT COUNTRY?
뿔	2919 MARNAT RE	12. WAS DECEDEN	T EVER IN II S AS	MED	12 WAS I	ECENDENT	21209		pecify Yea or No-	USA	E — American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2	NO	If yes,		an, Mexica	n, Puarto Ricar		Blac	k, White, etc.
8	15. DECEDENT'S E (Specify only highest gi		18a. DE	CEDENT'S	USUAL OCCUP	ATION most of word	ina	16b. KJN	D OF BUSINESS		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 d	Ma	. Do NOT L	ise retired.) ICURIST		9		COSMETO	LOGY	
O.	17. FATHER'S NAME (First, Middle, Last)					18. MO	TNER'S NA	ME (First, Middl	le, Maiden Surnam	e)	
اسا	HERMAN	WOLFE					EV	A	GOLDB	ERG	
TO B	19s. INFORMANT'S NAME (Type/Print) MICHAEL HARRIS	FOLAND	19		ADDRESS (Street				Olty or Town, State,		D 21209
	20% METHOD OF DISPOSITION 1 Durial 2 Cremation 3 F		20b. PLACE	AND DAT	E OF DISPOSIT	ON (Name		DATE	20c. LOCATION		
	1 Donation 5 Other (Specify)	lemoval from State	of cemetary BA	LTIM	ORE HEE	REW	11/1	5/91	REIS	TERST	OWN, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE				AND ADDR			ROS., IN	a	
	Jay Me	W ZIII	20						RD. BA		MD 21215
	23. PART V Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel	re. List only one ceu	ise on each lin	0.	not enter tha	mode of d	ying, auc	h ae cardiec	or respiratory		Approximata interval Between Onset and Death
	disease or condition resulting in death)	s. Bil	OTE AS A CONSE	OHENCE (JEJ-						
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	- 10	(OR AS A CONSE	4_	to 1	esp.	irati	Oy	failu	re	
RTIFI	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE (OF):						
		_ u.							N.		
MEDICAL	PART II. Other significant condi	bs tructi		1	onay		Seas	0	n. WAS AN AUTOP PERFORMED?	SV 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICA	L			21	PLACE OF	DEATN (Ch	eck only one)			
SC	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:			8 Other (S	pecify)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, E	INJURY	28b. TI	ME OF 28c.	INJURY AT WORK?			BE NOW INJURY	OCCURED	
TED BY	2 Accident Investigati 3 Suicide 8 Could not 4 Nomicide determine	be 28e. PLACE (OF INJURY — At h atc. (Specify)	ome, farm,					ON (Street and Nur own, State)	nber or Rural	Route Number,
COMPLET	onel -	NYSICIAN: To the best of MINER: On the basis of a									(a) and menner as stated.
BE	29b. NONATURE AND TITLE OF COM	WHIER I	Cu				CENSE NUI	MBER 382	29d.	DATE SIGNE	D (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CALL	SE OF DEATH (ITI	EM 27) (7/F	oo, Print)				al Ho	spito	7

1991

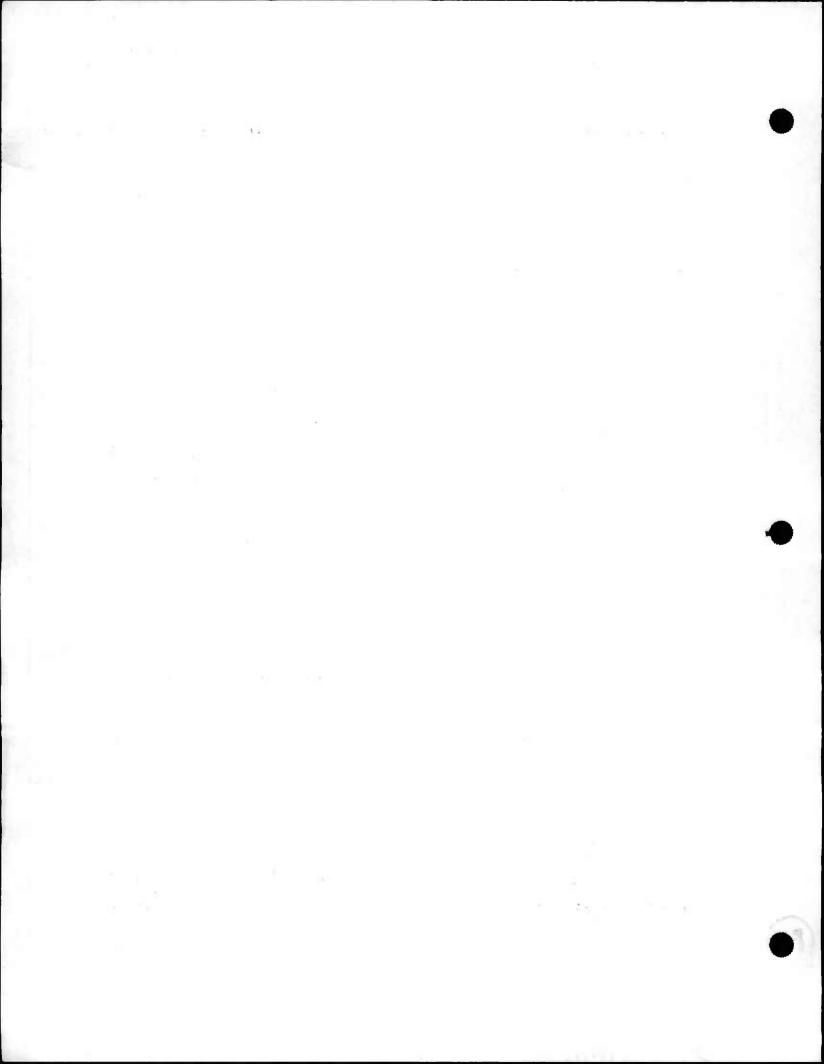
Line Bruglen-Robert

NAV 2

31. DATE-FILED (Month, Pay, Year)



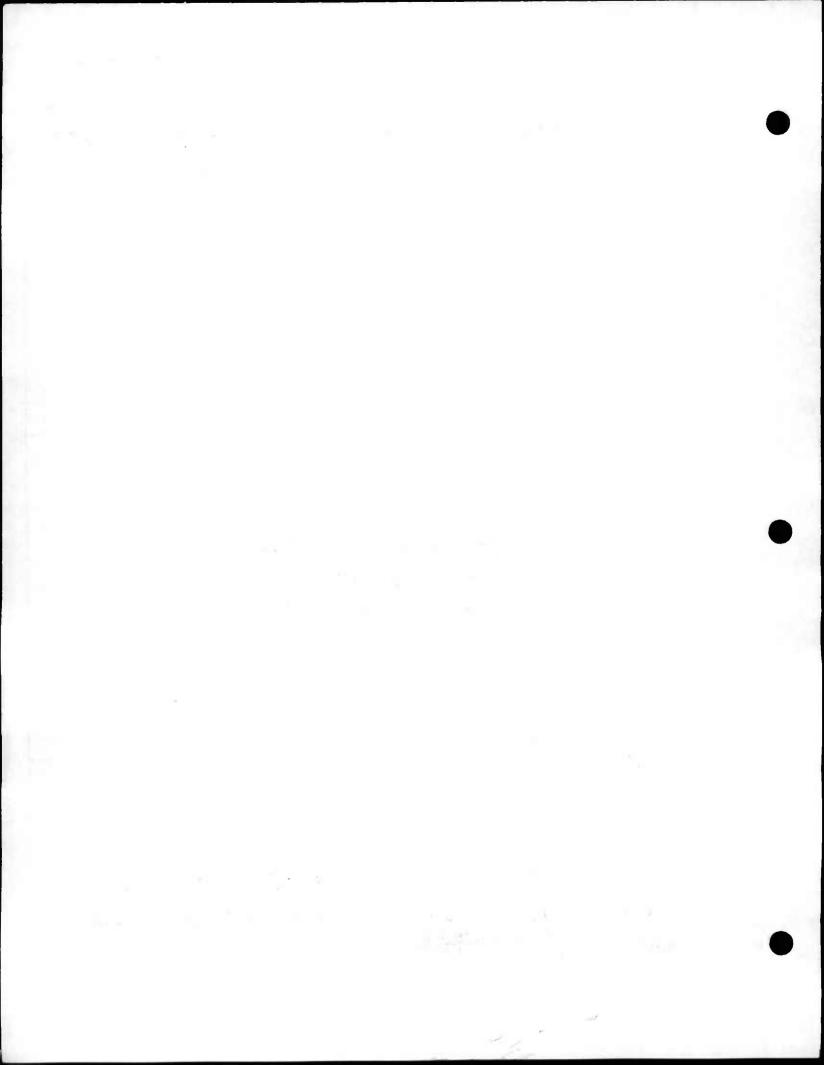
DHMH-16 Rev 1/89



1, 2, 3 should

IO THE MOSTIME OF ALL ENDING PRINCIPAL. THE LIAM FROMITY THE DESTRUCTION OF THE CONTROL OF THE MOST TH	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be detached for use as the build a book and a second of the standard of the second o	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
IENDIN	TOR: Afte	after deal	28 is m	
5	DIRECT	hours a	Item 2	
STIME	VERAL	1 2 ui	100	
E H	HE FUN	ed with	ORTA	
2	2	pe fil	¥	

	1 - FOR STATE REGISTRAR	STATE OF MARYL			RTMENT				MENTA	L HYGIEN		J	1750
	t, DECEDENT'S NAME (First, Middle, Last)	NA B	,	SC.	HUL,	MA	N		2. DATE	OF DEATH	m- 0	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-32-9573	1 - M 2 XF 8		st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	(Mon	OF BIRTH th, Day, Year)	904	Country	PLACE (Stelle or Foreign
TOR	9a. FACILITY NAME (If not institution, give str BALTIMORE COUNTY RESIDENCE OF DECEDENT		PITA	L	9b. CITY,			STOW	EATH		9c. COU	NTY OF DE	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND			10c. CIT	Y, TOWN OF		ON MORE						10d, INSIDE CITY LIMITS? 14 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2500 W. BELVEDERE	E AVE., APT.	617	,		101.	ZIP COD	1215	5		10g. CITI		HAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES IF YES, GIVE WAR OR D.	2	MED] 17	yes, spe	INDENT Colly Cube	n, Mexice	n, Puerto	N? (Specify Yes Ricen, atc.)	or No—	t4. RACE Black, Specify	— American Indian, White, etc. WHITE
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	(G life.	CEDENT'S ive kind of Do NOT us		CUPATION oring mos	N t of workin	ng	160	AT H		USTRY	
l m	17. FATHER'S NAME (First, Middle, Last) NATHAN KABIK						ta. MOT		ME (First,	Middle, Maiden	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) JOEL SCHULMAN		191	6007	PARK	Street an	d Number	or Rural I	Route Num	APT. E	n, State, Zip	Code)	D., MD 21215
	20a_METHOD OF DISPOSITION 1	val from State cem	PLACE A	SHE"	DE DISPOSIT	N	11/	19/9		RC	SEDAI	LE, N	
	21. SIGNATURE OF FUNERAL SERVICE LICE	telluan			60	10 F	REIS	TERS	TOWN		BALT	D.,MI	21215
	23 PART (Entar the disease, or consider the second	ASPIR	A7	100	PN	EUI	MOM	JIA	<u> </u>		ratory arre	eat,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEC	UENCE OF	E ME	HET.	177 170	PIS	41(L	IRE			
MEDICAL	PART II. Other significant conditions	contributing to death bu	ut not re	eaulting i	n tha unda	arlying	cause g	Iven In I	Part I.	24a. WAS AN A PERFORI	AUTOPSY MED?	0	WARE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIAN:		HOSPITAL:			OTHER:				ick only on				
PHY	27. MANNER OF PEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	HIGHT 3	28b. TIMI	URY	Bc. INJUR	RY AT			(Specily)	JURY OCCI	URED	
TED BY	Accident Investigation Suicide S Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At hor	ne, larm, a			S 2	NO	281. LOCA	ATION (Street ar or Town, State)	nd Number o	or Rural Ros	ste Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA MEDICAL EXAMINER:	AN: To the best of my knowle	edge, des	th occurre	d at the time	o, data er	nd place,	end due t	to the cau	se(a) end mann	ner as state	d.	and manner as stated
TO BE C	296. SIGNATURE AND THE OF CENTIFIER	the	MI	7				NSE NUM					Aonto, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	BAL	27) (Type,	Print) NORE	= 0	OU.	NT4	GE	NERA	L H	058	TAL
	NOV2 0 1991	The Davidson-Pa	TURE	ī				-/		3.07	- W	VV. []	.,,



permit. Pages 1, 2, 3 should

TO THE MOSTIME OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be please-her		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
retained	5 should		notified
пау be	Dade		st be
ige 6 r	directo		E T
death, Pe	funeral		xamine
after (by the	moval.	ical e
nours	Li pa	or re	med
1in 24	tefy fil	nation	t, the
ed with	omplet	il, crer	even
execut	and c	to buris	matic
ate be	ysicial	prior	r trau
ertific	ing ph	ygiene,	othe
leath c	attend	ntal Hy	y, or
the d	y the	od Me	크
s that	ned b	alth ar	any
require	seen sig	of He	shows
he law	has	Dept :	п 23
AN: T	tificate	e Stati	r Iter
1YSICI	is cer	ith th	ed, o
NG P	fter th	eath w	mark
TENDI	DR: A	fter d	8 <u>s</u>
OR AT)IRECT	ours a	lem 2
×	RAL C	72	=
FOS.	FUNE	within	TANT
#	里	filed (APOR
H	H	ã	=

MEDICAL

BY

COMPLETED

BE 2

91 31751 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 8:25 Margaret STOECKER YEAR °T1/18/91 a M 4. SOCIAL SECURITY NUMBER 5 SEX 7. DATE OF BIRTH (Month, Day, You 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-18-8489 HOURS Month, Day, Toar)
3-2-1925 66 YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Rossville Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore White Marsh 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5716 Keithley Rd. 21162 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: B SpecifyWhite 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 10th grade College (1-4 or 5+) Housewife Homemaking 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Haseni Marie Anna Reimer BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Andrea Skalski RD 1 Box 192B Fawn Grove, Pa. 17321 20e_METHOD OF DISPOSITION
1 - Suriel 2 Cremation 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE "Cardens" of Paith Cem. Baltimore, Maryland 4 Donation 5 Other (Specify) 11/21 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lassann Funeral' Home Luxeral Xassahn Nom E 7401 Belair Rd. Balto., Md. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heert feiture. List only one cause on sech line. Approximate Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death disease or condition Myo cardial resulting in death) Lenb DUE TO (OR AS A CONSEQUENCE OF): atherosclervin CERTIFICATION years Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART il. Other significent conditions contributing to death but not resulting in the underlying cause givan in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: Contraction 2 DOA OTHER: 1 YES 2 NO 4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 8 \(\text{Other (Specify)} \)

27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural N 1 YES 2 NO Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea steted. 2 MEDICAL EXAMINER: On the beels of exemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated.

SAC GRANDITE AND THEE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
long & melman MD	032394	D 11/11/91
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEM OF ST		111(11)

. DATE FILED (Month, Day, Year)		R'S SIGNATURE	Dall. M	21576
Gan Friedman n	11xx 01	Active And	A 14 ALA	2 . 0 . 01

NOV 2 0 1991 Acha Savidson Randoll

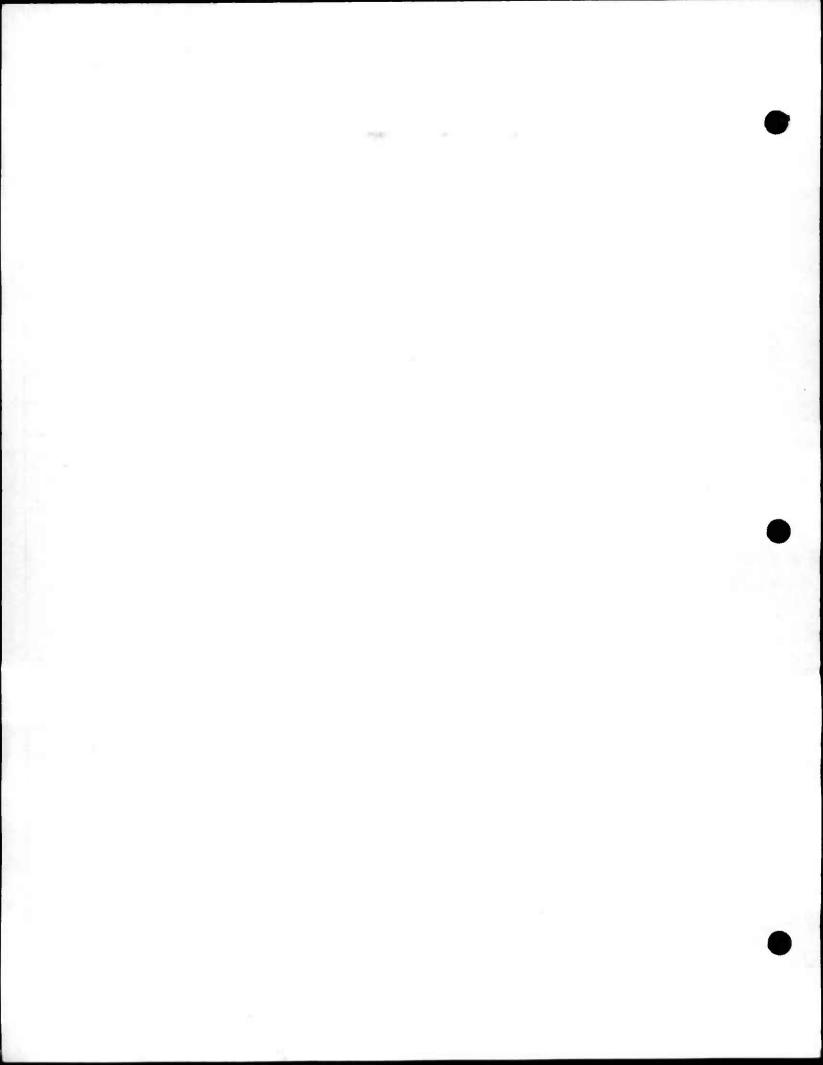
±= x= = ·

ALCOHOL: NO LONG.

permit. Pages 1, 2, 3 should

ital or a	for us		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ined by	hould be		fled at
be reta	ade 5 s		be not
6 may	ector, p.		must
th. Page	neral din		miner
fter dea	the fur	oval.	al exa
hours a	ed in by	or rem	medic
thin 24	etely fille	emation,	nt, the
uted wi	compl	irial, cre	ic ever
pe exec	cian and	or to bu	aumat
rtificate	iskyd Dr	jiene pri	ther to
leath ce	attendir	ntal Hy	y, or (
at the c	by the	and Me	ıy inju
uires th	signed	Health	DWS an
law rec	as beer	Jept. of	23 sh
AN: The	ificate t	State	r Item
HYSICI	this cert	with the	ked, o
NDING F	: After 1	r death	Is mar
R ATTE	RECTOR	urs after	m 28
PITAL 0	RAL DI	1 72 ho	F If Ite
E HOSF	IE FUNE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	HTAN
2	10	be file	IMPC

1 - STATE		STATE OF I	MARYLAND	/ DEPAI	RTMEN	T OF H	DEA	TH	MENT	AL HYGIE REG. N			
57.	'S NAME (First, Middle, Last,		REY PA	ATRI	CIA	STA	HL		MON	ember	°Ĩ2,	1991	3. TIME OF DEATH 12:00P
	CURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.	(Moi	E OF BIRTN oth, Day, Year)		a. BIRTI	
	NAME (If not institution, give		71	YRS.	95 CIT	TY, TOWN (OR LOCAT	TON OF D	NOI	7.19,			JISIANA
	KLIN SQ. H									BALTIMORE			
FRANK RESIDENCE 100. STATE	10b. COUNT	тү		10c CI							1 22	111111	
).	HARFOR	D	10c. CITY, TOWN OR LOCATION ABINGDO					ON				10d. INSIDE CITY LIMITS? 1 YES XX NO
S	ANO NUMBER					101	. ZIP COE	Œ			10g. C	ITIZEN OF	WHAT COUNTRY?
11. MARITAL S	00 MILFOR					210						U	J.S.A.
3 Widowe	arried 2 Married	FORCES? 1	12. WAS DECEDENT EVER IN A.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN If yea, breefly Cuban, Maxican, Puarto R 1 YES 2 NO Specify:					E — American Indian, k, Whita, alc.
9	15. DECEOENT'S EDI (Specify only highest grad	UCATION le completed)	18a, C	DECEDENT'S	USUAL (OCCUPATIO	ON st of world	orking 16b. KIND OF BUSINESS/INDUS					MILLIE
	y/Secondary (0-12)	College (1-4 or 5 i		te. Do NOT u	se retired.)			HOMEMAKER				
17. FATNER'S	NAME (First, Middle, Last)				1005	EWI.		NER'S NA	ME (First	Middle, Maide			ER
JOSE	PH L. HER	RMANN								ASSON			
19a. INFORMA	NT'S NAME (Type/Print)		1	96. MAILING	ADDRES	SS (Street a				nber, City or To		(Ip Code)	
SAND	RA PIEPER			600	MI	LFO	RD (T.,	AB	INGDO	ON, M	D. 2	1009
20a. METNOO OF DISPOSITION 1 Burlai 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION cemetery, crematory or other place!									DA'	TE 20c. L	OCATION -	- City or To	own, Stata
	E OF FUNERAL SERVICE LI	CENSEE	GREE	N AC									MISS.
22. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD HENRY W. JENKINS AND SONS, BAL													
Sequentially if any, leads cause. Ente CAUSE (Distributed by that initiates	Clostridium Perfringens Sepsis with Massive Hemolysis Due to (or as a consequence of): Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in deeth) LAST Clostridium Perfringens Sepsis with Massive Hemolysis Due to (or as a consequence of): Cholelithiasis with Common Duct Obstruction Due to (or as a consequence of): Due to (or as a consequence of):												
PART II. Oth	per eignificent condition	ns contributing to	ontributing to death but not resulting in the					given in	Part I.	PERFORMED? 24b			. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
									_	1 □XYES	2 NO		COMPLETION OF CAUSE OF OEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO													
1 TYES	2 No	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE 4 Nu	R:							
27. MANNER O 1 X Natura 2 Accids	5 Pending	28a. DATE OF (Month, De		28b. TIM		28c. INJU WO	JRY AT		e 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
3 Suicid	o Could not be	28a. PLACE Of building,	28a. PLACE OF INJURY — At home, ferm, stree building, etc. (Specify)						28f. LOC City	ATION (Street or Town, State	and Numbe	or Rural R	loute Number,
29e. CERTIFIEF (Check only) and manner as stated.
296. SIGNATUR	E AND TITLE OF CENTIFIE	yan	ha		M		29c. LICE	183	BER	6	29d, DA	TE SIGNED	(Month, Day, Year)
	Gauhar, M.	D. 40	94 East	ern A	ve.	Bal	timo	re,	MD	21221			
31. DATE FILED	(Month, Day, Year)	32. REGISTRA	R'S SIGNATURE										



n by the funeral director, page 5 should be detached for removal. pe must examiner medicai filled in by and completely fille burial, cremation, the traumatic event, the attending physician a Mental Hygiene prior to other 1 0 any injury, has been signed by the Dept. of Health and N T 23 shows any Inj State D DIRECTOR: After this certificate I hours after death with the State item 28 is marked, or item TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If item 2

2

30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

B. Lankachandra

notified at

1			V.	
	ħ	J	1	
1	*	740	1	1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 4411 RUTH HAYNES SMITH 1991 0515 U 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. BIRTHPLACE (State or Foreign Country) 218-01-3266 1 M 2 X F 88 YRS. DAYS HOURS MIN. JAN.1,1903 MD. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GOOD SAMARITAN HOSPITAL BALTIMORE, CITY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE, CITY VES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6000 BELLONA AVE. 21212 U.S.A. 12. WAS DECEDENT EVER IN B.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: WHITE CD. 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple ted) COMPLET Elementary/Secondary (0-12) 1 2 College (1-4 or 5+) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) FRANK HAYNES ETHEL FOSS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 28075 8188 CAMELOT J.DAVID CABLE DRIVE. HARRISBURG, N.C. 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 ☐ Donetion 5 ☐ Other (Specify) CEMETERY 11/21 | BALTIMORE, MD. 21202 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212 odeson HENRY W. JENKINS AND SONS. BALTO, MD. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each view. Approximata Intarvai Batween IMMEDIATE CAUSE (Final **Onaat and Death** disease or condition Pneumonia resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (DR AS A CONSEDUENCE DE): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not reauting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE CARCINOMA OF THE BREAST 1 TES 2 NO OF DEATH? 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TYES 2 ND 1 Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE-HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER
(Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(s) end manner es steted. 2 MEDICAL EXAMINER: On the besie of exemination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Intern-Internal Medicine 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year)

11-19-91

· Good Samaritan Hospital, Battimore, MD

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

cian.	I-transit bermit 155	
IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospital or attending physician.	000 250	Е
TO THE HOSPITAL DR ATT	TO THE FUNERAL DIRECT be filed within 72 hours a	IMPORTANT: If item

	91-6736-510						31 3	124				
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	MENT OF	HEALTH AND F DEATH	MENTAL HYGIEI						
13	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH				
1 3	ANDREW	R	SHO			11 15						
	213-01-1121	5. SEX 6. AGE (In 1 框 M 2 口 F 7.	yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	a. Bi	RTHPLACE (State or Foreign untry)				
	9e. FACILITY NAME (If not institution, give sti) tha,	OL OUTY TOWN	OR LOCATION OF D	3/23/18		Md.				
DIRECTOR	2512 HURON STR				IMORE							
띭	10e. STATE tob. COUNTY		10c. CITY	TOWN OR LOC	ATION			10d, INSIDE CITY				
	Md.			B altim	ore			1 # YES 2 NO				
FUNERAL	10e. STREET AND NUMBER				of, ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
핃	2512 Huron				21230			SA				
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, OIVE WAR OR DATE	2]NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	ACE — American Indian, lack, White, atc. pocity: r. American					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ISINESS/INDUSTRY										
릴		College (1-4 or 5+)	Reti	red								
် ေ												
BE		lorts			Mary		Shorts					
70	190. INFORMANT'S NAME (Type/Print) Hannah Johnson		19b. MAILINO /	Nevada	St. Bali	Route Number, City or Tow to. Md. 2	vn, State, Zip Code) 1230					
	20e. METHOD OF DISPOSITION 1	eval from State 20b. P	LACE AND DATE OF Pry, crematory or other T. Zion	DISPOSITION (ocation - city or nsdowne,					
	21. SIGNATURE OF FUNERIAL SERVICE LICE		1, 21011	22. NAME	AND ADDRESS OF FA	CILITY						
	Ciala	delig			1300 Eu	others Fun taw Pl. Ba	lto, Md.					
		omplications that faused the control on each	he death. Do no h iine,	t enter the m	ode of dying, euc	ch aa cerdiec or reap	iretory erreat,	Approximata interval Between				
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) 8. BLUNT TRAUMA AND STAB WOUNDS NECK AND HEAD											
	resulting in death) 8. OKOWN TRAND STAR WOUNDS NECK AND HEAD DUE TO (OR AS A CONSEQUENCE OF):											
z												
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING											
ERTIFICATION	CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF)	:								
S	d.											
AL.	PART II. Other eignificent conditiona	contributing to deeth but	not resulting in	the underlyi	ng ceuse given in	Part i. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ă						t XYES 2	NO D	COMPLETION OF CAUSE OF DEATH?				
Σ						_		t C YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL			00.1	N ACE OF BEATH O							
SIC	EXAMINER? 1 X YES 2 NO EXAMINER? 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 8 Other (Specific)											
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 X YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 26. PLACE OF DEATH (Check only one) 7 4 Normaling Home 5 X Residence 8 Other (Specify) 27 28b. TIME OF INJURY WORK? 1 Natural 5 Pending 2 Accident Investigation 28c. INJURY AT WORK? 1 YES 2X NO SUBJECT WAS STABBED												
										3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Specify)	At home, ferm, str
	4 Homicide determined		HOME			2512 HUI		REET BALTO.				
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	IAN: To the best of my knowledg	ge, death occurred	at Ihe time, dat	e end place, end due	to the cause(e) and mer	nner ee stated.					
ő	one) 2 MEDICAL EXAMINER:	On the beele of examination er	nd/or investigation,	In my opinion,	death occured at the	time, date end piece, en	d dua to the cous	e(e) end menner ee stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGNI	ED (Month, Day, Yeer)				
2	Wonald Hung	W MD			0.C.	М.Е	► 11-1	6-1991				

111 N. PENN STREET BALTIMORE, MARYLAND

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONALD G. WRIGHT MD

31. DATE FILED (Month Oay)

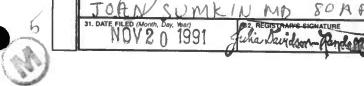
ages 1, 2, 3 should

PHYSICIAN: The faw requires that the death ce this certificate has been signed by the attendin h with the State Dept. of Health and Merital Hyg	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filled within 72 hours after death with the State Deft. of Health and Mental Hygiene prior to bunal, cremation, or removal.	
PHYSICIAN: The law requires r this certificate has been sign h with the State Dept. of Heal	any intury of other
PHYSIC r this ce h with th	DI HELL Z.S SHUWS
ATTENDING ECTOR: After s after deatl	Del Kell
THE HOSPITAL DR THE FUNERAL DIRI Filed within 72 hour	29 87

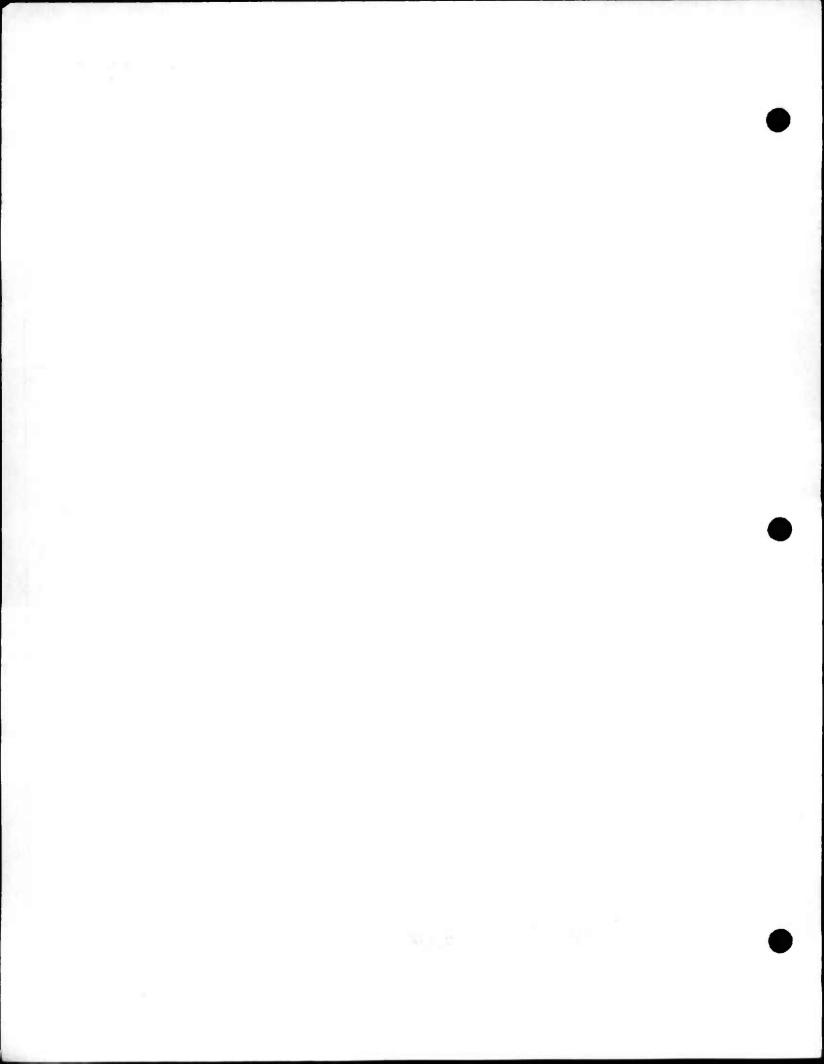
31755 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH Julia L. YEAR Tyler 1991 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign Country) HOURS 1 ☐ M 2 √ F 54 <u>219-26-6379</u> YRS. Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2923 Norfolk Avenue FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2923 Norfolk Avenue 21215 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—tt yes, specify Cuban, Maxican, Pueño Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married ВҰ Specify: Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) 3yrs Elementary/Secondary (0-12) C & P Telephone Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William H. Williams BE Julia Palmer Williams 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 Julia Williams 2121 <u>Windsor Garden Lane</u> Apt C34 Baltimore Md 21207 20g. METHOD OF DISPOSITION
1 \(\text{\Omega} \) Burlet 2 \(\text{Cremetton} \) 3 \(\text{\Omega} \) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Garrison Forest Veteran Cem 4 Donation 5 Other (Specify) 112191 Owings Mills, Md SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
March F/H West 4300 WAbash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haart failure. List only ona cause on each line. interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) d DUE TO (OR AS A CONSEQUENCE OF): 71 ma 11 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO mellitus hetes COMPLETION OF CAUSE 1 TYES 2 NO uperten DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Realdence 6 ☐ Other (Specify) 27. MANNER OF CEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, tectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CENTIFING 8 29c. LICENSE NUMBER 32527 9

80 A PAINTERS MILL RO OWINGS MILLS, MD



O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

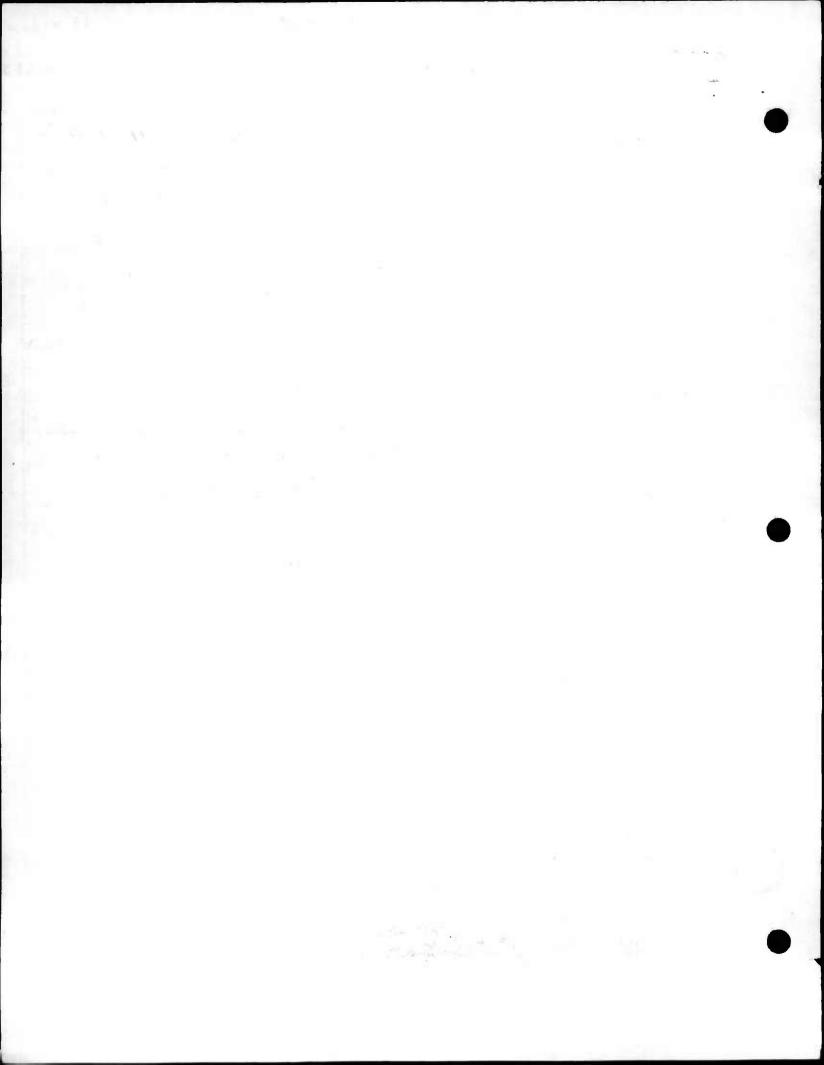


í	34	Ã	33	35	Ž,	2.		3	I	L.	Ĺ.,	·		18									1
1	1	1	0	8	1	9	1			C	ij	60 E 1	NE	1	N	3	5	C	17	À	京	L	E

	1. DECEDENT'S NAME (First, Middle, Last)		Billy Ha		F DEATH	2. DATE OF DEATH	AY YEAR	3. TIME OF OEATH					
	4. SOCIAL SECURITY NUMBER 426-74-4932 4935	5. SEX 6. A	GE (In yrs. lest birthday) 72 YRS.		R IF UNDER 24 HRS.	44-4 0 0 0							
_	9s. FACILITY NAME (If not institution, give			96. CITY, TOW	N OR LOCATION OF C	DEATH 9c. COUNTY OF DEATH							
CTOR	Sinai Hosp. of Ba	altimore		Ba1	timore		Baltin	more					
REC	10s. STATE 10b. COUN	TY	10c. CI	TY, TOWN OR LO	CATION		10d. INSIDE CITY						
<u> </u>		Kent	Do	over				1 XYES 2 NO					
FUNERAL	10+. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
	1145 S. State St				1990		U.S.						
O BE COMPLETED BY FU	1 Never Merried 2 Merried 3 Widowed 4 Olvorced	12. WAS DECEDENT EYE FORCES? 1 XY IF YES, GIVE WAR OF	ER IN U.S. ARMED ES 2 NO R OATES	If yes,	Specify Cubsn, Maxic ES 2 NO Specific	ANIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) Hy:	Bla	CE — American Indian, ick, White, stc. acity: White					
	15. OECEOENT'S EOI (Specify only highest grad	JCATION le completed)		S USUAL OCCUPA work done during		18b, KINO OF BU	18b. KINO OF BUSINESS/INOUSTRY						
	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT t	use retired.)		Outten	utten Brothers of Dov						
	17. FATHER'S NAME (First, Middle, Last)	0	Sales&C	collecti		Furnitur							
	Horold Tribble					AME (First, Middle, Maiden	Surname)						
	19s. INFORMANT'S NAME (Type/Print)		19b, MAILIN	G ADDRESS (Street	Velora	Route Number, City or Tow	n State Zin Codel						
٤	Harold Tribble (s	son)						10001					
	20s. METHOD OF OISPOSITION 1 Surisi 2 Cremetion 3 Ren 4 Donstion 5 Other (Specify)		20b. PLACE AND DATE	OF OISPOSITION	(Name of	OATE 20c LO VOV.17, 199	CATION - City or	Town, State					
	21. SIGNATURE OF FUNERAL SERVICE L		/	22, NAME	ANO ADDRESS OF F								
	23. PART I. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. Ventricular Tacchicanda / Fhrills for												
ERTIFICATION	disease or condition resulting in deeth) a. Ventricular Taccardo JF.brillation Due To (OR AS A CONSEQUENCE OF): Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST b. Severe Calcompagathy Due To (OR AS A CONSEQUENCE OF): C. COOGAL Attemption Disease. Due To (OR AS A CONSEQUENCE OF): d.												
: MEDICAL C	PART II. Other significent condition	na contributing to deet	Pulmon	in the undarily	ing couse given in	Part i. 24a. WAS AN PERFOR	IMEO?	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH? 1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF OEATH (C/	beck only one)							
SICI	EXAMINER?	HOSPITAL:	Outpatient 3 🗆 OOA	OTHER:	ome 5 🗆 Rssidence								
PHY	27. MANNER OF DEATH	28e. DATE OF INJUF (Month, Day, Yea		E OF 28c. I	NJURY AT	28d. OEŞCRIBE HOW I	NJURY OCCURED						
<u> </u>	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO								
ا ڍ	3 Suicids 8 Could not be 4 Homicide determined	building, atc. (S	JRY — At home, ferm, Specify)	street, factory, of	fice	28f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,					
2 1	29a. CERTIFIER	ICIAN. To the best of sector				l							
LETE	29a. CERTIFIER 1 CERTIFUING BUYERIAN. To the house												
MPLET						O Summation entared interestingation, in my opinion, death occurred at the time, data and placs, and dus to the cause(s) and							
MPLET		ER: On the besis of examine				time, dats and placs, an	d dus to the cause	(s) and manner es atate					

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year) NOV2 a 1991



notified at

pe

must

examiner

medical

the

event.

other traumatic

any injury,

marked,

MPORTANT: If

WKI

RESU

31. DATE FILEO (Month, Day,

death

FUNERAL (HOSPITAL

THE

품

2 2 3

2, 3 should

mit. Pages 1, 2

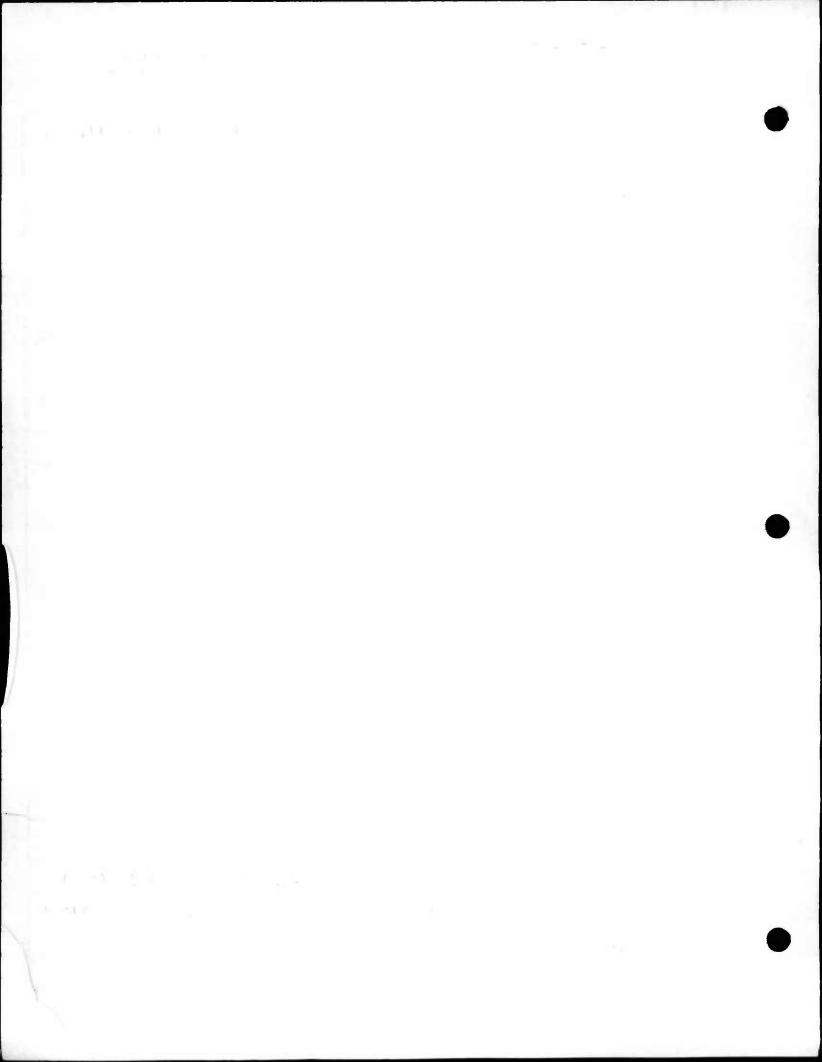
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within RECORDS, P.O. signed by the atter Health and Mental been of P the State Dept. of or Item 23 sl DIVISION OF VITAL with t After DIRECTOR: Af hours after de item 28 Is r

Items: 28a, b, c, d, e, f per MEO G-682 12/16/91 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 0. 1991 DENNIS VAUGHN 11:00 ам 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Pay, Year) 2/6/1961 IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 218-90-9728 MONTHS DAYS HOURS 1 XM 2 F BALTIMORE, MD. 30 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR DEATON HOSPITAL BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER IN. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1811 DUKELAND STREET 21216 USA 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexicen, Puerto Rica 1 TYES 2 X NO BY Specify: 3 Widowed 4 Divorced Specify: BLACK ETED. 15. DECEDENT'S EDUCATION 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest gi 16b. KIND OF BUSINESS/INQUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM VAUGHAN BERNICE VAUGHN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 BERNICE VAUGHN 1811 DUKELAND STREET, BALTIMORE, MARYLAND 21216 20e, METHOD OF DISPOSITION
1 XBurlel 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 3 🗆 Rem WESTERN STAR CEMETERY 11/20/91 CATONVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 21217 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or hasrt failura. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Oneat and Dasth diseese or condition resulting in death) SF 0 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Linputient 2 ER/Outputient 3 DOA OTHER: 1 X YES 2 - NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 0 A. /2/88 1 YES subject was shot BY 2)(NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3000 Blk.W.North AV 3 Suicide COMPLETED 8 Could not be 4 Homicide determined treet 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. ATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/15/1991 O.C.M.E. 2 50. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Ray 1/89

BALTIMORE, MARYLAND 21201

111 PENN STREET



$\overline{}$		
90,	within	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3	NI DIDECTION About the sealth and the season and th
×	pe	
B	ficate	4
0	certi	1
E CÓ	death	-
Ö	the	-
H	that	1
ECC	equires	
-1	J ME	4
TA	른	4
Z >	ICIAN:	a salita
Ō	PHYS	44.50
O	DING	8.60.
131	ATTEN	mon.
\leq	OR)	2010
_	A	3

30. NAME AND ADDRESS OF PERSON Stephen G.

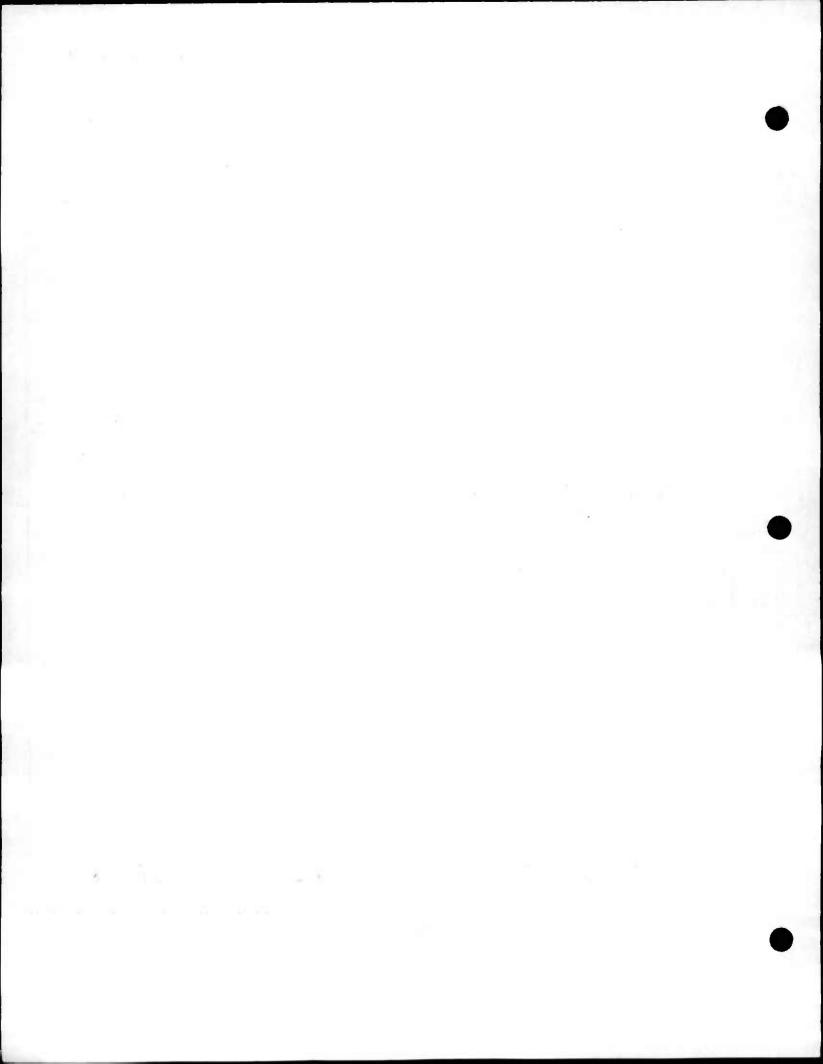
NOV 2

	FOR	CTATE OF MADV	AND / DED	DYME	WT 05 W			9		3 7	158	
	1 - STATE REGISTRAR	STATE OF MARYL	CERTI	FICAT	TE OF	DEATH	MENTA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	James Gus V	LACHOS,	Sr.			MONTE	of DEATH B	AY 1 C 1	YEAR OO 1	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		8. BIRTI	1:00 A NPLACE (State or Foreign Tyland	
_	9e. FACILITY NAME (If not institution, give stre			9b. CI	TY, TOWN O	R LOCATION OF D						
DIRECTOR	Franklin Square	Hospital			Ro	ssville			Balt	imor	e County	
	10a. STATE Md.	BAltimore	10c. C	ITY, TOWN	Middle River						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1615 Wilson Point	: Road			10f.	ZIP CODE 21220	20 10g. CITIZEN OF W					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D	2 NO	13	3. WAS DECE If yes, spe 1 TES	city Cuben, Mexic	an, Puerto f	n, Puerto Rican, atc.) Black,			E — American Indian, k, White, atc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16e, DECEDENT (Give kind o life. Do NOT	s usual I work don use retired Barb	(.)	N t of working	16b.	KIND OF BU	SINESS/IN	<u> </u>		
	17. FATHER'S NAME (First, Middle, Last)	Vlachos		Dalb	er_	16. MOTHER'S NA		Middle, Malden				
то ве	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRE	SS (Street an	d Number or Rural	Route Numb	Der, City or Tow	n, State, Zi	ip Code)		
-	James Vlachos					POint 1	Road	Balt	timor	e Mo	. 21221	
	20e. METNOD OF DISPOSITION Suriel 2 Cremation 3 Ramov Donation 5 Other (Specify)	ral from State cen	Oak Law	of DISPO	meter:	y 11/	18/91			City or To	wn, Stata Md •	
	21. SIGNATURE OF FUNERAL SERVICE LICE	nsee mulal H	one			ADDRESS OF FA		me 300	 MAce	eAve.	21221	
	23. PART I. Enter the disease, or co ehock, or heer veilure. Li	mplications that cause	d the deeth. Do	not ente	er the mod	e of dying, aud	ch as cerd	lac Dr respi	ratory ar	rest,	Approximate	
	IMMEDIATE CAUSE (Fine) disease pr condition resulting in death) Lung Cancer									Intervel Betweer Onset and Deati		
NO	DUE TO (OR AS A CONSEQUENCE OF): Chronic Obstructive Pulmonary Disease											
E	of any, leading to immediate cause. Enter UNDERLYING Diabetes Mellitus											
CERTIFICATION	CAUSE (Disease or injury thet initiated evente reaulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): Hypertension										
	PART II. Other significant conditions	PART II. Other significant conditions contributing to death but not resulting in the part of the part										
MEDICAL							_	24a. WAS AN PERFOR 1 YES 2	MED?	240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SICE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NosPITAL:		OTHE	R:	CE OF DEATN (Ch						
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b, TI		28c. INJUI	5 Residence RY AT K? S 2 NO	_	(Specify)	NJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	26e. PLACE OF INJURY building, etc. (Spec	— At home, form,	atreet, fac			28f. LOCA City o	TION (Street a or Town, State)	nd Number	or Rural A	loute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 💢 CERTIFYING PHYSICIA 2 🗌 MEDICAL EXAMINER:	AN: To the best of my knowl On the basis of examination	ledge, death occur	red at the	time, data a	nd place, and due	to the caus	se(s) and man	ner as atal	ted.		
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	0.1.				29c. LICENSE NUI	MBER	erra praca, enc			(Montyl, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON WHO	nercon constant				H4058	5		> //	1/5	191	

wno completed cause of Death (ITEM 27) (Type, Print)
Smaldore, MD 9000 Franklin Square Drive

32. RESISTRAR'S SIGNATURE OR

Baltimore, MAryland 21237



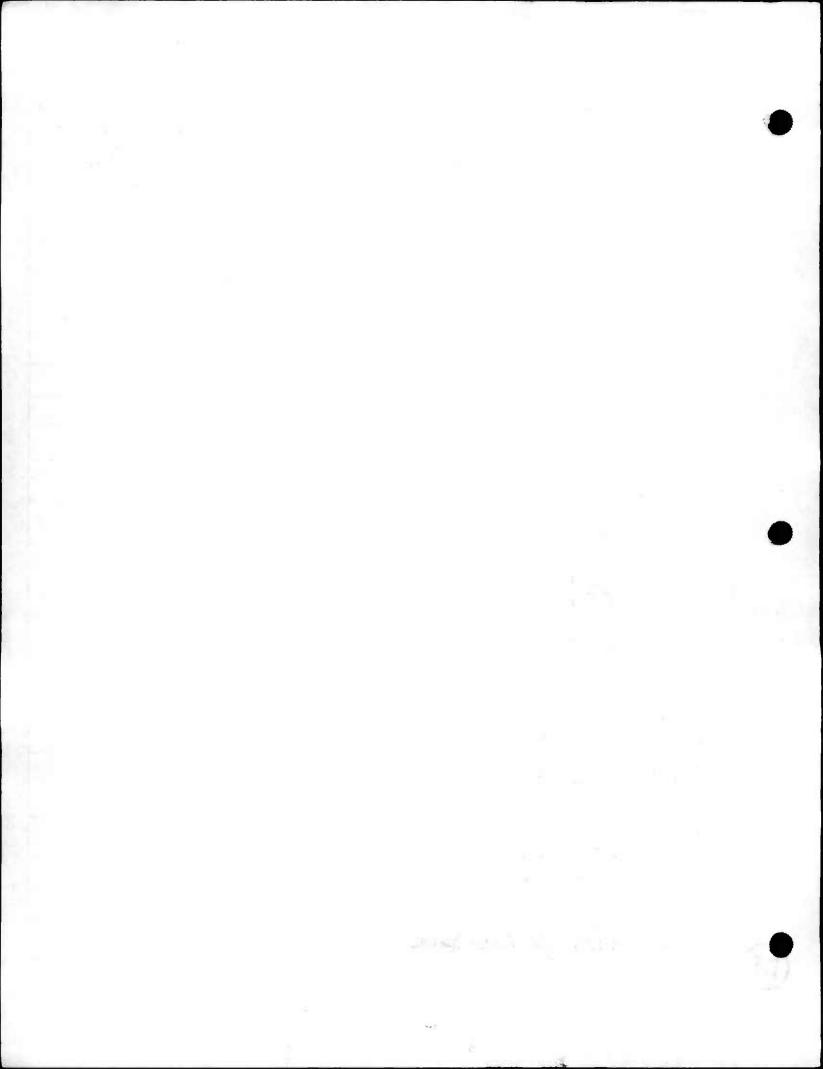
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_			1
Ţ	Ĭ	8	1
(Į,	6)
	_	_	

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR		CATE OF	DEATH		REG. NO.					
	Morton P. WILL	er	PAUL WII		2. DATE OF MONTH	15	9/	3. TIME OF DEATH			
	219-18-3672 1×M20 6	s. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	0/24	Coun	Md.			
TOR	96. FACILITY NAME (if not institution, give street end number) Stella Maris Hospice RESIDENCE OF DECEDENT		TOWSOI	DR LOCATION OF D	EATH	90.	Baltir				
DIRECTOR	10e. STATE 10b. COUNTY	10c, CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?			
0	MARYLAND BALTIMORE 10. STREET AND NUMBER			<u>INGS MII</u>	LS	La	- 0/7/751/ 05	11 YES 2 NO			
FUNERAL	10009 WOOD KEY LANE, APT. 8			21117				WHAT COUNTRY? USA			
B√	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 X Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WARFOR DATES WWII AIR	□NO 3	if yee, as	ecify Cuben, Mexico 2 NO Specific	en, Puerto Rice	Specify Yee or N In, atc.)	Io— 14. RAC Blac Spe	CE — American Indian, ck, White, atc. City: WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)	(Give kind of v life. Do NOT us	USUAL OCCUPATI vork done during me retired.)	ON ast of working	16b. Ki	NO OF BUSINES	SS/INDUSTRY				
M	4	SAI	ESMAN			NUFACT		REP_			
BE CO	17. FATHER'S NAME (First, Middle, Lest) JOSEPH L. WILNER			18. MOTHER'S NA	AME (First, Midi ANNA		•me) WITZEI	2			
10	19e. INFORMANT'S NAME (Type/Print)			and Number or Rural		City or Town, St.	ste, Zip Code)				
	MS. ANN WILNER 20e. METHOD OF DISPOSITION 20b. PL		ONEMARK OF DISPOSITION	CT., API	oATE	OWINGS	MILL,				
- 1	1 D Burlei 2 Cremation 3 Removal from State of ceme		1			NWN MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		ND ADDRESS OF FA	SC	L LEVI	NSON 8	BROS., INC.			
_	23. PART L Ental the diseases, or complications that caused the			REISTER				MD 21215			
LION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CO I SW CAN CEY DUE TO (OR AS A CONSEQUENCE OF): b. OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
CE	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I, 24s, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL		PERFORMED? 1 YES 2 NO OF DE					AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL		28. F	LACE OF OEATH (C	heck only one)						
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatie	nt 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 X Other (S	Specify) Ho	ospice				
ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending (Month, Dey, Year) 2 Accident Investigation	28b. TIM	URY W	JURY AT DRK? YES 2 NO	28d. OESCF	NULII WOH BEIN					
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	street, factory, offi	:0	28f. LOCAT City or	ON (Street and I Town, State)	Number or Rura	l Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and							o(e) end manner se stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER A Clesco			29c. LICENSE NU D 270		29	d. DATE SIGNE	5 91			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Carla S. Alexander, M.DStell	la Mari	s Hospi	ce-Dulane	ey Val	ley Rd	Tows	on 21204			
	NOV2 0 1991 Auric Davidson Re	ndell_									

OHMH-16 Rev 1/89



5

0 8 V

	1.2	
ĺ	1	
()	NE)	
/	~	
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran in; or removal.	te medical examiner must be nomined at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmit among the best leading the burial-transmit and the production or removed. To the production of the production of the medical production of the prod	me commence, or new to show any mind, or other natural extent, in

											91	3	160	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAR	RTMEN	IT OF I	HEALTH DEAT	AND	MENTAL	HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		T	3. TIME OF DEATH	
	JEAN R. W	INTERS							MONTH	D.	AY	YEAR		
	4. SOCIAL SECURITY NUMBER				ER 1 YEAR	IF UNDER	24 MDC	NOV.	14.	19		2:15 A. M		
	215-05-1589	1 🗆 M 2 💢 F	79	YRS.	MONTHS		HOURS	MIN.	(Month	Day, Year)		Country	PLACE (State or Foreign	
1	9a. FACILITY NAME (If not institution, give s				1000000	2000			MAY	13,19	7	YLAND		
Œ							OR LOCATE		EATH		9c. COL	JNTY OF DE	ATH	
16	GOOD SAMARITAN	HOSPITAL	4			BALT	'IMOR	E						
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	TY, TOWN OR LOCATION							10d, INSIDE CITY		
片	MARYLAND			BALTIMO			ODE						LIMITS?	
	10e. STREET AND NUMBER			1	DA	_	IUKE	_			I	1 (X YES 2 ☐ NO		
2	6401 LOCH RAVEN I	RI.VD. AT	рт 247				21239							
FUNERAL	11. MARITAL STATUS											U.S.A	-	
1 1	1X Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	YES 2 X	NO NO	13	If yes, sp	CENDENT C	OF HISPAN	NIC ORIGIN' In, Puerto R	(Specify Yas	or No-	14. RACE Bleck,	- Americen Indian, White, etc.	
B	3 Widowed 4 Divorced	AR OR DATES	DATES 1 TYES			ES 2 NO Specify:					Specify			
0	15. DECEDENT'S EDUC	18a DE	CEDENT'S	HOHAL /	OCCUBATI	ON		T			<u> </u>	WHITE		
H	(Specify only highest grade Elementary/Secondary (0-12)	(G	ive kind of a	work done	durina me	ost of working	ng	180.	KIND OF BUS	SINESS/IN	DUSTRY			
COMPLETED	NA	College (1-4 or 5 -		LERIC	AT.	MUBK.	TD			DAIZTI	N70 00	O) (T) 4.377		
O	17. FATHER'S NAME (First, Middle, Last)	1421			74113	WOILL.						OMPAN	Y	
	DOD TIDE TO MAKE (PIST, MIGOR), Malden Surname,									Sumame)				
BE	100 INFORMANTS NAME (To CAS)													
2	ROBERT J. WINTERS, SR. (BROTHER) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 9113 SMITH AVENUE, BALTIMORE, MD 21236													
				1113	SMI	TH AV	VENUE	BA	ALTIM	ORE. N	1D 21	236		
	20a, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Remo	wal from State	20b. PLACE of cemetery, cre	matory or of	ther niero	1			DATE	20c. LO	CATION —	City or Tow	n, Stata	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		BALT	MORE	CEN	TETE!				BAI	TIMO	DRE, M	IARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE O	-	()	22	SCHT	ND ADDRES	SS OF FAC	CILITY					
	Ciripe V	Lai	Con	14		9705	RET	ATD	DOAD	L HOME	S, I	NC.		
2.5	23. PART i. Enter the diseases, of c	omplications the	t caused the de	ath. Do n	nt ante	r the mo	de of dul	MIK.	KUAD.	BALI	TMOR	E. MI	21236	
	23. PART i. Enter the diseases, of complications that caused the death. Do not anter the mode of dying, such as cardiec or reepiratory arrest, ehock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final													
	immediate cause (Finel disease or condition										Onset and Death			
	resulting in deeth) a. Massul T Oue TO (OR AS A CONSEQUENCE OF):													
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OR).													
AT	of any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or Injury C.													
E	that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
E E		•												
7	PART ii. Other significant conditions	contributing to	death but not r	eeuiting i	n the u	nderiying	g ceuse g	iven in	Part i.	24a, WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS	
2	HTN.									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE	
									-	1 NES 2	⊘ ′NO		OF DEATH?	
2									_			1	YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL													
S	EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Che	eck only one					
4	27. MANNER OF DEATH	1 inpatient 2						eldence	8 Other	(Specify)				
	Natural 5 Pending	28a. DATE OF (Month, Da		28b, TIME INJU		28c. INJ WO	URY AT		28d. DE\$C	RIBE HOW IN	JURY OCC	CURED		
B	2 Accident Investigation	00. 01.005			M		/E\$ 2 🗌	NO						
유	3 Suicide 8 Could not be 4 Homicide determined	building,	INJURY — At horetc. (Specify)	778, farm, s	treet, fac	tory, office	•		281. LOCAT	ION (Street at Town, State)	nd Number	or Rural Rou	ite Number,	
ET														
COMPLETED	29e. CERTIFIER (Check only	IAN: To the best of	my knowledge, de	ith occurre	d at the t	time, date	and place,	end due	to the cause	e(a) and man	ner an atat	ted.		
O	one) 2 MEDICAL EXAMINER	On the basis of ax	amination and/or is	nveatigation	n, In my o	opinion, de	eath occure	ed at the t	time, date a	nd place, and	due to th	na cause(a) s	nd manner as stated.	
E C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICEI							
@	Ali House	w					Jan GIVE	ITOM	rear deal 1		290. UAT	1/1/1/	fonth, Day, Year)	
O SO, NAME AND ADDRESS OF PERSON WHO COMMISTED CAUSE OF DEATH OTTEN OF THE ADDRESS OF PERSON WHO COMMISTED CAUSE OF DEATH OTTEN OF THE ADDRESS OF THE ADDRES										1//14/91				

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10USS aoul
32. REGISTRAR'S SIGNATURE
1991 Julia Buidson-Aandelle

YEAR

Tenn

3. TIME OF DEATN

2:05 P.

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

Specify: White

YES 2 NO

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 TYES 2 NO

COMPLETION OF CAUSE

intarvai Batwaen

Onset and Death

8. BIRTNPLACE (State or Foreign

2. DATE OF DEATN

16

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Ruth Wilson

_	afte	
	hours	
J	24	
.09	within	
(687	executed	
ô	8	
0. B(certificate	
J.	death	
ä	the	
Y	that	
Z L L	requires	
_	3W	
4	The	
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
SICE	TENOING I	
>	RA	
	0	
	A	

M91 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN 415 28 8351 DAYS HOURS 1 M 2 F 02 01 18 YRS page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1018 South Baylis Street Baltimore DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore Md. 100. STREET AND NUMBER 1018 S. Baylis Street FUNERAL 101. ZIP CODE 21224 10g. CITIZEN OF WHAT COUNTRY? USA Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerio Rican, etc.)

1 YES 2 NO Specify. 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Housework At Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) David Leffew Mary Dunn notified at BE 194. INFORMANT'S NAME (Type/Print)
Collie E. Wilson Sr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
1018 S.Baylis St. Balto., Md. 21224 pe 20a. METNOD OF DISPOSITION
X Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must the funeral director, Cedar Hillice Cem. 11-20-91 4 Donation 5 Other (Specify) Glen Burnie, Md examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Charles S.Zeiler & Son Inc. 901 S. Conkling medicai filled in by t ion, or remor 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fallure. List only one cause on each ilns. **IMMEDIATE CAUSE (Final** in and completely fille to bunal, cremation, the disease or condition resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEDUENCE OF): the attending physician Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? and shows any signed Health a 1 YES 2 NO has be Oept. 23 sl PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL certificate h item 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 | Nursing Nome | Standard | 8 | Other (Specify) 1 YES 2 NO 10 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28b. TIME OF this c 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending м В 1 YES 2 NO After Accident TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 Is m 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Nomicide determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) M. 8 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) led. Me-1-1 :0) 31, DATE FILED 32, REGISTRAR'S SIGNATUR

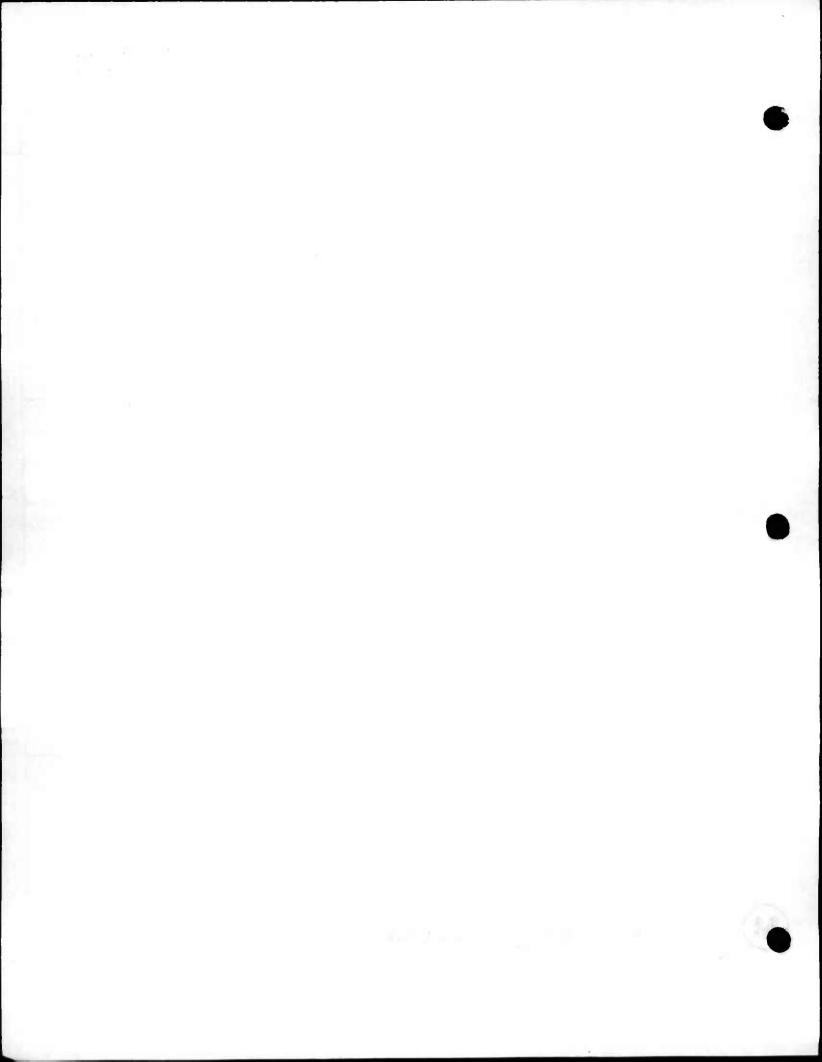
wa waydoon fandell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

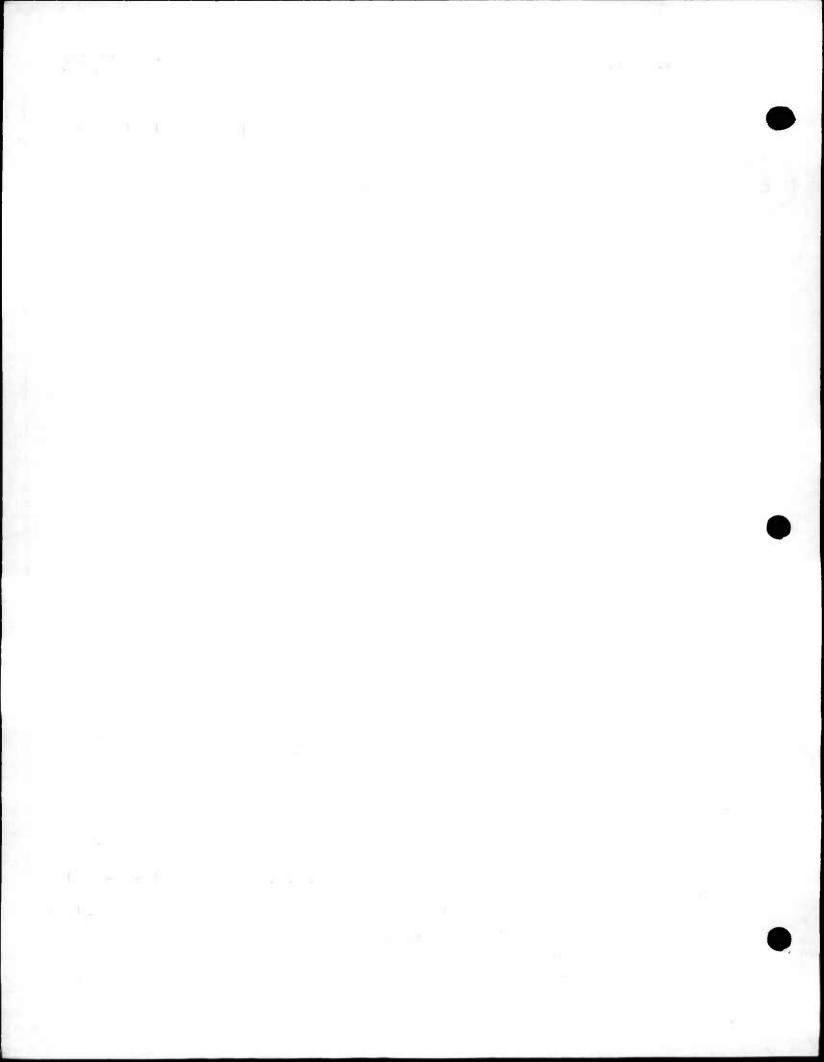
2422

9



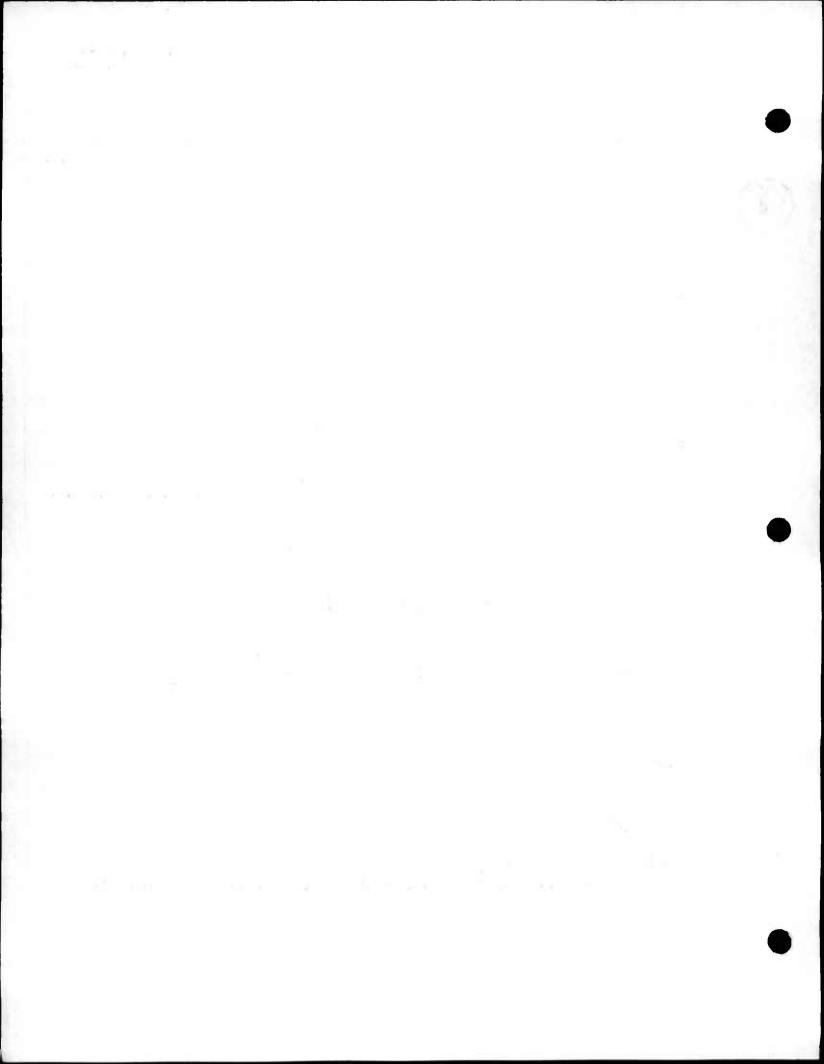
	ō	=		
	73	Ç		
	dso	hec		mi
	9	etac		2
	£	e d		0
	5	d b		B
	ine	nou		9
	reta	5 S		5
	2	ge		9
	Tay	Da		75
,	9	cto		E
	age	dire		100
	9	2		Ē
	eath	fun		Kan
	er d	he	100	9
	aff	3	Ē	Sa
	SE	_	f re	ed
	¥.	lled	0.0	9
	n 2	ly fi	atio	=
•	ŧ	ete	rem	Ħ,
	2	DMO	L. C	Š
	cute	o p	uria	100
	exe	an C	to th	E
	2	Clar	ior	2
	cate	hys	d	1
	E.	D D	jien	#
	90	ğ	Ť	10
	eat	atte	ntal	2
	De d	the	Me	를
	at the	3	and	=
	5	Dec	4	E
	ille	Sign	Hea	*
	requ	Ben	6	Sho
	3	S	ept.	8
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, nace 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	N.	rtifica	e St	or it
	Sic	e ce	##	ď,
	F	Ē	¥	T e
	NG	fter	eath	E
	2	8. A	Ď.	.00
	E	Ē	afte	28
	A A	黑	SIT	E
	(L 0	07	2 ho	=
	PITA	ERA	7 0	1
	S	3	Ę	AN
	里	中	2	E
	1	1	3 E	AP
	Ħ	×	ă	=

	91-6381-033 _{Ite}	ms:28a.b.c.d.e.	f per N	MEO 11	/29/91 (7-681 reh	9	31762			
	91-6381-033 Items: 28a,b,c,d,e,f per MEO 11/29/91 G-681 reb 9 3 762 1- STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG, NO.										
_	REGISTRAR	CE	RTIFICA	ATE OF	DEATH		_				
	1. OECEDENT'S NAME (First, Middle, Lest) GEORGE	ANDREW		AKINS	3	2. DATE OF DEATH DO 10 2 9	9 19	3. TIME OF DEATH 4:01 P M			
		5. SEX 6. AGE (In yrs. les	t birthday) IF U	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)			
	210 00 1011	1 X M 2 □ F 29	YRS.	DAYS	HOURS MIN.	6/3/62		Maryland			
<u>«</u>	9e. FACILITY NAME (If not institution, give street				OR LOCATION OF	DEATH	9c. COUNTY OF DEATH				
15	6500 AMENDALE I	ROAD	B	ELTSV	ILLE		PRINCE GEORGE				
DIRECTOR	10a. STATE 10b. COUNTY	//	10c. CITY, TO	WN OR LOCAT	TON			10d. INSIDE CITY			
	Maryland Anne A	Arundel	Se	vern				LIMITS?			
PAL	10e. STREET AND NUMBER			10f.	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	1822 Blue Jay C		21144 United St								
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☒N IF YES, GIVE WAR OR DATES	MED O	If yes, spe	ENDENT OF HISPA ecify Cuben, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.) ify:	or No-	RACE — American Indian, Black, White, etc. Specify: White			
置	15. DECEOENT'S EDUCA' (Specify only highest grade co	ompleted) (Gir	CEOENT'S USUA	done durina mos	ON st of working	16b, KIND OF BUS	SINESS/INDUST	TRY			
PLE	Elementary/Secondery (0-12)	College (1-4 or 5+)	Do NOT use retir	1			AF.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Ме	chani	C	18 MOTHER'S N	Auton AME (First, Middle, Maiden	otive				
Ш	Robert H. Akin	ıs				rine Beam					
TO B	19e. INFORMANT'S NAME (Type/Print)		MAILING ADO	RESS (Street e	nd Number or Rura	I Annual Number, City or Town	n, State, Zip Coo	de)			
۲	Carole Jean Aki	lns 1				Severn M					
	204 METHOD OF DISPOSITION 201 DISPOSITION (Alarmon)										
	Fort Lincoln Cemetery 11/2 Brentwood Marylar										
L	. 26	Mag	-	Fort 3401	Lincol Bladen	n Funeral sburg Rd.	Home	,Inc. (20722			
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Description of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, such as cardiac or reapiratory arrest, and Death of the mode of dying, and Death of the mode of dying, and Death of the mode of dying, and Death of the mode of dying, and Death of the mode of dying, and Death of the mode of dying, and Death of the mode of dying, and Death of the mode of dy										
HH	reaulting in desth) LAST										
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions of	contributing to death but not re	sulting in the	underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE			
ME						_ \	_ NO	DF DEATH?			
ÿ											
Ö		IOSPITAL:	OTA	HED.	ACE OF DEATH (C						
14S	1 X YES 2 NO 1	Inpatient 2 ER/Outpatient 3 [DOA 4 🗆	Nursing Home		6 X Other (Specify) I N					
	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year) 10/29/91found	28b. TIME OF INJURY	26c. INJU WOR	RK?	28d. OEŞCRIBE HOW IN		IIIIaieu			
ВУ	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE OF INJURY - At hom	noon "	fectory, office	ES 2 NO	exhaust fur 281. LOCATION (Street or	and Museubas on Cl	west Devite March or			
TEC	6 Could not be determined	building, etc. (Specify)	reet	,		City or Town, Stete)	6500 B.	lk.Amendale Ro			
J.E	29e. CERTIFIER (Check only	N: To the best of my knowledge, dear		the time date of	and alone and di-	Beltsville					
COMPLETED	2 MEDICAL EXAMINER: (On the beels of examination and/or in	vestigation, in s	my opinion, de	ath occured at the	time, date end place, end	ner es stated,	use(s) end menner es stated.			
TO BE	29 ATTIRE AND TITLE OF CERTIFIER	vele MD			O . C . M .			-30-1991			
-	30 AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print) N • PE		REET B	ALTIMORE	MARYI	AND 21201			
	31. DATE FILED (Month, Day, Year) NOV 0 4 '91	32. REGISTRAR'S SIGNATURE Sulia Davidson									

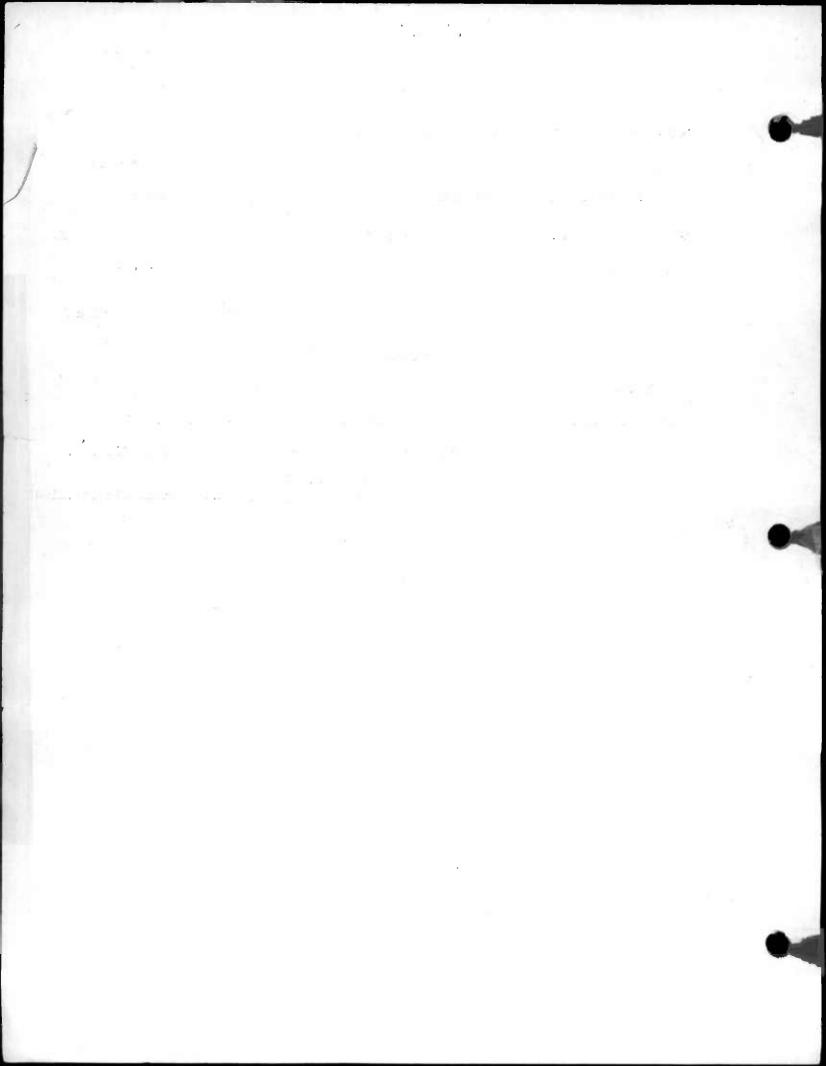


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT OF	HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) VALERIF	ALLEN				2. DATE OF DEATH	AY Y	EAR	AE OF DEATH	о м
	4. SOCIAL SECURITY NUMBER 577 - 80 - 8944 9a. FACILITY NAME (If not Institution, give	1 🗆 M 2 🖾 F	(In yrs. lest birthday) 35 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, John)	1950	BIRTHPLACE Country	(State or Foreign	
CTOR	PRINCE GEORGE'S	- 111	NTER	CHEV	ERLY	DEATN	PRING		RGE'S	
DIRECTOR	Maryland PG			Hyattsv				NSIDE CITY JMITS? YES 2 NO		
FUNERAL	3551 - 55th Ave			- 2	20782		10g. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 3NO	If yes, s	pecify Cuban, Maxic S 2 NO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	or No- 14.	RACE — Arr Black, White Specify: BLack		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th	JCATION e completed) College (1-4 or 5+)	IIII. Do NOI usi	rork done during m	ION ost of working	16b. KIND OF BU	SINESS/INDUS	ТЯУ		
	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Surname)			
3 BE	Reason Allen 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		a Caldwell I Route Number, City or Tow	n, State, Zip Co	ide)		
0	Bertha Allen		3551 5	55th Ave	., #11 F	Iyattsville	, Md 2	20782		
	20a. METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)		b. PLACE AND DATE Of the territory of oil larmony rie			DATE 20c. LO			rta	
	21. SIGNATURE OF FUNERAL SERVICE LI		lost	Lemue	ND ADDRESS OF F	odfork Fune	ral Ho	me	. D.C.	
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that cause List only one cause on,	d the death. Do no	ot enter the m	ode of dying, au	ch as cardiac or reap	ratory arreat	, /	Approximate interval Between	_
	iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Or Or Or OF									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
CAL	PART II. Other significant condition	a contributing to death	but for resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR	MED?	AVAILA COMPL	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE	S
PHYSICIAN: MEDI								OF DE	ES 2 NO	
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU	HOSPITAL:		OTHER:	LACE OF DEATH (CI					
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT DRK?	8 Other (Specify) 28d. DESCRIBE NOW I	NJURY OCCUR	ED		_
BÁ	2 Accident Investigation	28s. PLACE OF INJUR	M 1 🗆	YES 2 NO	281. LOCATION (Street a					
COMPLETED	4 Homicide detarmined	ouliding, etc. (Spe	City or Town, State)		turai Houte Nu	mper,				
OMPL	(Creck only CENTIFYING PNYSI	ICIAN: To the best of my know IR: On the basis of examination	viedge, death occurred on and/or investigation	at the time, date , in my opinion, o	and place, and due leath occured at the	n to the cause(a) and mar time, data and placa, an	ner as stated. If due to the ca	iuse(a) and m	anner sa stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIES		10.0	m	29c. LICENSE NU		29d. DATE ST			+
임	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type, I	Print)	DUI	7010	111	119		\dashv
	All DATE/FILED (Month) Dischar)	14 32: REGISTRAN'S SIGN	CARACT A VIV	·						



	1	REGISTRAR	SIAIE UP MAN			ICATE (REG. NO				
1		1. DECEDENT'S NAME (First, Middle, Last) NORGUET AM	IISIAL	Norgu	et	Amisia	1	V 1		3 9		TIME OF DEA	PM
(P		4. SOCIAL SECURITY NUMBER 5							7. DATE OF BIRTH (Month, Day, Year) 5-8-2	8.	BIRTHPL.	ACE (State or F	oreign
I so of the second seco	OR	9a. FACILITY NAME (If not institution, give stree Howard County Ger		pital		96. CITY, TO		LOCATION OF DE		9c. COUNTY		TH	
f. Pages 1,	DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland Howard	d			y, town on tumbia	OCATIO	ON			10d. INSIDE CITY LIMITS? 1 TYES 2		
physician. burial-transit permit. Pages	FUNERAL	10e. STREET AND NUMBER 5553 Cedar Lane						21044		U.S	S.A.	AT COUNTRY?	
	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	2. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O	YES 2 NO If yea, specify Cuban, Maxica				city Cuban, Maxicai	n, Puerto Ricen, etc.)		American Ind Whita, atc.		
ital or attending d for use as the	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co-		(Give life, Do	kind of v	USUAL OCCU	JPATIOI ing mos	N It of working	18b. KIND OF BU	ISINESS/INDUS	TRY		
8 6 A	w II	17. FATHER'S NAME (First, Middle, Lest) Unknown 18. MOTHER'S NAME (First, Middle, Melden Surneme) Augenia											
ay be retained that page 5 should the notified	TO B	19a. INFORMANT'S NAME (Type/Print) Cassandra Paul		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 5301 Five Fingers Way, Columb						, Md.,	210		
e 6 may rector, pa must b		1 Natural 2 Cremation 3 Removal from State 4 Donetion 8 Other (Specify) 3 SIGNATURE OF FINERAL SERVICE LICENSEE							E	11icoti	111111		
death.		· Harry H	. Witz			HAI 4112	RRY 2 0	H. WITZ	KE FUNERA	llicoti		ty.Md.	2104
24 nours at filled in by tion, or remother		23. PART I, Enter the diagrams, or con ahock, or have failure. Lie IMMEDIATE CAUSE (Final disease or condition	st only one cause of	on each ilna.		_			h as cardiac or real	oiretory arrea	t,	Approximinterval I	Between nd Daath
executed within 24 no and completely filled o burial, cremation, or matic event, the m	N	resulting in death) a. Sequentially list conditions, b.	Ventria DUE TO (OR Presum	ed N	Ny	o car	di	al Fu	farctin	,		mi	'n
death certificate be executivate to physician and control Hygiene prior to burianty, or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST											
the attending Mental Hygie		d.											
that the ed by the th and M any inju	MEDICAL								PRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		F CAUSE	
V: The law cate has be State Dept.	PHYSICIAN:		HOSPITAL:	Whitnesters 3	DOA	OTHER:		ACE OF DEATH (Ch	s Other (Specify)				
DR ATTENDING PHYSICIAN: The law requires DIRECTOR, After this certificate has been sign hours after death with the State Dept. of Heal item 28 is marked, or item 23 shows.	ву РНҮ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJI (Month, Day, Y	URY	28b. TIA	ME OF 21	8c. INJ	URY AT RK?	28d. DESCRIBE HOW	INJURY OCCU	RED		
OR ATTENDING FOR DIRECTOR: After thours after death item 28 is man	8	3 Suicide 8 Could not be determined	28a. PLACE OF IN- building, etc.		, ferm,	street, factory	y, office		281, LOCATION (Stree City or Town, State		Rural Ro	ute Number,	
보 기 시 등	COMPLET	7.4							a to the cause(a) and m a time, data and place,			end manner as	s stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE	tatang and Time	L. W) H	Howard		٠, د		D314	73	▶ ((15	Month, Day, Yea	
,		PATENCE A. TOYE,	MD 45	4565	He	-mloc	de	Cove W	ray Elli	cottat	7/h	0210	242
6		31. DATE FILED (Month, Day, Year) NOV 0 7 9 1	32 REGISTRAR'S	SIGNATURE									



	once.
	Ħ
	e notified
	must b
ď.	examiner m
n, or remova	event, the medical exal
n, 0	9
to burial, cremation	ent, th
at, c	5
pnq	atic
2	E
Dijoi	5
giene	other.
Ŧ	6
Menta	ny injury.
h and	Y
tealth	WS al
Jo.	ho
ept.	23 sho

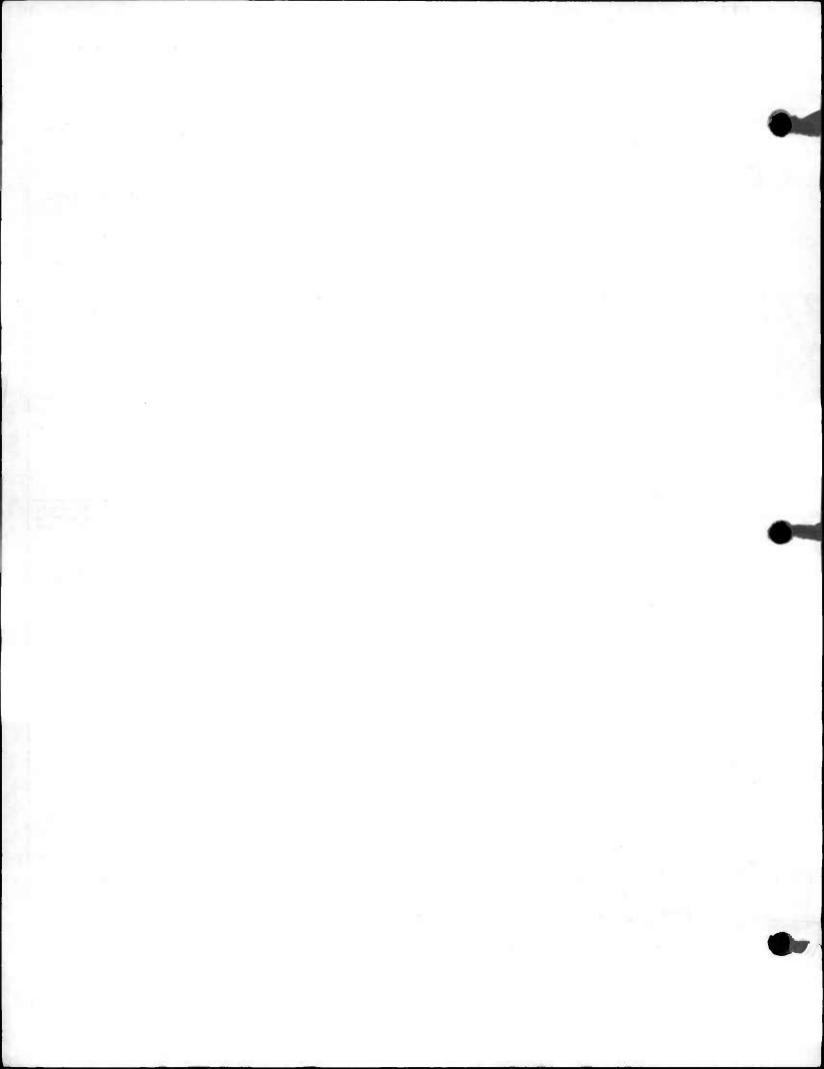
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
1. DECEDENT'S NAME (First, Middle, Last) GRACE	GRACE EU	LILEE BYEF	RS		2. DATE OF 1	DEATH DAY	YEAR	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER			IS. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.				6. BIRT	HPLACE (State or Foreign			
125-14-5966	1 🗆 M 2 💢 F) O YRS.	NTHS DAYS	HOURS MIN.		25-2	44	chmont, NY			
99. FACILITY NAME (If not institution, give s 2573 WOODBE RESIDENCE OF DECEDENT			,	F T VI L			3-19 CE	Georgeis			
10e. STATE 10b. COUNTY	ce benRqu	10c. CITY, T	OWN OR LOCAT	TON	. E			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
100. STREET AND NUMBER			101	ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?			
2513 West	d berry s	street		20782			U	ISA			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES 1F YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specif	n, Puerto Rice		5 Spec	CE — Americen Indien, ck, White, stc. city:			
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo	ON st of working	16b. KIN	D OF BUSINES	S/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Secret			De	pt of	State				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA							
Emmanuel S	ummers			Grac	Summ	ers					
19e. INFORMANT'S NAME (Type/Print)		1	,	and Number or Rural	Route Number,	City or Town, Sta	, , , , , , , , , , , , , , , , , , , ,				
Wade E. Byers		2513 Wo	odbury	Street:	Hyatt			20782			
20a. METHOD OF DISPOSITION 1 Burlat 2 Crematton 3 Rem 4 Donation 5 Other (Specify)		cemetary, crematory or Fort Linc	other place)_		OATE	20c. LOCATIO	ntwood				
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE / //		22. NAME A	ND ADDRESS OF FA				•			
I ma	renan		4217	all's Fu 9th Stre	et NW:	Mashii	ngton.	D.C.			
23. PART I. Enter the diseases, or shock, or heart failure.	complications that caused List only one cause on e	d the death. Do not ach line.	enter the mo	de of dying, suc	th as cardiac	Or reapirator	ry arreat,	Approximate interval Between			
IMMEDIATE CAUSE (Final disease or condition								Onset and Death			
resulting in death)	DUE TO (OR AS A	IGC A	ruhy 1	4414				minutes			
	A. Terras	(I dentile (and.	· colouk	· 1/2	(m.10		in which			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	_01-410	Vascou		0401		7 CH 2			
cause. Enter UNDERLYING CAUSE (Disease or injury	C										
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
	d										
PART II. Other algnificant condition	na contributing to death b	out not resulting in	the underlyin	g cause given in	Part i. 24	a. WAS AN AUTO PERFORMED		b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO			
					1	□ YES 2 💢		COMPLETION OF CAUSE OF DEATH?			
					_ I	A		1 TYES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 0 YES 2 □ NO	HOSPITAL:		THER:	LACE OF OEATH (CI							
27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 26a. DATE OF INJURY	patient 3 DOA 4		JURY AT		pecify) IBE HOW INJUF	Y OCCUREO				
1 Natural 5 Pending Investigation	(Month, Day, Year)	RULNI	Y W	YES 2 NO							
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre	et, factory, offic	20	26f. LOCATH City or T	ON (Street and A fown, State)	lumber or Rural	Route Number,			
29e. CERTIFIER	101AN 7- 4- 1		ALCOHOL:	2011/03/2012	53.5		1000				
enol	ER: On the bast of my know							(a) and menner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIE	B Dept	ty medices		29c. LICENSE NU				EO (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WI	4.44	EATH (ITEM 27) (Type, Pr	rint)	DO10		y . h-	11-2	21			
MAUI AT. IDEVURE	=,141) (20034	WEE 455 4	y Kd	17997	rsvill	11/1	101	4/			
11. DATE FILEO (Month, Dey, Year) NOV 0 4 '91	Live Davidson Ran										



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	1.24 hours after death. Page 6 may be retained by the hospital or attending physicia	y filled in by the funeral director, page 5 should be detached for use as the burial-training, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TOTHE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-treated within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremain, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF I	HEALTH AND	MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last						E OF DEATH		3. T	IME OF DEA	ТН	
	DIMILE	ALMAN	BR	ESNAHA	N	MONT	" o"	19	5 ⁸ 1 1	1:41	ам	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE	OF BIRTH th, Day, Year)	8.	BIRTHPLAC Country)	E (State or F	oreign	
	378-60-1367 May 19, 1944									gton.	D.C	
DIRECTOR	HOLY CROSS HO				R SPRIM			9c. COUNTY	TGOM	-		
Di Li	10a. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOCA								
1	Maryland Prin	ce George's		lelphi					100	INSIDE CIT LIMITS? YES 2		
RA	10105 Chickadee	Lano			1. ZIP CODE 20783			U.S		COUNTRY?		
FUNERAL	11. MARITAL STATUS	12 WAS DECEDENT EVER II	N II S ARMED		ENDENT OF HISPA	1110 00101						
	1 Never Merried 2 X Married	FORCES? 1 YES	2 X NO	If yes, ap	ecify Cuban, Maxic 2 [X NO Speci	an, Puarto	Rican, etc.)	or No — 14.	Black, Whi	merican Indi ta, stc.	len,	
BY	3 Widowed 4 Divorced	20 000 000	1 10	2 LA NO Speci	y.			SpecifiWh	ite			
TED	15. DECEDENT'S EDI (Specify only highest grad	UCATION de completed)	ON est of working	168	. KIND OF BUS	INESS/INOUS	TRY					
뿌	Elsmentary/Secondary (0-12)	College (1-4 or 5+)	teur Restauran									
COMPLET	17. FATHER'S NAME (First, Middle, Last)											
ŏ	William Alman B	rognobon			18. MOTHER'S NA							
BE	19s. INFORMANT'S NAME (Type/Print)	resilaliali	10h MAII INC	A000000 (01			nita S _l					
입	Dona Bresnahan			Number or Rural Route Number, City or Town, State, Zip Code) La. Adelphi, Maryland 20783								
	29 METHOD OF DISPOSITION	20h	PLACE AND DATE	E DISPOSITION /N	mand	1		NATION OF				
	1.A. Burial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	netary, crematory or of te of He	her place)	meterv	11/5	/91 Si 1	zar Sn	rina	Mari	1 and	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE / /	1	22. NAME AI	ND ADDRESS OF FA	CILITY			i riig,	riai y	Tanu	
	Hearne &	THOUSE			ge P. Ka						007/	
	23. PART I. Enter the diseases, or	complications that caused	tha death. Do n	of enter the mo	Oxon Hi	II K	d. Uxor	HILL	, Mar	y Land Approxim		
	ahock, or heart failure. List only one cause on each fine. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
F	reaulting in death) LAST	d.							į			
	PART II. Other aignificant condition	ng contributing to death b										
MEDICAL	The agricult condition	ins contributing to death bi	ut not reauting i	n the underlying	g cause givan in	Part I.	24a. WAS AN / PERFORI		AVAIL	AUTOPSY F	TO	
						-	VES 2	□ NO		PLETION OF (EATH?	CAUSE	
									16	YES 2 🗆	NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00.00	ACE OF BEATH OF							
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	etlant 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch							
Ä	27. MANNER OF DEATH	26s. DATE OF INJURY	28b. TIME	OF 28c, INJ	5 Residence		r (Specify) CRIBE HOW IN	ILIEN OCCUPI	E0.			
ВУР	1 Netural 5 Pending	(Month, Day, Year)	INJU		RK?	200.00	JOINDE HOW IN	JOH! OCCOM				
	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, larm, street, lectory, office 28s. I							nd Number or R	Rural Floute N	lumber.		
	4 Homicide determined	building, etc. (Speci			City	or Town, State)						
COMPLETED	298. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	edgs, dasth occurre	d at the time, data	and place, and due	to the car	rea(s) and man	or an elelad				
S S	one) 2 MEDICAL EXAMINE	ER: On the basis of examination	and/or investigation	n, in my opinion, d	sath occured at the	time, dats	and place, and	dus to the ce	use(s) and i	nenner se s	tstad.	
	SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUM			29d. DATE SIG				
O BE	mayou help	full fro			O.C.M.			P11/				
2	30. NAME AND ADDRESS OF PERSON WE		ATH (ITEM 27) (Type,	Print)	5.5.11.			/	02/1	<i>, , ,</i> ,	-	
		LOREU	111 PEN	N STRE	ET BAL	TIM	ORE, I	ARYI.	AND	2120	, 1	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE									

OF STREET

O Am DE sessi

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETED BY PHYSICIAN: MEDICAL

2

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNEFAL DIRECTOR: After this carefuldate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundarians:		CB.
nay be retained by the	, page 5 should be d		st be notified at o
after death. Page 6 n	by the funeral director	Illovali.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
uted within 24 hours	I completely filled in I	man, cremanom, or re-	ic event, the med
th certificate be exec	ending physician and	u rrygiene pnor to bu	or other traumati
requires that the dea	een signed by the att	or realth and Menta	shows any injury,
PHYSICIAN: The law	this certificate has b	with the State Dept.	rked, or Item 23
TAL DR ATTENDING	SAL DIRECTOR: After	72 hours after death	If item 28 is ma
TO THE HOSP	TO THE FUNE	be filed within	IMPORTANT

								913	17	67			
	FOR 1 - STATE REGISTRAR	STATE OF MARY				EALTH AND I		GIENE 3. NO.					
	1. DECEDENT'S NAME (First, Middle Sydney 4. SOCIAL SECURITY NUMBER 225-48-004	fay) IF UN	## 2. DATE OF DEATH DATE OF BIRTH MONTHS DAVB HOURS MIN. (Month, Day, Vear)										
TOR	9a. FACILITY NAME (If not institution, give street and number) Holy Crass Hospital RESIDENCE OF DECEDENT				CITY, TOWN OR LOCATION OF DEATH Silver Spring Mont					romery			
DIRECTOR					N OR LOCAT				10d. INSIDE CITY LIMITS? 1 → YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	100. STREET AND NUMBER 4573 AKRON STREET				101	20748		STATES					
} B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 JIF YES, GIVE WAR OR DATES			1 VES 2 NO Specify: Specify:					— American Indian, c, Whita, atc. fy: ACK				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 11 College (1-4 or 5+)			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done of using most of working (file. Do NOT use retired.) SPECIAL POLICE METRO									
BE CO	17. FATHER'S NAME (First, Middle, Lest) HENRY BANKS 16. MOTHER'S NAME (First, Middle, Maiden Surname) ELISHA HOFFMAN												
2	19a. INFORMANT'S NAME (Type/Print) BARBARA BANKS			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4573 AKRON ST TEMPLE HILLS MD 20748									
	20a. METHOD OF DISPOSITION 1												
	21. SIGNATURE OF TINERAL SERVICE LICENSEE LICENSEE 22. NAME AND ADDRESS OF FACILITY ALEXANDER S POPE FUNERAL HOME 2617 PA AVE SE WASH DC 20020								0				
	23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Final	ea, or complications that cau allure. List only one cause of	eed the death. n each line.	Do not ar	ntar tha mo	da of dylng, auc	h aa cardiac o	r reapiratory a	rreat,	Approximata Interval Between Onset and Death			
	disease or condition a. Kes present failure But TO (OR AS A CONSCOUENCE OF):												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Due to con a	tral f as a consequence atoru	760 408	itis				7.3				
ERTIFI	that initiated events resulting in death) LAST												

PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH

1 Natural
2 Accident
3 Suicide

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Nopetient 2 ER/Outpetient 3 DOA OTHER:

ne 5 🗆 Rasidence 8 🗆 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26b, TIME OF INJURY M 1 YES 2 NO 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Steoporosis w/ Rib+ vertebalfx

4 Homicide

29a. CERTIFIER (Check only one)

296. SIGNATURE AND TITLE OF CERTIFIER

MULLIPSE

D2192

29d. DATE SIGNED (Mgnth, Day, Year)

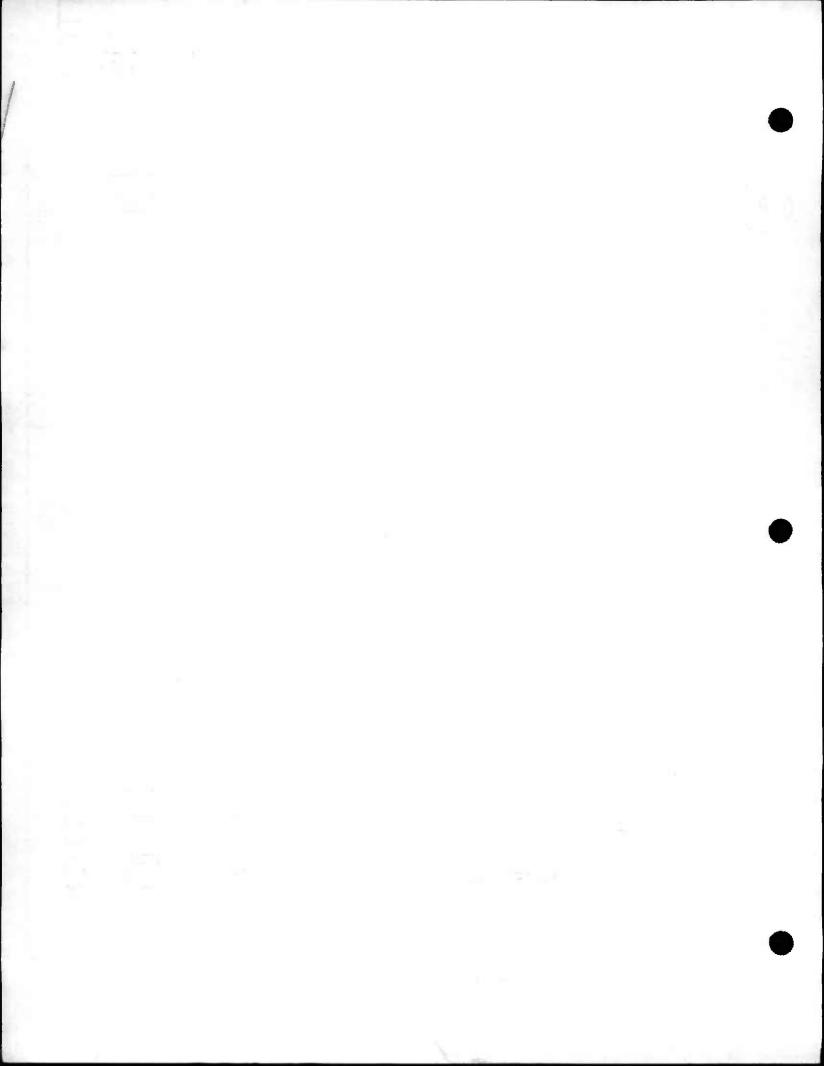
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HERBERT

10313 GEORGIA AVE. SILVER SPRING MD

32. REGISTHAR'S SIGNATURE NOV 05 199





sician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. As filed within 72 hours, after death with the State Deor, of Health and Manial Hydiene prior to burial cremation or removal.	
or attending ph	or use as the bu	
by the hospital	d be detached for	s at once.
may be retained	or, page 5 shoul	ust be notified
THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wors after death. Page 6 may be retained by the hospital or attending physician.	the funeral direct	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IN 2+ Jurs aft	sly filled in by a	, the medica
e executed with	an and complete	umatic event
ath certificate b	ttending physicial	, or other tra
ires that the de	signed by the ar	ws any injury
N: The law requ	State Deot. of 1	item 23 sho
DING PHYSICIA	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the further than the completely filled in by the further than within 72 hours after death with the State Deot, of Health, and Mental Hymlene notic to hurial cremarism, or removal	s marked, or
ITAL OR ATTEN	RAL DIRECTOR: 72 hours after	If item 28 i
THE HOSP	on filed within	IMPORTANT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

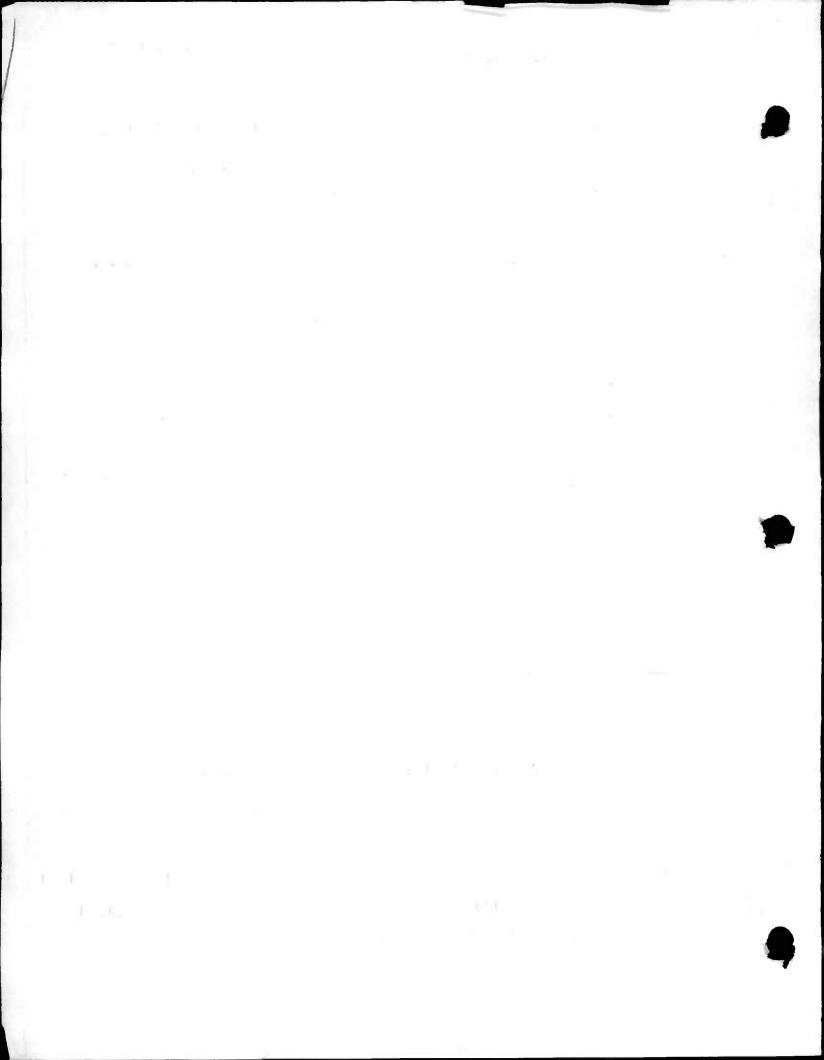
91-6411-510 II per MEO G-6 Item 2 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH	J.		3. TIME C	F OFATN	
	Kimberlie Ann BROOKS								10 31 DAY 1991 2:40 A						
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthd	my) IF UN	IF UNDER 1 YEAR			7. DATE OF BIRTH			BIRTHPLACE (State or Foreign			
	214-70-2471	1 🗆 M 2 🗔 F	35 YRS.			B DAYS	HOURS	MIN.		(Month, Day, Year)		Country)			
_	9e. FACILITY NAME (If not institution, give street and number)					ITY, TOWN	Sept. 18,1956 Michigan TY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN								
DIRECTOR	SHOCK TRAUMA UNIT					BAL	ALTIMORE CITY								
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OF											T	lod. INSI	E CITY	
	Maryland Prince George's New Ca								LIMITS? 1 YES 2 V NO						
FUNERAL	6411 Carrollton Ct.					101. ZIP CODE 20784				10g. CIT	109. CITIZEN OF WHAT COUNTRY? U.S.A.				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp	CENDENT (Decity Cubi 2 2 .NO	an, Mexico	ANIC ORIGIN? (Specify Yee or No— een, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. Specify: Caucasian						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	1	Isa. DECEDEN	T'S USUAL	OCCUPATI	ON ost of worki	ina	18	b. KIND OF B	USINESS/INI		abrair -		
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5	-)	life. Do NO	T use retired	d.)	or or work	9		NT / 7N					
	12th 17. FATHER'S NAME (First, Middle, Last)	N/A		N/A						N/A					
BECC	Ronald J. Brooks									Middle, Meide Curti					
일	190. INFORMANT'S NAME (Type/Print) Ronald C. Brooks			19b. MAIL 608	ing AODRI Eldr	ess (Street of	nd Numbe	Silv	Route Num	ober, City or To Spring	wn, State, Zip Md. 2	Code)			
	20e. METNOD OF DISPOSITION 1X Burtel 2 Cremetton 3 Ramo	evet from State	20b. P	LACE AND DA	TE OF DISP	OSITION (N	eme of		DA	TE 20c. L	OCATION —	City or Town	Ity or Town, State		
	4 Donation 5 Dither (Specify)	-	Ged	ar Hi	11 Ce	meter	cy	11	4 9	1 Su	itlar	d. Ma	rvla	and	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/	11	2	2. NAME A	ND ADDRE	SS OF FA	CILITY -	Lee Fu	neral	Home	, In	nc.	
	1/10/	Me	26			6633	Old	Alex	xand	er Fer	ry Ro	l Clir	ton	Md 20	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac ehock, of heert fellure. List only one ceuse on each ilne. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF):									inte	roximete rvai Between et end Death					
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury														
EHIL	that initiated eventa resulting in deeth) LAST	DUE TO	(OR AS A C	ONSEQUENCE	OF):										
	PART II. Other eignificant conditions		deeth but	not regultin	ng in the	underlyln	g cause	given in	Part i.	24e. WAS A				PSY FINDINGS	
MEDICAL	SCHIZOPHA	- A LUTS								NO ES	RMED?	0	OMPLETION DEATHY	PRIOR TO ON OF CAUSE 2 NO	
	25. WAS CASE REFERRED TO MEDICAL					00 80	10F 0F D	FATAL (C)							
THE SICION.	EXAMINER?	HOSPITAL:	VERIOUS	lent 2 🗆 DOI	ОТН	ER:	ACE OF D								
	27. MANNER OF DEATN	28a. DATE OF	INJURY	28b.	TIME OF	28c. INJ	URY AT	nsidence	_	er (Specify) SCRIBE NOW	INJURY OC	CURED	-		
1 Negural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 2 See. PLACE OF INJURY — At home, term, street, factory, office 5 SUBJECT FELL, STRUCK FELL S						CK HEA									
						HOSPIT									
CMPL	29e. CERTIFIER (Check only one) t CERTIFYING PNYSIC XXX MEDICAL EXAMINER												nd menn	er es stated.	
	296 SIGNATURE AND TITLE OF CERTIFIER							ENSE NUR				E SIGNED (A		A PERCHA	
B B	Mayint Buc	hell						OCMI			▶10	3		1991	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH	N (ITEM 27) (7)	pe, Print)										
	MARY ANDO DIC	Draw 11	1 PE	ENN S	TREE	T I	BALT	IMOI	RE,	MARY	LAND	2	120		

NOV 0

Sulia Savidson-Randall

1991



퍥	闄	ı	
d	E III		
IU.	ransit p		
hysicia	ourial-tr		
ding p	s the l		
or afte	r use a		
ospital	thed for		-
the h	e detac		t onc
ined by	d bluor		fled a
be reta	ge 5 st		e not
6 may	tor, pa		nust b
Page .	al direc		Iner n
r death	e fune	al.	ехат
irs afte	in by th	remov	edical
24 hou	filled i	ion, or	the m
within	npletely	cremal	vent,
xecuted	and cor	burial,	atic e
te be e	sician	prior to	traum
certifica	fing phy	ygiene	other
death	e attend	lental H	שרץ, סר
hat the	d by th	and N	my In
quires t	n signe	f Health	e swo
law re	as bee	Dept. o	23 sh
AN: The	ificate !	State	r Item
HYSICI	his cert	with the	ked, o
DING P	After t	death	s mar
ATTEN	ECTOR:	rs after	n 28 i
TAL OR	AL DIR	72 hour	# Item
HOSPI	FUNER	within	TANT
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit was	be filed	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

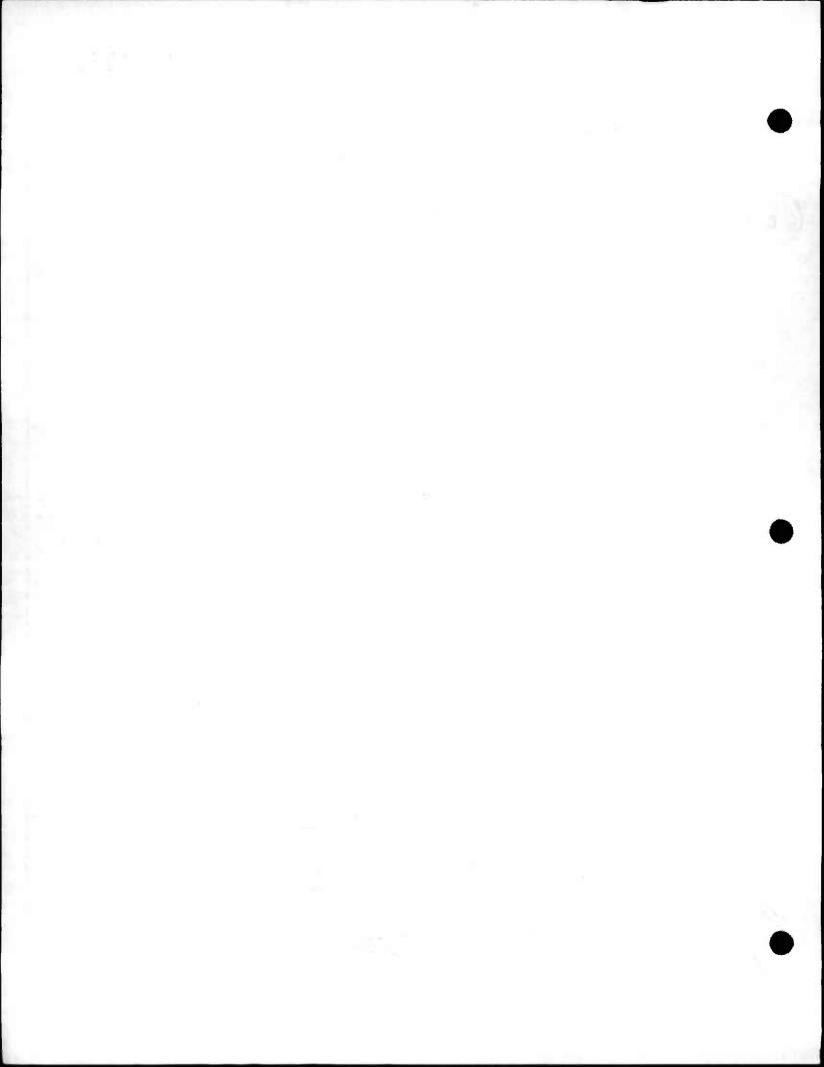
	FOR	STATE OF MARYL	AND / DEPAR	TMENT OF H	IEAITH AND		<i>J</i> 1 \	31769
	1 - STATE REGISTRAR	OTATE OF IMARTE		ICATE OF		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	lee Broa	Linto	_		2. DATE OF DEATH	(V)	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	(30 0)1	In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	6	4	400TT M
		1 M 2 F		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
	173-32-1744 9e. FACILITY NAME (If not institution, give st		51 YRS.	OF CITY TOWN C	OR LOCATION OF D	2-28-40	Pa.	
Œ		III A	CAIN	Charles				
12	Physicians Memorial Hospital La Plata Char:							naries
DIRECTOR	10s. STATE 10b. COUNTY	TE 10b. COUNTY 10c. CITY, TOWN OR LOCATION						
	Md. C		LIMITS? 1 ☐ YES 2 XX00					
¥	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
Ë	2081 Edinburgh	Court			20602		Ţ	JSA
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDENT EVER IF FORCES? XXYES IF YES, GIVE WAR OR DO	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexico NO Specific	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:	or No— 14	RACE — American Indian, Black, White, etc. Specify: White
03	15. DECEDENT'S EDUC		18e. DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INDUS	TRY
ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	est of worlding			
를	12		Tri	ack Driv	er	Li	quor s	Stores
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumame)	
BE	Howard C. Broad	lwater			Cleo	Murphy		
TO E	190. INFORMANT'S NAME (Type/Print) Carol Broadwat	er		me as 10a		Route Number, City or Tow	n, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 11-9-91DATE of cemetary, crematory or other place) Resurrection Cemetery 20c. LOCATION - City or Town, State Clinton, Md.							n,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735							
	23. PART Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Dimplications that caused List only one cause on e	the deeth. Do ach line.	not enter the mo	de of dying, suc			Approximate Interval Between Onset and Death
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE O	DF):				
E	resulting in death) LAST	d						
PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTHOR PERFORME 1 YES 2 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Input Inpu							RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
z								
\frac{4}{5}	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)		
Š	YES 2 NO		patient 3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residenca	6 Cher (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 29b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO						RED
3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)							and Number or)	Rural Route Number,
COMPLET	one)	CIAN: To the best of my know R: On the besis of examination						cause(a) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH) Chy (0	Don't 1	NB	D273	MBER 48	29d. DATE S	SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) O'DOR. Print)

Haft PD BOX 1447 Walter W

31. DATE FILED (Morith, Dey, Yber)

NOV 07 199 Julia Javidson-Randelle DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, ceremation, or removal.	BALTIMORE, MARYLAND 21215-0020 firer death. Page 5 may be retained by the hospital or attending physic in the funeral director, page 5 should be detached for use as the burian loval.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ist be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last) Hilda Beatrice				2. DATE OF DEATH	AY 1991	3. TIME OF DEATH				
		5. SEX 6. AGE (In yrs. I	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-12-19	Count	HPLACE (State or Foreign ry)				
TOR	Livingston Health Center RESIDENCE OF DECEDENT 96. COUNTY OF DEATH Ft. Washington 96. COUNTY OF DEATH Prince Geo										
DIRECTOR	Maryland Char.	les	10c. CITY, TOWN Wal		10d. INSIDE LIMITS? 1 YES 2						
FUNERAL	124 Stoddert A	venue		101. ZIP CODE 20602		10g. CITIZEN OF					
Β¥	11. MARITAL STATUS 1 Never Married 2 Married 3 X Modowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES X X IF YES, GIVE WAR OR DATES	ARMED 13.	WAS DECENDENT OF HISPA II yea, specify Cuban, Maxic 1 YES 2 NO Specif	an, Puarto Rican, atc.)	Black	E — American Indian, k, Whita, aic. ite				
COMPLETED	12		SUPERVO SUPERVO SUPERV	during most of working		siness/industry					
BE CO	17. FATHER'S NAME (First, Middle, Last) William Webster				n Rebecca						
2	19a. INFORMANT'S NAME (Type/Print) Carolyn Lunn		30 St.	S (Street and Number or Rural Charles Pl	Aoute Number, City or Town ace, Runr	n, State, Zip Code) nemede,	NJ 08078				
20a, METHOD OF DISPOSITION 1 Oburtal 2 Cremation 3 Removal from Stale 20b. PLACE AND DATE OF DISPOSITION (Name of computery graphstry of quiter fletter) 20c. LOCATION — City or Town, Stale 20c. LOCATION — City or Town, Stale Computery of quiter flettery 11-9 Suitland, MD											
	Michael Blan	kenship M008		Intt Funer . 0. Box 1		orf. Md	. 20604				
	23. PART I. Enter tha diseases, or con ahock, or heart failure. Lia IMMEDIATE CAUSE (Final disease or condition resulting in death)	Spirai	tin 1	the mode of dying, such	h as cardlac or respli	ratory arreat,	Approximate interval Batween Onset and Death				
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
CAL CEI	PART II. Other algnificant conditions of	contributing to death but not	reaulting in the un	derlying cause given in	Part I. 24a, WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS				
MEDI			-		PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:		OSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)						
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpatient 2 ER/Outpatient : 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED					
	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY — At he building, etc. (Specify)	oma, farm, atreet, lact	ory, office	281. LOCATION (Street as City or Town, State)	nd Number or Rural R	oute Number,				
COMPLETED	2 MEDICAL EXAMINER: C	N: To the best of my knowledge, do	eath occurred at the ti	me, data and place, and dua pinion, death occured at the	to the cause(a) and mane	ner as stated.	and manner as stated,				
TO BE	POLISIONATURE AND TITLE OF CERTIFIER	MAD	Altur	29c LICENSE NUN	16ER 1753 S	29d. DATE SIGNED	(Month, Day, Year)				
	NAME AND ADDRESS OF PERSON WHO C		Y 27 (Type, Print)								
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNATURE	Harple M.								

YEAR

3 TIME OF DEATH

REG. NO

2 OATE OF DEATH

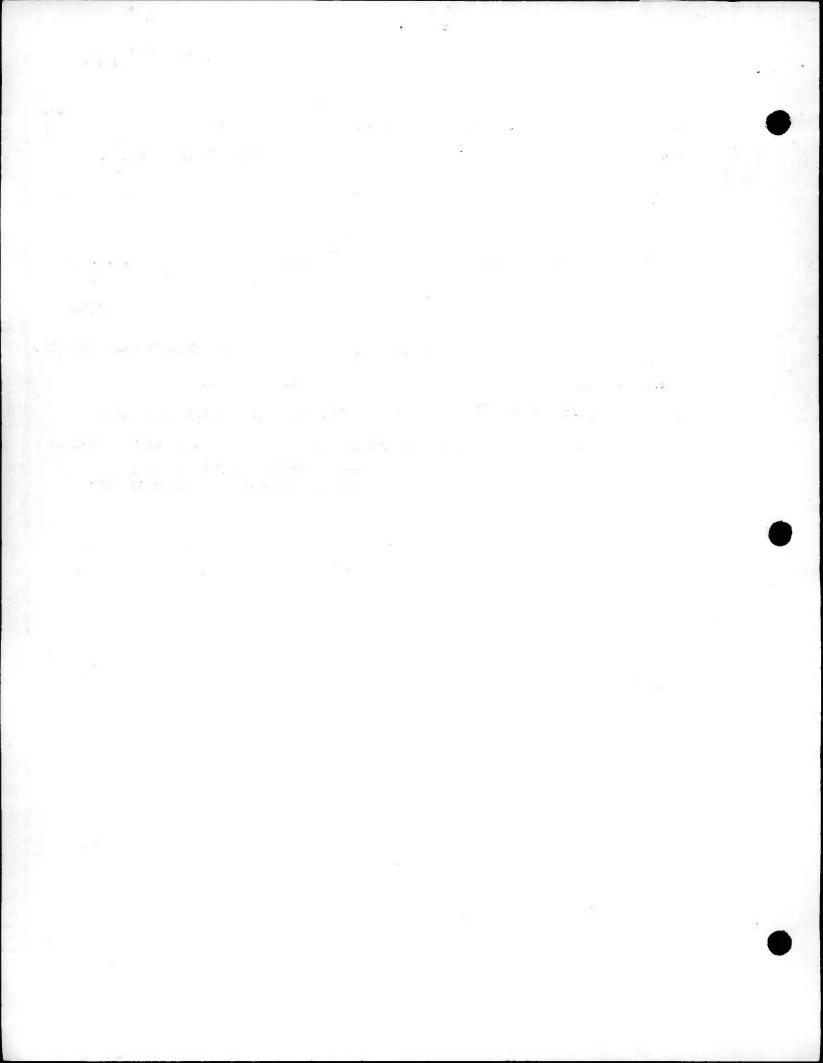
FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

CURTIS A. BAIRD WRTIS BAIRD 2:28 PM 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. Petina. 199 46 6133 Jan 6, 1957 9s. FACILITY NAME (If not institution, give 9b. CITA TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 100 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY HOW ARD mp ELLICOTT CIT 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21042 9614 Splendid View Court page 5 should be detached for use as the buriet exert hours after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, alc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elamentary/Secondary (0-12) College (1-4 or 5 +) Controller Mid Atlantic Coca Cola Co. COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Betty Jo Guzick Merle L Baird 듆 BE notified 19a. INFORMANT'S NAME (Type/Print) Julienne Baird 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9614 Splendid View Ct. Ellicott City 21042 pe 20a. METHOD OF DISPOSITION
1 □ Burial 2.35 Cremation 3 □ Ramoval from State
4 □ Donation 6 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata
Catonsville Maryland this certificate has been signed by the attending physician and completely filled in by the funeral director, p with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. rked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must Metro Crematory Inc 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Harry And Andres of Acit Funeral Home Inc 4112 Old Columbia Pikeellicott City 4 arri 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory street, ehock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 TANO OF DEATH? 1 YES 2 4NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | ADOA me 5 Residence 6 Other (Specify) 4 - Nursing Hor marked, or 27. MANNER OF DEATH 28a, DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ After 1 death 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)) THE HOSPITAL OR ATTENOIN) THE FUNERAL DIRECTOR: Af) filed within 72 hours after de 28 is 6 Could not be determined 6 4 Homicide ᆸ Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. ROMPL TO THE HOSPITAL
TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If it 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. Deplity 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE D31473 Howard Co 91 D 11 MN 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9 456 THEM LOCK CONEWAY ELLICOTICITY MD 21041 PATERICE ATORE, MD 0 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Rendell DHMH-16 Rev 1/89

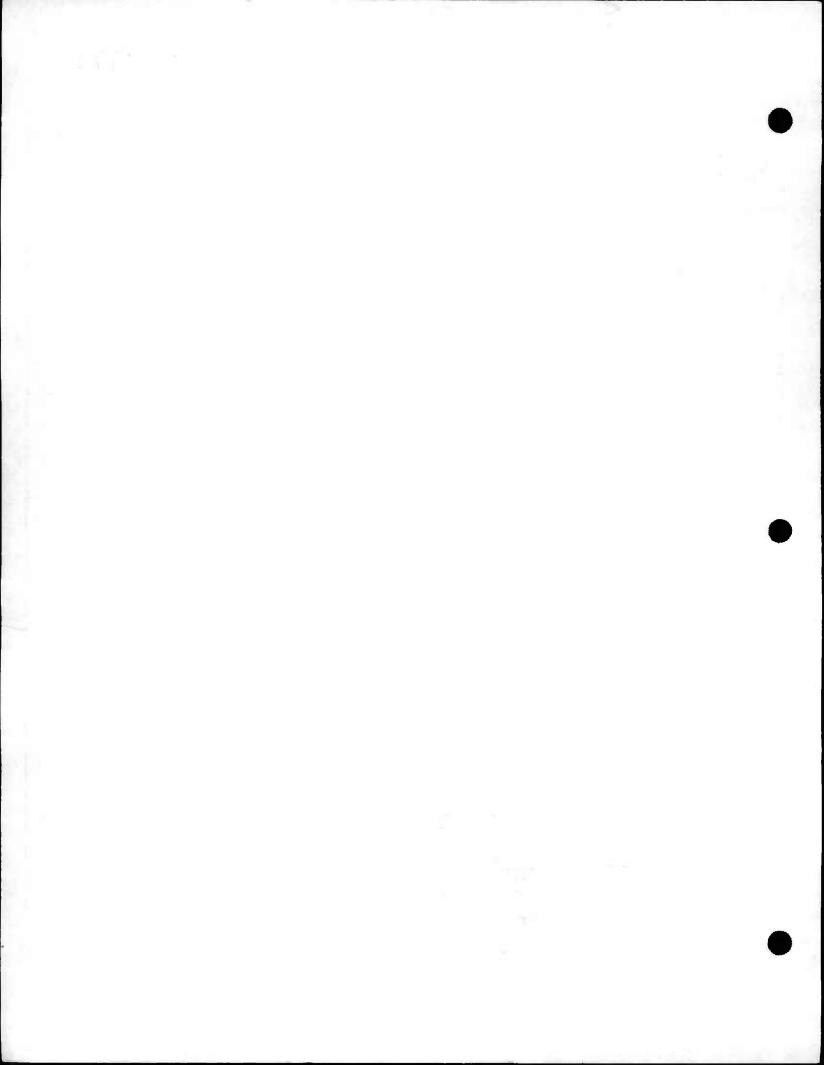
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

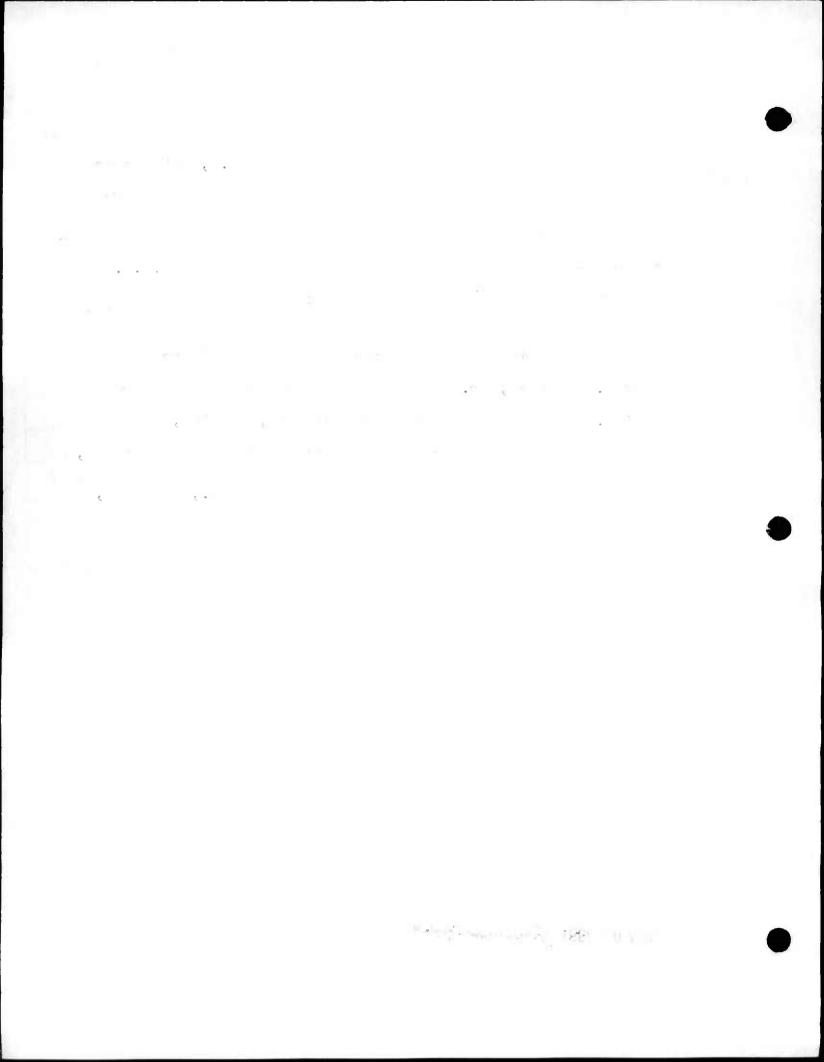
		1. DECEDENT'S NAME (First, Middle, Last)						DEATT	2.	DATE OF DEATH		YEAR 3.	TIME OF DEATH
1				Hallbac				Brown	. 00	ctober 29		91	9:15 A.M.
(P)	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		MONTHS DA		HOURS N		OATE OF BIRTH 19		8. BIRTHPLA Country)	ACE (State or Foreign
13.3		578-44-6861 90. FACILITY NAME (If not institution, give a	1 M 2 F	87	YAS.	at Olan zon	un.	OR LOCATION		ebruary			Island
. 45	cc/	The second secon								c. COUNTY OF DEATH			
OF HERMAN	Hyattsville Manor Nursing Home Hyatt								<u>Te</u>		_Pri	nœ G	eorges
Pages 1	DIREC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCAT	TION				10	d. INSIDE CITY LIMITS?		
₹.		District of Colum	bia			Washir	ngt	ton				1	YES 2 NO
permit.	₹ I	The street and number and substitution of the street and substitution of the street and su										IZEN OF WHA	T COUNTRY?
an. ransit	Ä	3923 New Hampshi					L	2001				ted S	
al or attending physician.	5	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 X	RMED NO	If ye	s, sp	ecify Cuban, A	Mexicen, Pu	RIGIN? (Specify Yes Jerto Ricen, etc.)	or No—	Black, V	American Indian, Thite, etc.
the b	B	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		10	YES	2 NO	Specify:			Specify:	Black
attending ise as the	G	15. DECEDENT'S EDUC (Specify only highest grade		18a. D	ECEDENT'S	USUAL OCCU	PATIC	DN of working		16b. KIND OF BUS	SINESS/INC	DUSTRY	
for us	ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT us	e retired.)				George	Wash	ingto	n Universi
the hospital or detached for u	COMPL		years	Li	cense	d Prac	cti	ical N	urse	HOS	pita	1	
detach	2	17. FATHER'S NAME (First, Middle, Last)						18, MOTHER	R'S NAME (First, Middle, Maiden	Surname)		
d be	BE	William		Hallb					orgia				nson
5 should notified	10	19e. INFORMANT'S NAME (Type/Print)								Number, City or Tow			
may be r or, page 5 ust be n		Faye C. Scott (c							N.E.	Washingt			
er death. Page 6 may be the funeral director, page wal.		20a, METHOD OF DISPOSITION 20 Burlel 2 Cremetion 3 Rem	oval from State	of cemetar	v. crematory	or other place	9)					City or Town	
direc		4 Donation 5 Other (Specify)	ENSEE \	- TITIO	OIN M	emoria 22. NAM		ND ADDRESS		rv			ryland
death. Page 6 tuneral directo I. examiner mu	18	Days DLA	1	0.	0.					Latney'			
9 4 9													2. 20011 Approximate
executed within 24 hours after and completely filled in by the burial, cremation, or removematic event, the medical		23. PART I. Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. CONGE		e. EART	FAILU					1382		Interval Between Onset and Death
ertificate be ing physician giene prior t other trau	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. INFERIOR WALL MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): c. Due TO (OR AS A CONSEQUENCE OF):											
E 5 - 0	B	d.										+	
		PART II. Other algorificent condition	_				-			t I. 24s. WAS AN PERFO		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
uires that signed b Health ar DWS amy	MEDICAL	ATRIAL FIBRILI		CHRONIC	PULM	DNARY	DI	SEASE,		1 TYES	NO		OMPLETION OF CAUSE F DEATH?
- o e	-	PRESSURE SORES					_					1	YES 2 NO
	Ä	25. WAS CASE REFERRED TO MEDICAL											
N: The icate h State [ਹੁ	EXAMINER?	HOSPITAL:			OTHER:		LACE OF DEA					
certification the	PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		28b. TIN			JURY AT	_	Other (Specify)	NJURY OC	CURED	
NG PHYSI fter this c eath with marked,		1 Natural 5 Pending		Day, Year)		JURY	WC	YES 2					
TTENDI TOR: A after d	ETED BY	2 Accident 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — At I I, etc. (Specify)	home, farm,	street, factory,	, offic	Ce Ce	26	f. LOCATION (Street City or Town, State)		or or Runal Rou	te Number,
DIR Hour	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI											nd manner ee stated.
To the Hospital To the Funeral De filed within 72 IMPORTANT: If	TO BE C	296. SIGNATURE AND TIPLE OF CERTIFIE	lif	, Mi	D.			29c. LICENS	SE NUMBE			TE SIGNED (A	
		35. NAME AND ADDRESS OF PERSON WE Stuart Turkewi					. -	na Paril		d 400	a	1 2.	20770
		31. DATE FILED (May Pay, Year)	32. REGISTE	AR'S SIGNATURE	reeuw	ay cen	te	T DII	ve,St	ute 430;	Gree	nbelt	Maryland
		31. DATE FILED (NO 89% Year) 5 19	191	AR'S SIGNATURE	ion-lifar	dell							



BALTIMORE, MARYLAND 21215-00	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	val.
	4 nours after	filled in by t	on, or remov
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within 2-	is been signed by the attending physician and completely fi	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL	OR ATTENDING PHYSICIAN: The I;	DIRECTOR: After this certificate has	hours after death with the State De

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Buckalew RUPET+ 3 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH 38-3503 1- 1 2 □ F Feb.9, 1932 Texas 9a. FACILITY NAME (If not in 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Arunde DIRECTOR Medical Conter Anne Arunde 2, 3 RESIDENCE OF DECEDENT Pages 1 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Lothian 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? rial-transit 885 Marlboro Road 20711 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yea, specify Cuban, Maxican, Puarto Rican, atc.) IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify. Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) + Military Defense notified at once. 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rupert E. Buckalew, Sr. BE Mary Frances Gilmore 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Naomi F. 885 Marlboro Road, Buckalew Lothian, MD 20711 be 20a. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 IM 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE 4 Deflition 5 Other (Specify) 11/9 Cemetery Davidsonville, MD examiner SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 147 Gloucester St., Annapolis MD medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or haart failure. List only one cause on each line. Intarvai Batween **IMMEDIATE CAUSE (Final Onset and Death** Myocardial exportion the disasse or condition event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): 18years oronany traumatic CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated evants resulting in death) LAST 0 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any 1 YES 2 NO COMPLETION OF CAUSE of Healt 1 YES 2 NO been : Dept. OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL DIRECTOR: After this certificate his hours after death with the State Differ 28 is marked, or item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2| ER/Output 1 TES 2 NO OTHER: ng Homa 5 ☐ Rasidenca 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, 16ar) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Matural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, lectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1655 Cro and MDZIIIL

ST. REGISTRAR'S SIGNATURE LAND



	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR CERTIF	TMENT OF H	EALTH AND M DEATH		GIENE	0 1	113	
	1. DECEDENT'S NAME (First, Middle, Last)				Ī	2. DATE OF D	EATH DAY	YEAR	3. TIME OF OEATH	_
	DAN	IEL T. BROW	N				1991	TEAN		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,		8. BIRTHP	LACE (State or Foreign	_
	216-28-7831	X[X] M 2 □ F 6.	5 YRS.	MONTHS DAYS	HOURS MIN.		1926	, ,	ARVI.AND	
V	9a. FACILITY NAME (If not Institution, give s	street and number)		9b. CITY, TOWN O	R LOCATION OF DEA	ATH	9c. COUN			
qron	ANNE ARUNDEL	MEDICAL CENT	TER	ANNAPO	LTS		AND	E-A	RUNDEL	_
一篇	10s. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOCATI	ON		***		10d. INSIDE CITY LIMITS?	_
DIRE	MARYLAND AND	NE ARUNDEL	AN	NAPOLIS					1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZ	EN OF WI	HAT COUNTRY?	
剪	219 GROSS AVE				1401			. A.		
<u> </u>	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEOENT EVER IN U FORCES? 1 Tyes	2 100	If yes, spe	ENDENT OF HISPANI ocity Cuban, Mexican	, Puerto Rican,		14. RACE Black,	— American Indian, White, etc.	
₽	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OAT	ES	1 🗌 YES	XXNO Specify.			Specify R	LACK	
ED	15, DECEDENT'S EDU			USUAL OCCUPATIO		16b, KIND	OF BUSINESS/IND		LIIOR	-
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ilfe. Do NOT us		st of working					
를			CA.	RPENTER						
COMP	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	AE (First, Middle	, Malden Surname)			
111	CHARLES C. BI	ROWN			ED	NA CA	RTER			
TO BI	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street at	nd Number or Rural R	oute Number, Ci	ity or Town, State, Zip	Code)	•	
۴	ELSIE MITCHELI					APOLI	S, MD.	214	01	_
	20a. METHOD OF DISPOSITION 1 M Burial 2 □ Cremation 3 □ Ram	noval from State	other place)	SITION (Name of cert			20c. LOCATION —	Ity or Tow	vn, Steta	
	4 Donation 5 Other (Specify)		<u> IELAWN</u>	MEM. P			ANNAPO	LIS	MD.	_
	21. SIGNATURE OF FUNERAL SERVICE LI	1			SE & SO		RTUARY,	D	٨	
	Larry,	J. Reese	•				POLIS.			
	23. PART I. Enter the disesses, or	complications that caused to							Approximate Interval Between	-
	IMMEDIATE CAUSE (Finsi	List Only One Couse On est	ati milio.	1					Onset and De	
	disease or condition resulting in deeth)	· Cereb	rock	Melo	1 alls	ans				
		DUE TO (OR AS A C	CONSEQUENCE O	F):						
	Sequentially list conditions,	b. DUE TO OOR AS A C	es veri	5/07						_
RTIFICATION	If any, lesding to immediate cause. Enter UNDERLYING	DOE TO (OH AS A C	CONSEQUENCE O	rr):						
TIFIC	CAUSE (Disesse or Injury that initieted events	C- DUE TO (OR AS A C	CONSEQUENCE O	P);						_
E	resulting in deeth) LAST	4								
U		u								_
ICAL CE	PART II. Other significant condition		t not resulting	In the underlying	g ceuse given in	Part I. 24a	PERFORMED?		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	
100	- Concert	assey	alon	4		_ 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	É
MED						_			1 YES 2 NO	
SICIAN: MED	as the case perspect to herotal	T								_
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	SERVICE VAL	OTHER:	ACE OF OEATH (Chi					-
PHYS	1 YES 2 HO 27. MANNER OF DEATH	1 Inpatient 2 2000utps 28a, DATE OF INJURY	tient 3 U DOA		e 5 Residence		eclly) SE HOW INJURY OCC	TIBED		_
	1 Netural 5 Pending	(Month, Day, Year)		JURY WO	PRK?	200. 0200111	20 110 W #100111 001	JOHLD		
	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY -	- At home, ferm,			28f. LOCATIO	N (Street and Number	or Rural R	loute Number,	_
E	4 Homicide 8 Could not be	building, etc. (Specif	y)	, , , , , , , , , , , , , , , , , , , ,		City or To	wn, State)		4	
COMPLETED	29e, CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	dae death accor	rad at the time date	and place, and due	to the source	and manner as what	ed		-
MPLE	(Original Origina Origina Origina Origina Origina Origina Origina Origina O	ER: On the basis of axamination) and manner as stated	d.
9.1	29b. SIGNATURE AND TITLE OF CERTIFIE		/		29c. LICENSE NUM				(Month, Day, Year)	_
H	PAMOGRE 1	motall	mn		n/47	R	≥ //	JIMED /	9/	
2	30, NAME AND AODRESS OF DERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (7/10)	e, Print)	017/3	ري		101	//	_
	GA Mitel	1/1/ 205	RA	10/1	Ano	An	mend			
	11 // // // // //	111)	1181	K //		- ///	7 - 10			

served grapel albert

helbertenselar altrace

	500							3 1	775					
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEA	LTH AND N		E							
	1. DECEOENT'S NAME (First, Middle, Last)	ice R. BOWMAN		OAIL OF D	LAIII	2. DATE OF OEATH MONTH DA		YEAR	TIME OF OEATH					
	4. SOCIAL SECURITY NUMBER 403-03-6898		In yrs. last birthday)		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 10/20/18	BIRTH 6. BIRTHPLAC		MCE (State or Foreign d, Kentuck					
DHO.	90. FACILITY NAME (If not institution, give s Calvert Memoria		75	9b. CITY, TOWN OR LO Prince Fr		ATH		TY OF DEAT						
DIREC	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Virginia None		10c. CITY			100	d. INSIDE CITY LIMITS? X YES 2 NO							
ERAL	100. STREET AND NUMBER 965 Sunnyside Driv				10g. CITIZ	EN OF WHA	T COUNTRY?							
BY FUNERAL DIRECTO	11. MARITAL STATUS 1 Never Married 2 X X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES	AS DECEDENT EVER IN U.S. ARMED IT. WAS DECENDENT OF HISPANIC IT yes, specify Cuben, Mexicen, 1 Yes 2 XXNO Specify:					14. RACE Black, W	American Indian, Thite, etc. White					
COMPLETED	15. DECEOENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	(Give kind of we life. Do NOT use	,		16b. KIND OF BUS								
BE COM	12th Food Manager, Retired University 17. FATHER'S NAME (First, Middle, Last) Harry Bowman Olive Suddeth													
5	196. INFORMANT'S NAME (Type/Print) Betty Jane Bowman 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 965 Sunnyside Drive, Virginia Beach, Virg													
	20e. METHOD OF DISPOSITION 1													
	Carl			1.Home 23518										
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): POSSI Lile Carebro Vascular													
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	Care	book	A DELLA GA	~	-	6 day					
ATION	if any, leading to immediate cause. Entar UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	:	0100									
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF)											
MEDICAL C	PART II. Other significant condition	a contributing to death bu	ut not resulting in	the underlying ca	use given in I	Part i. 24a. WAS AN / PERFORI	MEO?	AVA CDI	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION DF CAUSE DEATH?					
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26 01 405	OF PEATURO	_			YES 2 NO					
SICI	EXAMINER?	HOSPITAL:		OTHER:	OF DEATH (Che				•					
ву РНУ	27. MANNER OF OEATH 1. Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJURY	28d. OESCRIBE HOW IN	JURY OCCU	IREO							
8	3 Suicide a Could not be determined	28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rusch City or Town, State)							Number,					
COMPLET		CIAN: To the best of my knowle R: On the beele of examination							d menner es stated.					
2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end me 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month,														

D

74

a

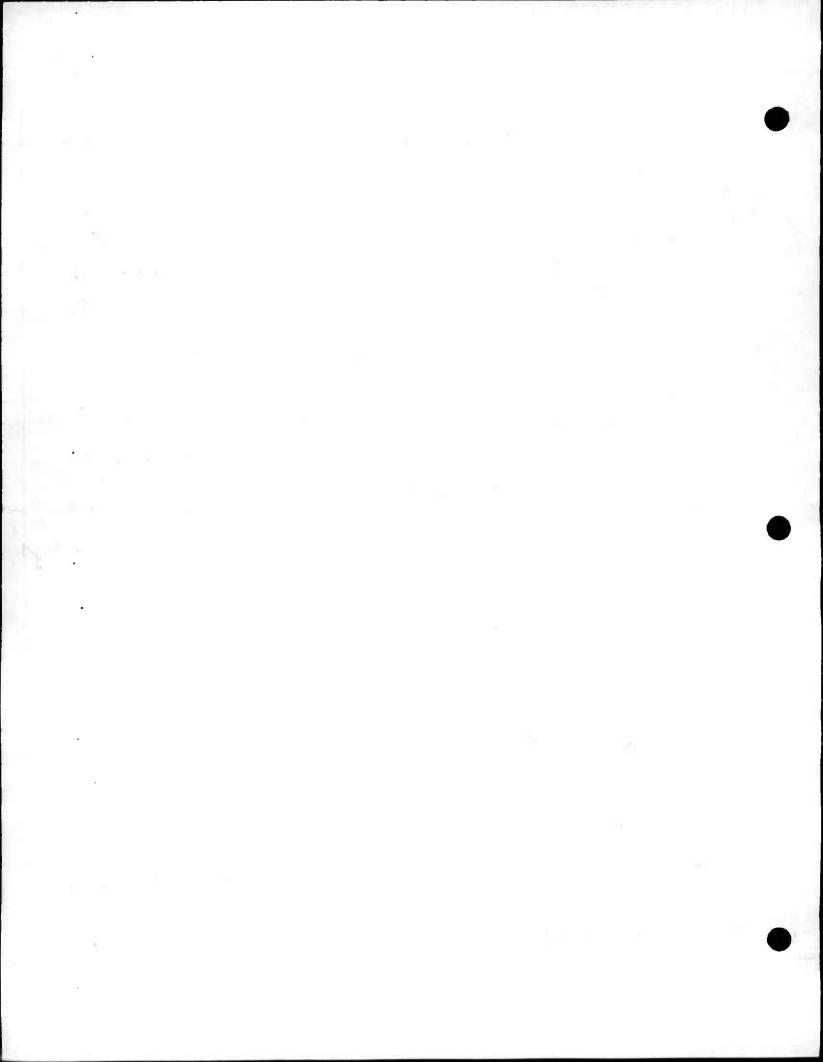
30. NAME AND AOORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Anwar Munshi M.D.
31. DATE FILED (Month, Day, Year, NOV 19 199 1991

32. REGISTRAT'S SIGNATURE
JUNA DAVIDSON-Randell

0

111



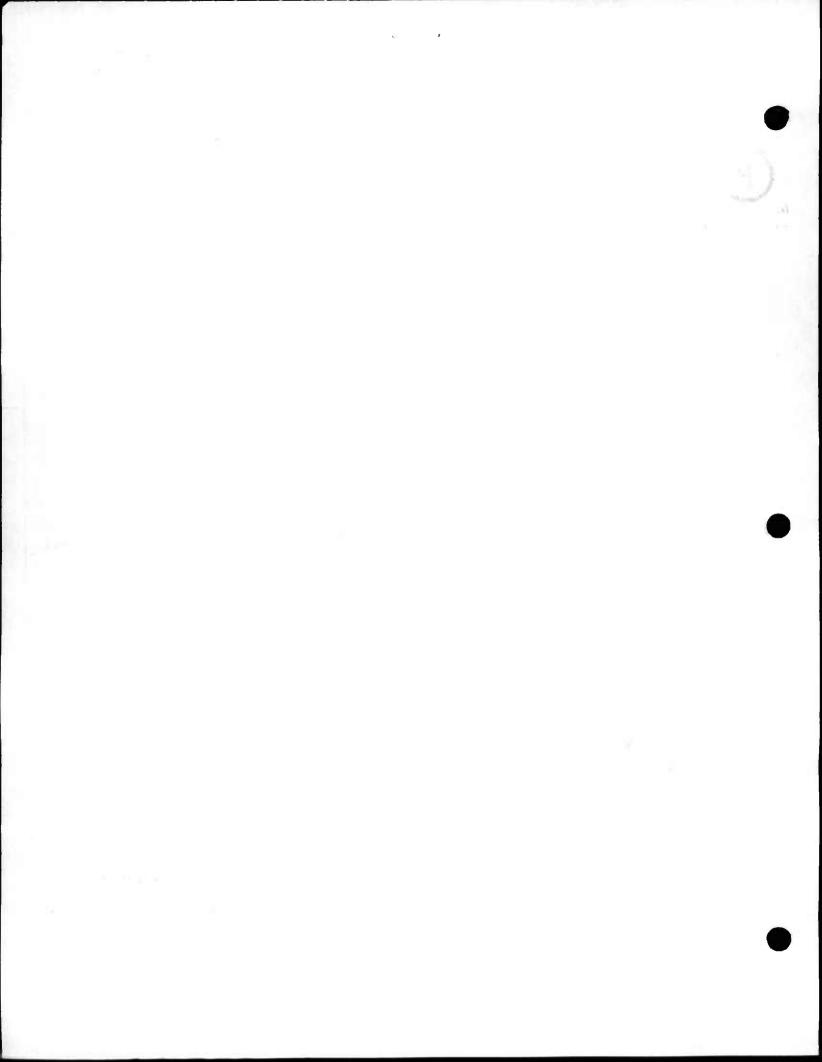
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

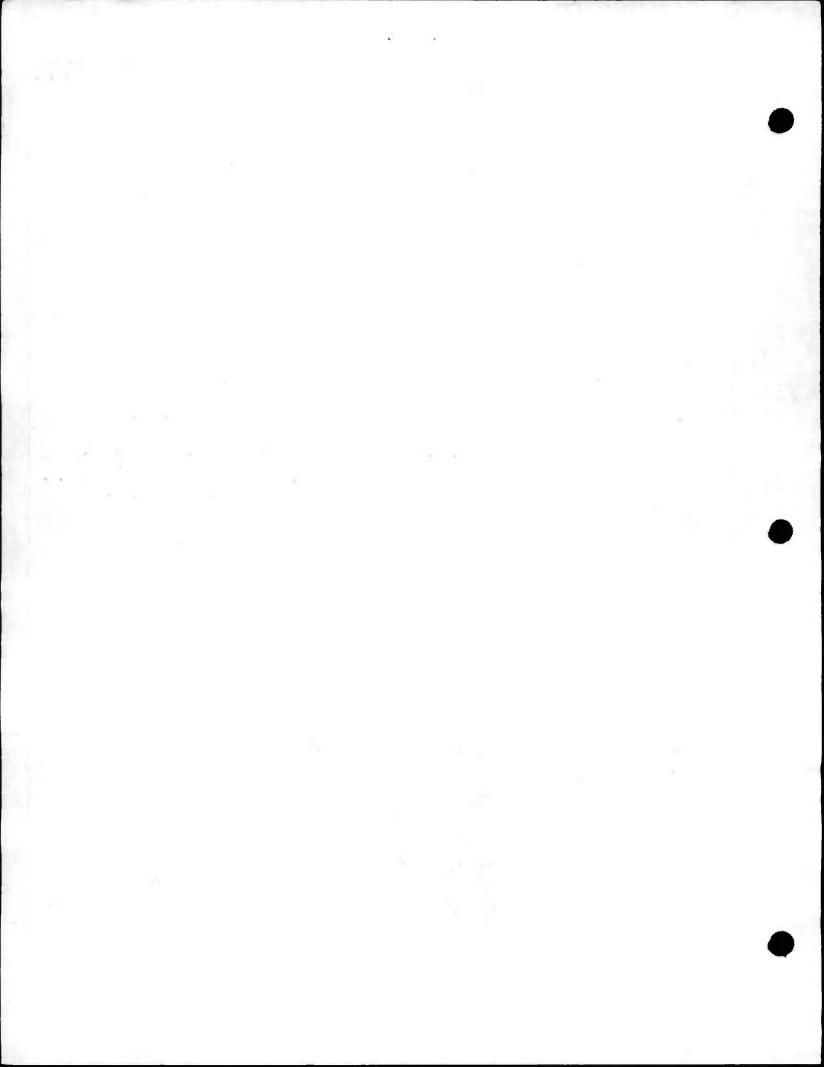
ಕ		- 6
å		7
should		A4181 and
5		ì
pad		A ha
lirector,		-
4: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		is marked or item 23 shows any interest or other frametic meant the modified assuminant to mailting at an
the	OVA	10
9	rem	dile
P	50	i
ly fille	if death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	-
ete	Ë	*
dmi	C.	9119
00 p	unia	a li
an	o b	8
cian	for t	2
Ships	e pr	-
0	Jien	4
ğ	ž	2
atte	Ital	2
the	Me	niese
3	and	1
ined		20
S	F	3
een	ō	eho
as b	Dept.	23
ate	tate	form
A A	he S	20
NIS CE	with t	hay
tter ti	eath v	mark
¥	r de	

31. DATE FILED (Month, Day, Year) NOV 12 '91

							9	1 3	1776				
		1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTA	AL HYGIENE						
		1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	BOND IF UNDER 1 YEAR IF UNDER 24 HYS ONTHS DAYS HOURS MIN.	7. DATE	E OF DEATH	19	YEAR 3. TIME OF OEATH S				
	TOR	213-26-4796 90. FACILITY NAME (If not institution, give s FRESIDENCE OF DECEDENT	troot and number) emovial #	5 YAS.	96. CITY, TOWN OR LOCATION OF	6-	27-06	9c. COUNT	MD Y OF DEATH				
	AL DIRECTOR	MD Harf			town or location te de Grace		10d. INSIDE CIT LIMITS? 1 — YES 2 ()						
	FUNEHAL	4142 Gravel Hill 11. MARITAL STATUS 1 [X Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	21078 13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi	N? (Specify Yee o		N OF WHAT COUNTRY? USA I RACE — American Indian, Black, White, etc.					
ETED DV	I EU BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	IF YES, GIVE WAR OR DO	18e. DECEDENT'S US	1 ☐ YES 2 X NO Spe		b. KIND OF BUSI	NESS/INDUS	Specify: Black				
ā	OMPLE	12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	diatetic	worker	NAME (First,	Civil Middle, Meiden S		ce				
notified at		George W. Bond			Ameli DDRESS (Street and Number or Run	ia Han	rris nber, City or Town,	State, Zip Co					
nust be n		Geraldine Hague 4142 Gravel Hill Rd. Havre de Grace, MD 21078 20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Gravel Cem. St. James) 11-16 Havre de Grace, MD											
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	aver cem.	22. NAME AND ADDRESS OF Arnold Beard P.O. Box 188	Funer	ral Serv	vice					
event, the medical		23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arreet, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) Due to (or as a conscouence of):											
y, or other traumatic event, the	THE ICALION	Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):											
ed, or item 23 shows any injury, PHYSICIAN: MEDICAL CE	- 11	PART II. Other significent conditions Remai faulu	contributing to death be	ut not resulting in t	the underlying couse given l	n Part I.	24a, WAS AN AL PERFORM t YES 2	ED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
VSICIA		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Impetient 2 □ ER/Output		26. PLACE OF DEATH (CITHER: Nursing Home 5 Residence								
marked, (BY PH)		27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	P 28c. INJURY AT WORK? M 1 YES 2 NO	1	SCRIBE HOW INJ	URY OCCUR	RED				
ZS 1S		3 Suicide S Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	··y)		City	or Town, State)		Rural Route Number,				
MPDRIANT: IT ITEM 28 IS D BE COMPLETED		2 MEDICAL EXAMINER	CAN: To the beet of my knowled: On the beets of examination	edge, death occurred a end/or investigation, i	it the time, date end place, end du in my opinion, death occured at th	e to the ceu	use(s) and manne end place, end o	or ee stated. due to the c	euse(s) end menner ee stated.				
TO BE		296. SIGNATURE AND TITLE OF CERTIFIER JULY CLA 30. NAME AND ADDRESS OF PERSON WHO	MD			609		11	IGNED (Month, Day, Year)				
		KAMPUD (N M) 31. DATE FILED (Month, Day, Year)	CW 11MW HU	703	Revolution s	+ Al	avere De	Grac	4 M 2107 8				
	- 11	NOV 12'91	REGISTRAR'S SIGNA	Mandell									



		FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL HYGI		Leaguences	1	
			GARET 1	rgaret E BESHEL			2. DATE OF DEATH	DAY YE	2. TIME OF DEATH	,	
200		4. SOCIAL SECURITY NUMBER 148-07-1699	1 🗆 M 2 🗡 F -	E (In yrs. lest birthday) 72 YRS.	MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Sept. 12	,1919	BUTTHPLACE (State or Foreign Country) New Jersey	į,	
2, 3 sb	E E	(
020 physician. burial-transit permit. Pages 1.	DIRECTO	10s. STATE 10b. COUNTY	COUNTY 10c. CITY, Harford Be						10d. INSIDE CITY LIMITS? 1 TYES 2 NO		
n. ansit perm	FUNERAL	107C Donzen Drive				10g. CITIZEN USZ	N OF WHAT COUNTRY?				
D B ag	COMPLETED BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2 NO	If yes	DECENDENT OF HISP/ s, specify Cuben, Mexic YES 2 X NO Speci	can, Puerto Rican, etc.)	RACE — American Indian, Black, Whits, atc. Specify: White		
21 10 m		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEOENT' (Give kind of life. Do NOT Analy:	work done durin use retired.)	PATION g most of working		wspaper	TRY		
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.			affney			Marga		Glennor			
0 0	5	J. Beth White			d. 21015						
OR mast		20s. METHOD OF DISPOSITION 1 Burisl 2 X Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE	oval from Stats	of cemetary, cremato R. A. Fe	ry or other place TTIS CY 22. NAM	rematory 1	1-9-91		ter, Pa.		
97.0		Hours &	Mc Car	nes III	131	.7 Cokesbu	ry Road,	Abingdon	al Home, P.A n,Md. 21009	•	
in 24 nours ely filled in thation, or ref		ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. Author	n aach line.	i Cour	learanu			Interval Between		
OX 68 be execute sician and c rior to buris traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	leading to immediate Enter UNDERLYING (Disease or Injury								
t, P.O. B leath certificate attending phys mtal Hygiene py, or other	CERTI	that initiated events resulting in death) LAST	d								
RECORDS, requires that the deal seen signed by the ath of Health and Menta shows any injury,	MEDICAL	PART II. Other algolificant condition	is contributing to deet	h but not resulting	In the under	fying cause given i	PEF	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	(GS	
L R law recess been bept. of		25. WAS CASE REFERRED TO MEDICAL							1 🗆 YES 2 🐧 NO		
CIAN: The the State h	PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER: 4 Nursing	Home 5 Residence	B 6 Other (Specify)				
	ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUF (Month, Day, Yes	11)	NJURY 1	WORK?	28d. DESCRIBE HO	OW INJURY OCCUP	RED		
TISIC TTENDI TTOR: A after d	ED	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJU building, atc. (S	URY — At home, farm Specify)	, street, factory,	office	281. LOCATION (St. City or Town, S	reet and Number or ifate)	Rural Route Number,		
DIV OSPITAL OR A JNERAL DIREC Ithin 72 hours INT: If Item	COMPLET	(Chical Chical	ER: On the basis of axamina						cause(a) and manner as stated	d.	
TO THE HOSPITAL (TO THE FUNERAL E BE filed within 72 h IMPORTANT: If II	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE SO. NAME AND ADDRESS OF PERSON WITH A PORT OF THE PERSON W	Ma M D HO COMPLETED CAUSE OF	Med Ext	e Print)	29c. LICENSE N	UMBER 1194	29d. DATE S	SIGNED (Month, Day, Year)		
		DIII HADT T	POLFER I		201	3 Treppe	hunchos	unfer,	, Md 21034	/	
		NOV 12 '91		Javidson B	ndall						



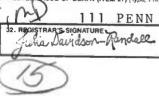
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	De mon while 72 hours after begit with the State Dept. Of regulation while their print to bothst, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
by t	ge a	Ħ
ned	pino	fled
reta	5	noti
ly be	page	De
9 E	ctor,	nust
Page	dire	je
ath.	Juera	amir
er de	the fu	ex ex
is aft	b	dica
100	J pel	E
22 0	aly fill	the
with	mplet	vent
cute	00 p	tic e
е ехе	an an	ELIA
ate b	ysicia	E E
ntifica	nd br	othe
th ce	endir	6
e dea	he att	jury,
at th	6	y in
th sa	gned	S and
eduir	en si	Pow N
J. M.E.	as be	3 S
The	ate hi	em em
SIAN	rtific	0
HYSIC	is ce	ed.
IG PI	ter th	mark
QN	R. Af	18
ATTE	ECTO	1 28
DR.	DIR	ie
PITAL	ERAL	T: 11
HOSI	FUNE	AN
품	THE	POR
2	22	2 2

	REGISTRAR		STATE OF N	II pe	r MEO 1 ND / DEPA CERTIF	1/21/ RTMENT FICATE	91 0F I	G-68 HEALTH DEA	1 re AND N		HYGIEN REG. NO		1 1	10
	1. DECEDENT'S NAME (First, KEVIN		MICHA			СНЕ	RRY	Y		2. DATE OF MONTH	DEATH O	i 19	9 9 1	3. TIME OF DEATN 5:35 a m
	4. SOCIAL SECURITY NUMB 275-6/1-7133 90. FACILITY NAME (II not in:		t√x M 2 □ F 30 YRS. MO				1 YEAR DAYS	HOURS	January			TOUR CITY		
TOR	1	RY GI	ENERAL HOSPITAL				6. CITY, TOWN OR LOCATION OF DEATH $ONLEY$			9c. COUNTY OF DEATH MONTGOMER				
DIRECTOR	10s. STATE Md	106. COUNT	Y		Silver Spring							10d. INSIDE CITY LIMITS? 1 VES 2 NO		
FUNERAL	14916 Habet	rsharr	Circle				101	1. ZIP 600 20906	_				JSA	HAT COUNTRY?
BY	11. MARITAL STATUS XIX Never Married 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 X NO	11	yes, sp	CENDENT Concept of the Concept of th	ın, Maxicar	IC ORIGIN? (1, Puerto Rici	Specify Yes in, atc.)	or No—	Specia	- American Indian, White, etc. by: lack
COMPLETED	15. DECE (Specify only Elementary/Secondary (0-	EDENT'S EDU highest grade	CATION completed)		18a. DECEDENT'S (Give kind of life. Do NOT to	work done d ise retired.)	luring mo	ost of worki				siness/indi	USTRY	relephone
BE CON									ME (First, Mide	dia, Maiden			rerepriorie	
TO E	198. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, S 14916 Habersharn Circle; Silver													
	20s. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of commetery, grame													
	Marshall's Funeral Home 4217 9th Street NW: Washington, D.C. 20011													
	IMMEDIATE CAUSE (Find disease or condition resulting in death)	rait iamura.	a. Myoca	rdial	the death. Do th line. L hype:	not enter	the mp	de of dy	ing, auch	aa cardlad	or reapi	ratory arre	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions of the sequential of the sequence	flate NG Ty	c		A CONSEQUENCE OF): A CONSEQUENCE OF):									
_	PART II. Other significant		hosis of		t not resulting		derlying	g cause (given in F	Part I. 24	e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 \(\text{NO} \)
Fatty metamorphosis of the liver Fatty metamorphosis of the liver Fatty metamorphosis of the liver 248. Was AN AUTOPSY PERFORMED? AVAILABLE COMPLETION OF DEATH? YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO POTHER: 1 Impellant 2 XER/Oulpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED. WORK?														
ВУ РН		Pending investigation	28e. DATE OF (Month, De	/ 9 /		IE OF IURY	28c. INJI WOI	URY AT RK? (ES 2	,	28d, DESCRI	BE HOW IN	JURY OCCI	URED.	at home
ETED	2 Accident investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Home 28i. LOCATION (Street and Number or Rural Route No. 1) City or Yown, State)											oute Number,		
3 Suicide 4 Nomicide 5 Could not be detarmined 5 Duilding, etc. (Specify) 6 PLACE OF INJURY — At home, farm, street, factory, office 6 City or Town, State) 281. LOCATION (Street and Number or Rural Route N City or Town, State) 282. LOCATION (Street and Number or Rural Route N City or Town, State) 283. LOCATION (Street and Number or Rural Route N City or Town, State) 284. LOCATION (Street and Number or Rural Route N City or Town, State) 285. LOCATION (Street and Number or Rural Route N City or Town, State) 286. LOCATION (Street and Number or Rural Route N City or Town, State) 287. LOCATION (Street and Number or Rural Route N City or Town, State)									and manner es stated.					
TO BE C	296. SIGNATURE AND TITLE C	mD	29c. LICENSE NUMBER O.C.M.E.					BER	29d. DATE SIGNED (Month, Day, Year)					
-	30. NAME AND ADDRESS OF	PERSON WNO	COMPLETED CAUS				TRE	EET	BAL	TIMO	RE,	MARY	LAN	D 21201
31. DATE FILED (MONTH, Day, 1681) 32. REGISTRAR'S SIGNATURE NOV 08 1991 32. REGISTRAR'S SIGNATURE Davidson—Randelle														

-	- 5
	3
	Į,
	c
VITAL RECORDS, P.O. BOX 68760,	Al. The fau conirse that the death certificate he executed within 24 h.
76	4
œ	200
9	0.00
6	4
B	200
-	9:6
Ö	000
Δ.	4
Ś	de
	tho
Æ	424
Ö	0
0	ii.
8	000
	1987
A	94
	-
DIVISION OF VIT	AN
LL.	S
0	3
Z	6
ō	OD ATTENDING DUVCICIAN
	SAIF
53	Ë
\geq	A C
	2
	_

	3
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	4
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarthed for use as the burishing name of the page 5 should be detarted by the page 5 should be detarted by the burishing name of the page 5 should be detarted by the burishing name of the burish	9
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

91-04/3-03/						9	1 3	1779		
FOR 1 - STATE REGISTRAR		ARYLAND C	DEPART	MENT OF	HEALTH AND DEATH	MENTAL HYGIEI				
1. DECEDENT'S NAME (First, Middle, L	nst)					2. DATE OF DEATN	DAY	YEAR 3. TIME OF DEATN		
FELIPE			ARDOS			11 03	199	1 11:30 am		
579-56-9944	5. SEX 1	6. AGE (In yrs. la		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/11/27		BIRTHPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not institution,	1	64		AL OUTH TOWN		/		Brázil		
POTOMAC RIVER AT SAINT CLEMENTS ISLAND LEONARDTOWN SAINT RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Washington										
10a. STATE 10b. CO				TOWN OR LOC				10d. INSIDE CITY		
D.C.			Wa	shing	ton			LIMITS?		
10e. STREET AND NUMBER				1	of. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?		
1636 KEnyon	Street,	N.W. #	[‡] 36		20010		Bra	zil		
109. STREET AND NUMBER 1636 KEnyon Street, N.W. #36 109. CITIZEN OF WHAT 20010 11. MARITAL STATUS 1 Never Merried 2 Married 12. Was Decedent Ever in U.S. ARMED FORCES? 1 Yes 2 90 If Yes, Give War or Dates 12. Was Decedent of Hispanic Origin? (Specify Yea or No- H										
15. DECEDENT'S (Specify only highest of	EDUCATION rade completed)	16a. DI	ECEDENT'S US	SUAL OCCUPAT	ION	18b. KIND OF BU	JSINESS/INDU:	STRY		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9th grade 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) If the Do NOT use refired.) DC GOVERNMENT Employee Government 17. FATNER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (IGNe kind of work done during most of working) If the Do NOT use refired.) 18. MOTNER'S NAME (First, Middle, Maiden Surname)										
17. FATNER'S NAME (First, Middle, Last						AME (First, Middle, Maide	n Surname)			
Unknown					Unkno	wn				
19a. INFORMANT'S NAME (Type/Print)		19	Db. MAILING A	DDRESS (Street	and Number or Rura	Route Number, City or To	wn, State, Zip C	iode)		
Felipe CArdo	sa Jr.					NW Was	hingt	on, DC 20011		
20a. METNOD OF DISPOSITION 1. Burlel 2 Cremation 3 1	lemoval from State	20b. PLACE gemetary, ca	AND DATE OF	DISPOSITION (I	lame of	DATE 20c. L	OCATION - CH	ty or Town, State		
4 Donation 5 Other (Specify)	LICENSEE	wasnı	Ingto	n Nati	conal C	emetery	Suit	land, Maryla		
. pour	DWX	Ens	2			Funeral Street.		Wash. DC		
23. PART i. Enter tha diseases,	or complications and	caused the de	eath. Do not	enter the m	ode of dying, au	ch as cardiac or rear	piratory arres	st, Approximate		
iMMEDIATE CAUSE (Final	re. List Dnly Dne caus	e Dn each line	a.					interval Between Onaet and Death		
disease or condition resulting in death)	, D	ROWNIN	NG							
	DUE TO (OR AS A CONSE	OUENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A CONSE	OUENCE OF):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (d.	OR AS A CONSE	OUENCE OF):							
PART II. Other algnificant condi	tions contributing to d	leath but not i	resulting in	the underlying	ig cause given in	Part i. 24s. WAS AF A PERFO		24b. WERE AUTOPSY FINDINGS		
						I /V	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
						_ '		t 🗌 YES 2 🗌 NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER?				26. F	LACE OF DEATN (C)	heck only one)				
1 X YES 2 □ NO	HOSPITAL:	ER/Outpatient 3	DOA 4	THER:	na 5 🗆 Realdence	6 X Other (Specify)	POTOM	AC RIVER		
27. MANNER OF DEATN 1 Netural 5 Pending 28c. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO SUBJECT DROWNED										
									3 Suicide 8 Could not	ou building, s
An according				C RIV		LEONAR	DTOWN	, MARYLAND		
29a. CERTIFIER CONC. ONLY ON MEDICAL EXAM	IYSICIAN: To the best of n	ny knowledge, de minstion and/or	esth occurred :	st the time, dat	end place, end du	to the cause(a) and me time, data and place, a	nner ea stated.	cause(a) and menner as stated.		
29h SIONATURE AND TITLE OF CERTI		1			29c. LICENSE NU			BIGNED (Month, Day, Year)		
(Daran	(heed	M						/04/1991		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALLED	OF DEATH #22			0.C.	rı • E •	11	/04/1991		



ADDRESS OF PERSON WNO COI

31. DATE FILED (Morith, Day, Year)
NOV 0 5 1991

BALTIMORE, MARYLAND 21201

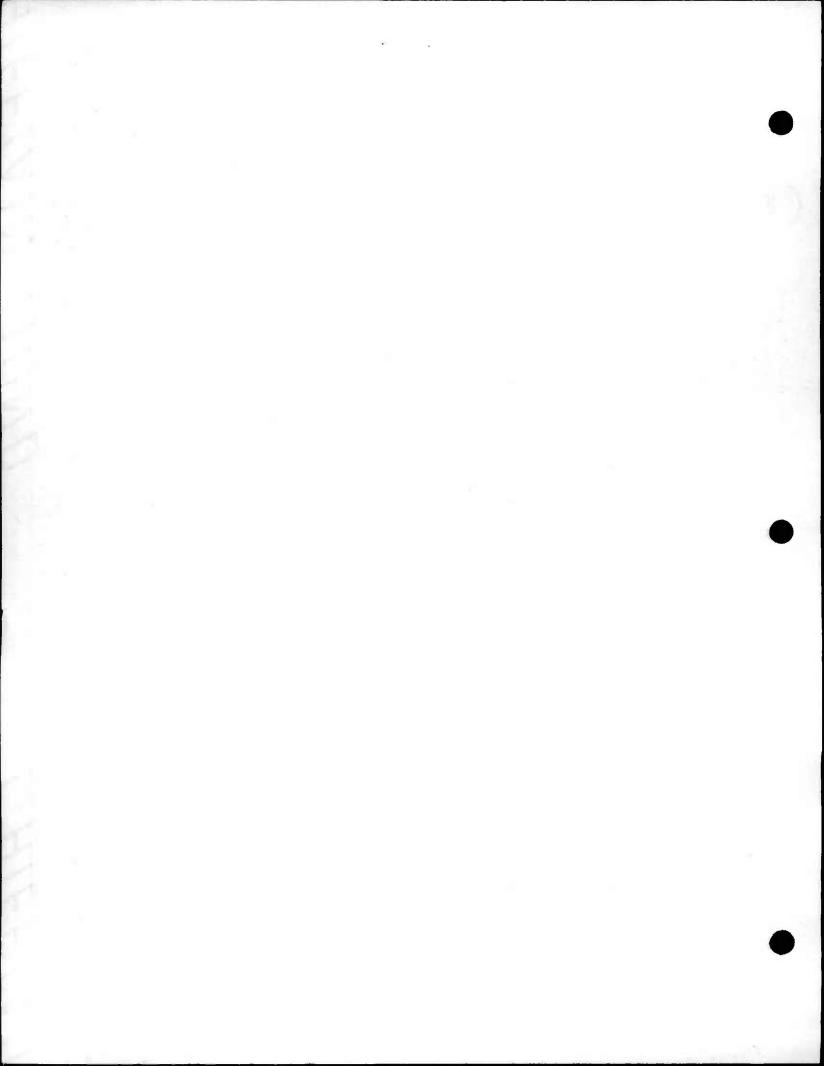
PENN STREET

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ne .	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
STRAR	CERTIFICATE OF DEATH RE	G. NO.

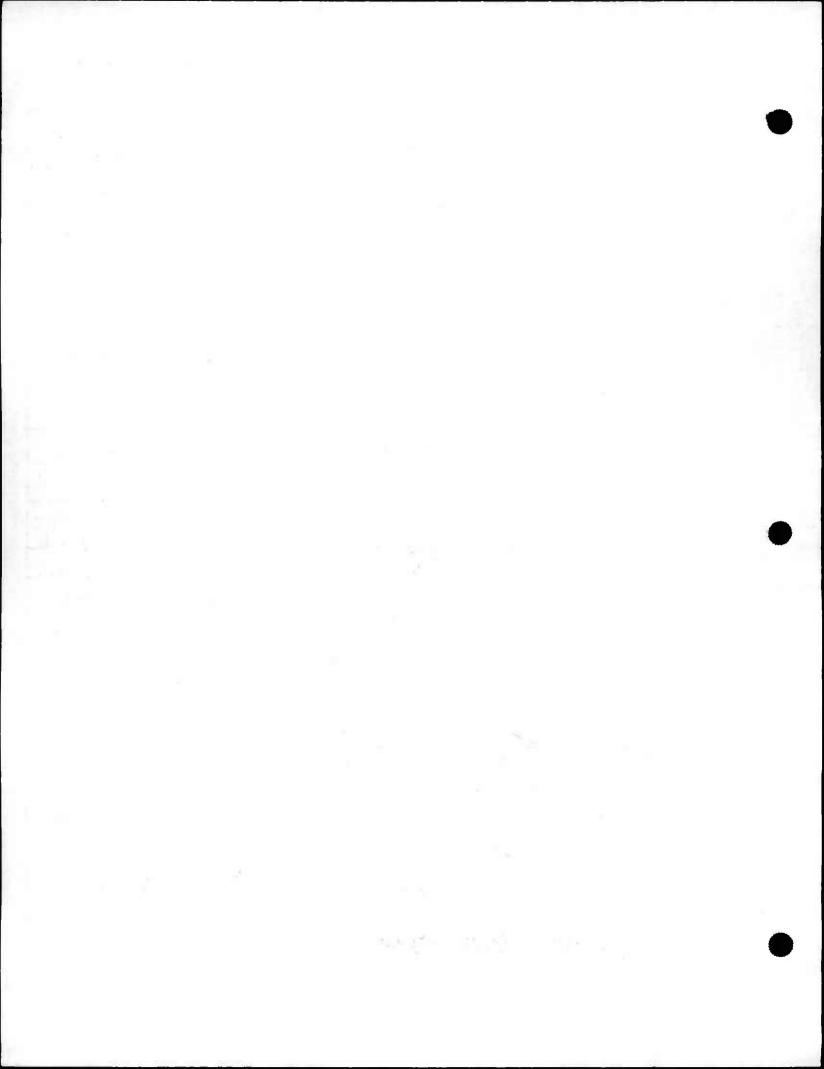
	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMEN CERTIFICAT			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)		Cotto			2. DATE OF OEATH MONTH DA		3. TIME OF DEATH		
		□ M 2 X F 77	YRS. MONTHE		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) Aug. 20/1 ATH		BIRTHPLACE (State or Foreign Country) 1 Salvador OF DEATH		
TOR	Meridian Nursing	y Home	Si.	lver	Spring		Mont	gomery		
FUNERAL DIRECTOR	Maryland Montgor	nery	Silve:	r Spi	ring			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔀 NO		
NERAL	10e. STREET AND NUMBER 2231 Luzerne Ave	. WAS DECEDENT EVER IN U.S	P ADMED Le	2	21P CODE	IIC ORIGIN? (Specify Yes	El Sa	N OF WHAT COUNTRY?		
₽	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	⊠ NO	If yes, spe	city Cuban, Mexica	n, Puerto Rican, etc.)		Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondery (0-12) 1 2	ON 164 opleted) college (1-4 or 5 +)	n. OECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during mod !.)	nt of working	16b. KIND OF BU				
OMP	17. FATHER'S NAME (First, Middle, Last)		Nursin	g Ale		ME (First, Middle, Malden	Surname)			
BE C	Jose Escobar				Marie	(Unkn				
2	190. INFORMANT'S NAME (Type/Print) Anna L. Ruiz		The second second second			Route Number, City or Yow Silver		ng Md. 20910		
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PL	ACE OF DISPOSITION (Linc	oln Cem	etery Br	entwo	y or Town, State		
	21. SIGNATURE OF FUNERAL DERVICE LICENS	SEE	2	2. NAME AN	Lincol	n Funera	1 Hom	e, Inc. entwood, Md.		
	J.C. 1	Took								
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reepiratory errest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent conditions of	contributing to death but it				24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			ACE OF OEATH (Ch	eck only one)				
YSI	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatie		lursing Hom		6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M		VES 2 NO	28d. OEŞCRISE HOW	INJURY OCCU	RED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, 1					et and Number or Rural Route Number, te)		
COMPLETED	one)	N: To the best of my knowledg						l. cause(e) end manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Busey -	MA		29c, LICENSE NUI	MBER Y 18		SIGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEATH								
	NOV 0.5 1991	Lulia David	son-Randell							



FOR

	1 - STATE REGISTRAR	017.1.2 01	CER		ICATE (DEATH		EG. NO			
- 1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH		YEAR	3. TIME OF DEATH
	Henrietta	М.		011				Novemb		,199		3:45 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bli		MONTHS D		F UNDER 24 HRS.	7. DATE OF B (Month, Day	Year)		Countr	HPLACE (State or Foreign ry)
	579-01-6563	1 □ M 2 💢 F	77	YRS.			11800	April	7, 1			ington, D.C.
FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give s Carroll Manor Nu RESIDENCE OF DECEDENT	me	1	440		LOCATION OF D	EATH		111	ice G	George's	
S	10e. STATE 10b. COUNTY	,	1	Oc. CIT	Y, TOWN OR L	OCATIO	N					10d. INSIDE CITY
8	Maryland Princ	ce George	e's		Temp1	е Н	ills					LIMITS?
4	10e. STREET AND NUMBER					_	IP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
EB/	2600 Keating Str	eet, Apt.	#209			20	0748	U.S.				Α.
5	11. MARITAL STATUS		T EVER IN U.S. ARME	D			IDENT OF HISPA			or No-	14. RACI	E — American Indian, k, White, etc.
BY	1 Never Married 2 Merried 3 Wildowed 4x Divorced	IF YES, GIVE V					XXNO Speci		, •)			White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give	kind of	USUAL OCCL	JPATION ng most	of working	16b. KIN	OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 8	+)		se retired.)							
₹	8		UIII	Lce	Worke	_					Let	ter Carriers
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N		, Maiden	Sumame)		
띪	William J. Muld	0011	105.8	LATE INV	ADDRESS (C		Mary Number or Rural	Lynch	dh. on Tou	us Charles 7	Zo Codel	
٩	Russell J. Coller	r			·		Temple					
- 9	20e. METHOD OF DISPOSITION		20b. PLACE AN					DATE	_			own, State
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	oval from State	ot cemetary, cre Resuri	emator	or other place	eme		1				aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE /)	1		22. NA	ME AND	ADDRESS OF F	ACILITY				ar y zama
	* remails)	Pales					e P. Ka					Md.20745
	23. PART I. Entar ma diseasea, or			n. Do								Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Fins)											Interval Between Onset and Death
	disease or condition										Iweale	
	resulting in deeth) e. Oue TO OR AS A CONSTRUCTION.										. 0	
Z	contration										1 week	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEQUE	NCE O	F):	00	Oc.	. 4-				YPACE
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c. DIE TO	OR AS A CONSEQUE	NCE O			Occupa	200				Take y
Ē	that initiated events resulting in death) LAST	552 10	(011 20 2 00102401	TIOL O	. ,.							i e
E		d										
	PART II. Other significant condition	na contributing to	death but not rea	uiting	in the unde	riying	csuse given in	n Part i. 24s	. WAS AN	NAUTOPSY	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL			_					10	YES	2 NO		COMPLETION OF CAUSE DF DEATH?
M												1 _ YES 2 _ NO
ÿ												
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOTELTAL:	7.10 =	_	отныя:	25/PLA	CE OF DEATH (C	check only one)				
ΙΥS	1 TYES 2 THE 27. MANNER OF DEATH		ER/Outpetlent 3		-	_	5 🗆 Reeldence					
	1- Natural 5 Pending	28e. DATE Of (Month, I	Day, Year)	IN	JURY	WOR	K7 NO	28d, OESCRI	BE HOW	INJURY O	CCUMED	
В	2 Accident Investigation	28e. PLACE	OF INJURY At home	ferm.			3 2 L NO	28f LOCATIO	N (Street	and Numb	er or Rumi	Route Number
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	ome, farm, street, factory, office 28f. LOCATION (Street end Number or Rural Route Number City or Town, State)						, 10010		
Ä	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowledge, death	occur	red at the time	a, date e	nd place, end du	e to the cause(e) end ma	nner as st	ated.	
OME	TOTAL OTHER											(e) and menner as stated.
	296. SIGNATURE AND TITLE OF CESTAFIE	11					29c, LICENSE N	JMBER		29d. DA	TE SIGNE	D (Minth, Day, Yeer)
) BE	vousy he	an				6.	02	2780		•	11/6	191
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (ITEM :	(Typ	e, Print)			part .			,	
	Peter M. Schi		D. 7500	Gr	<u>eenwa</u> y	Ct	r. Dr.	#430,	Gree	nbel	t, M	d.20770
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE									
	1104 08 199	1 dight	a Davidson-V	and	elle							

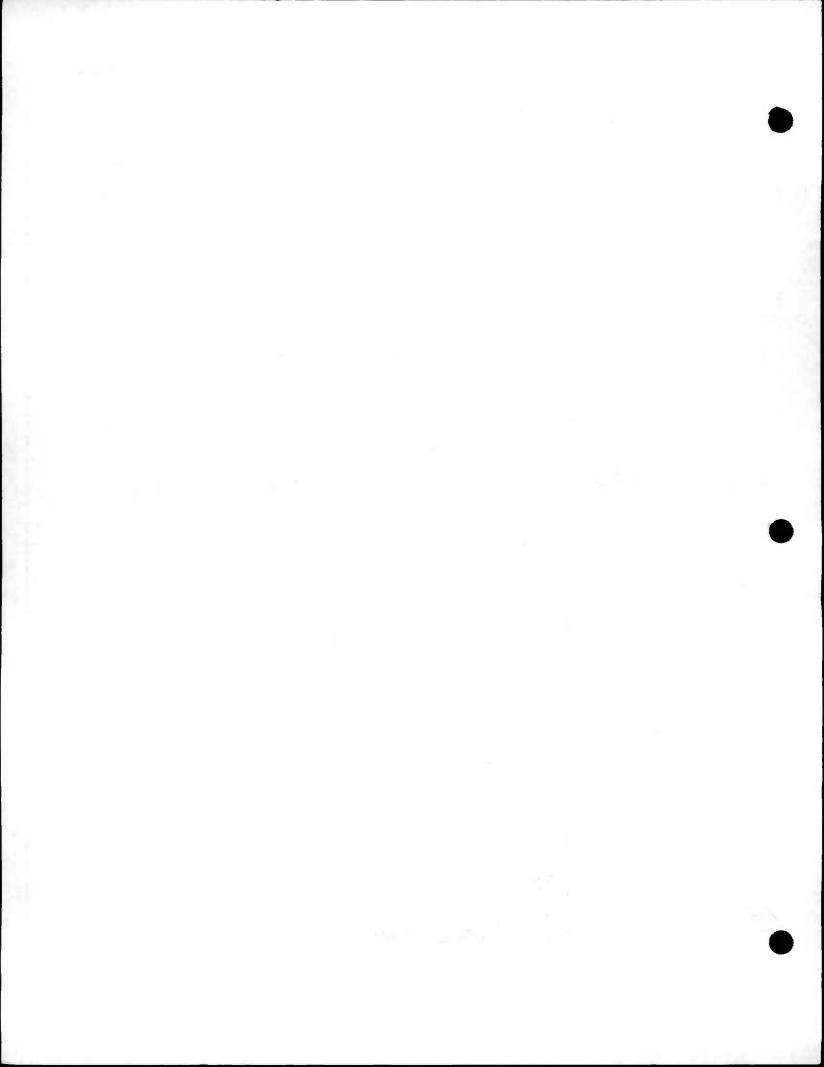




BALTIMORE, MARYLAND 21215-0020	ge 6 may be retained by the hospital or attending physician.	lirector, page 5 should be detached for use as the burial-transit permit. Pages	r must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
	David		Lee		Chur	ch			November 6, 1991			91	11:09 A. M						
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH Day, Year)		6. BIRTI	IPLACE (State or Foreign						
	244-40-307	8	1XXM 2 □ F	64	YRS.	WONTHS	LIATS	HOURS MIN.	2-2	6-27			th Carolina						
_	9a. FACILITY NAME (If not in:	attution, give s	treet and number)		5			R LOCATION OF DI			1931 93.5	NTY OF D							
6	5502 Mansf	ield	Drive				Camp	Springs	3		Prin	ce G	eorge's						
[[RESIDENCE OF DEC	10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY						
DIRECTOR	Maryland Prince George's						Sp:	rings					LIMITS?						
4	10e. STREET AND NUMBER			101	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?									
ER.	5502 Mansf	ield D	rive					20748				Ţ	JSA						
FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S.	RMED			ENDENT OF HISPA			or No-	14. RAC	E — American Indian, k, Whita, atc.						
BY	1 Never Married 2 1 3 Divo	Married roed	IF YES, GIVE	MAR OR DATES			1 YES	2XX NO Specif	y:	incuit, arca)		Spec	Hy:						
		EDENT'S EDU	W.W.		DECEDENT'S	HEHAL O	CCUBATIO	NA .	1 405	KIND OF BUS	NAME OF /IAM	NIETOV	White						
COMPLETED	(Specify only Elementary/Secondary (6	highest grade	completed) College (1-4 or 5		(Give kind of the Do NOT us	work done	during mo	at of working	100.	KIND OF BU	SINE SS/INI	JUSTRY							
7	Elementary/Secondary (o	-12)	2 years		Public	Aff	airs	office:	r	Dep't	of.	the	Army						
O	17. FATHER'S NAME (First, Mi	ddle, Last)	_ / CG1 C		Q D <u>I</u> I	,	CILL	16. MOTHER'S NA				00	,						
BE C	W.C	. Chur	ch					Vas	gie E	. Mari	tin								
10 8		De. INFORMANT'S NAME (Type/Print)					S (Street a	nd Number or Rural				Code)							
F	Laura L. C	hurch			5502	Man	sfie	eld Drive	e Ca	mp Spi	rings	s, Mo	1. 20748						
	20a. METHOD OF DISPOSITI	ON n 3 🗆 Rem	oval from State	20b. PLAC	CE AND DAT	e of DISP	OSITION	(Name	DATE	20c. LO	CATION -	City or To	own, Stata						
	4 Donation 5 Dother		-de	Trin	ity M	emor	ial	Gardens	11-9-	-91 W	aldo:	rf,	Maryland						
	21. SIGNATURE BY FUGERA				oe P. Ka		Funera	1 Ho	me										
-	WOUNT	110	wo				6160	Oxon Hi	11 R	d. Oxo	n Hi	11,	Md.20745						
	23. PART I. Enter the di shock, or he	sesses, or c	complications the	at caused the	desth. Do	not enter	the mo	de of dying, suc	ch as card	liac or respi	retory sr	rest,	Approximate interval Between						
	IMMEDIATE CAUSE (Fin									Onset and Death									
	disease or condition - s. Glioblactoma Multifame of the Brain 14 7mm										1 yn 7 mos								
	DUE TO (OR AS A CONSEQUENCE OF):											0							
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										-								
¥.	If any, leading to immediate cause. Enter UNDERLYING																		
MEDICAL CERTIFICATION	CAUSE (Disease or inju that initiated events	ry)	DUE TO	OR AS A CONS	EQUENCE O	F):													
F	resulting in death) LAS	T	d		_														
2	PART II. Other significa	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PINDINGS										WEDE AUTOPSY EMPINOS							
8					· ioouiting	iting in the underlying cause given in			PERFORMED?		1	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE							
EDI									- 1	1 TYES 2	No		OF DEATH?						
									- 1			-1	1 TES 2 NO						
NA I	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF DEATH (C)	heck only on	(0)									
PHYSICIAN:	EXAMINER?	- 70	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 Nu	R:	o 5 Realdence	-										
ξ	27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TIN		28c. IN.	JURY AT	_	CRIBE HOW	NJURY OC	CURED							
BYF	-	1 Natural 5 Pending (Month, Day, Year)						YES 2 NO											
	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, 16								281. LOCATION (Street and Number or Rural Route Number, City or Town State)										
m l		Could not be	28e. PLACE building	OF INJURY — At , atc. (Specify)	home, farm,	atreet, fac	tory, offic	•	City	3 Suicide 8 Could not be determined building, atc. (Specify) City or Town, State)									
6		Could not be	28e. PLACE building	OF INJURY — At i, atc. (Specify)	home, farm,	atreet, fac	tory, offic	•	City o	or Town, State)	and Numbe	r or nurai	Route Number,						
PLET	4 Homicide 29a. CERTIFIER (Check only 1	Could not be determined	28e, PLACE building	, atc. (Specify)					City	or Town, State)			Route Number,						
OMPLET	4 Homicide 29a. CERTIFIER (Check only 1	Could not be determined	iCIAN: To the best of	i, atc. (Specify) of my knowledge,	death occur	red at the	time, date	and place, and du	a to the cau	or Town, State)	nner as str	ited.	Route Number,						
E COMPLETED	4 Homicide 29a. CERTIFIER (Check only 1	Could not be determined "IFYING PHYS	ICIAN: To the best of	i, atc. (Specify) of my knowledge,	death occur	red at the	time, date	and place, and du	a to the cau	or Town, State)	nner as str id due to t	ited. he cause	(e) and manner as stated. D (Month, Dey, Year)						
8	4 Homicide 29e. CERTIFIER (Check only one) 2 MED 29b. SIGNATURE AND TITLE	Could not be determined IFYING PHYS ICAL EXAMINE	ICIAN: To the best of	, atc. (<i>Specify</i>) of my knowledge, examination and/	death occur or investigati	red at the	time, date	and place, and du	a to the cau	or Town, State)	nner as str id due to t	ited. he cause	(a) and manner as stated.						
ш	4 Homicide 29e. CERTIFIER (Check only one) 2 MED	Could not be determined IFYING PHYS CAL EXAMINE OF CERTIFIE F PERSON W	ICIAN: To the best of	, atc. (<i>Specify</i>) of my knowledge, examination and/	death occur or investigati	on, in my	time, date	and place, and du	e to the cau time, data	or Town, State)	nner as ste nd due to t	ited. he cause	(e) and manner as stated. D (Month, Dey, Year)						



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	A (C) (C) (C)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	The second
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)

							. 0	100		
	1 - STATE REGISTRAR	STATE OF MARY		CATE OF D		NTAL HYGIENI REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ERNEST	CALLAI	INFRED CAL	LAHAN	2.	DATE OF DEATH MONTH DA	-	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 579-30-2851	1 M 2 - F	62 YRS.		F UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	Co	or Foreign intry) t Virginia		
TOR	PRINCE YEARS RESIDENCE OF DECEDENT	HOSPITAL	CENTER	9b. CITY, TOWN OR	OCATION OF DEATH	1	PRINCE	E GEORGES		
DIRECTOR	10a. STATE 10b. COUNT	e George's		tsville	ı			10d. INSIDE CITY LIMITS? XIX YES 2 NO		
FUNERAL	10e. STREET AND NUMBER			101. ZI	P CODE		10g. CITIZEN O	F WHAT COUNTRY?		
Ä	6715 Stanton Road			207	84		United	States		
표	11. MARITAL STATUS 1 Never Married 2XXMarried	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	13. WAS DECEN	DENT OF HISPANIC (ORIGIN? (Specify Year	or No- 14, R/	ACE — American Indian, ack, White, atc.		
D BY	3 Widowed 4 Divorced		40	1 🗆 YES 2 NO			S _F	eucasian		
	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of w	USUAL OCCUPATION ork done during most of retired.)	f working	16b. KIND OF BUS	INESS/INDUSTRY			
4	11th	College (1-4 or 5+)	Bookbin	der		Printin	10			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1	. MOTHER'S NAME	(First, Middle, Malden S	0			
BE (Roy Lee Callahan					rence Fif	-			
2	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and						
	Joyce Leola Calla			tanton Ro						
	20 NETHOD OF DISTION 1 Description 2 Comments 3 Rem 4 Denation 5 Other (Specify)	oval from State	cemetery, cremetery or off	FDISPOSITION (Neme	Com 11	DATE 20c. LOC	ATION — City or Town, State 1phi, Maryland			
	2 THE MATURE OF PUNEIRAL SERVICE YE	ENSER	George wa	22. NAME AND	ODRESS OF FACILE	rv				
	1/ WAK/4	13,1		FRANCIS	GASCH'S	SONS FUN				
	23. PART i. Inter the diseases, or o	complications that cause	and the deeth. Do no	4/39 BA	LT. AVE.	, HYATTSV	ILLE, N			
	prock, or neert leliure.	Liet only one ceuse on	eech line.	or enter the mode	or dying, such as	cardiec or reepir	atory errest,	Approximete intervel Between Onset and Death		
	IMMEDIATE CAUSE (Finel disease or condition Arm Te Research Constant Ar									
	DUE TO (OR AS A CONSEQUENCE OF)									
Z O	Sequentially list conditions, b. Chronic obtain it was pulmoner of									
Ĭ.	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
윤	CAUSE (Disease or injury thet initiated events	c.	2010. U	E ple	N K	1-	~			
		DUE TO (OR AS	S & CONSEQUENCE OF	:	-					
	resulting in death) LAST	DUE TO (OR A:	S & CONSEQUENCE OF	:						
CERTIFICATION		d	U							
II	PART II. Other significant condition	d	U		suse given in Per	t I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
II		d	U		use given in Per		AED?			
II		d	U		use given in Per	PERFORI	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
II	PART II. Other significant condition CLEAT 25. WAS CASE REFERRED TO MEDICAL	de contributing to death	U	the underlying c	USE given in Per	PERFORI	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
II	PART II. Other significant condition Condition Condition	d	but not resulting in	the underlying c	OF DEATH (Check of	PERFORI	AED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
II	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	de contributing to death	byt not resulting in	28. PLACI OTHER: OF 28c. INJUR	OF DEATH (Check of Pasidence 8 — AT 28	PERFORI	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL CERT	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ERVO 28a. DATE OF INJUR (Month, Day, Year	utpatient 3 DOA Y 28b. Time	28. PLACI OTHER: 4 Nursing Home 19 OF 28c. INJUNION 1 YES	OF DEATH (Check of Residence 8 AT 286	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN	JURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	PART II. Other significant condition Condition Condition Condition	HOSPITAL: 1 Inpatient 2 ERVO 28a. DATE OF INJUR (Month, Day, Year	but not resulting in utpatient 3 DOA Y 28b, TIME INJU	28. PLACI OTHER: 4 Nursing Home 19 OF 28c. INJUNION 1 YES	OF DEATH (Check of Residence 8 AT 286	PERFORI 1 YES 2	JURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNEB OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 Inpatiant 2 ER/O 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJUR building, atc. (S)	utpatient 3 DOA Y 28b, TIME INJU RY — At home, farm, st pocity)	28. PLACI OTHER: 4 Nursing Home WORK! M YES reet, factory, office	OF DEATH (Check of Residence 8 AT 28 NO 28	PERFORI 1 YES 2 Only one) Other (Specify) d. DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	JURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 I Inpatiant 2 ER/O 28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, atc. (S)	utpatient 3 DOA Y 28b, Time INJU RY — At home, farm, st socity)	28. PLACI OTHER: 4 Nursing Home WORK: 1 YES reet, factory, office	OF DEATH (Check of Pasidence 8 AT 286 2 NO 281	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	JURY OCCURED Id Number or Rura	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 Dispetient 2 ERVO 28a. DATE OF INJUR 28a. PLACE OF INJUR building, atc. (S)	utpatient 3 DOA Y 28b, Time INJU RY — At home, farm, st socity)	28. PLACI OTHER: 4 Nursing Home WORX: 1 YES reet, factory, office	For DEATH (Check of Residence 8 AT 28 NO 28 Page 1 No 28 Page 2 No 28	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	JURY OCCURED Not as stated. due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO / Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Dispetient 2 ERVO 28a. DATE OF INJUR 28a. PLACE OF INJUR building, atc. (S)	utpatient 3 DOA Y 28b, Time INJU RY — At home, farm, st socity)	28. PLACI OTHER: 4 Nursing Home WORX: 1 YES reet, factory, office	OF DEATH (Check of Pasidence 8 AT 286 2 NO 281	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	JURY OCCURED Not as stated. due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: HOSPITAL: ERVO. 28a. DATE OF INJUR (Month, Day, Year building, atc. (S) CIAN: To the best of my knoth. R: On the basis of examinate	utpatient 3 DOA Y 28b, TIME INJU RY — At home, farm, st boodily) Dowledge, death occurred lion and/or investigation	28. PLACI OTHER: 4 Nursing Nome 1 OF 28c. NJUM WORK: 1 YES reet, factory, offica	For DEATH (Check of Residence 8 AT 28 NO 28 Page 1 No 28 Page 2 No 28	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	JURY OCCURED Not as stated. due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO / Route Number,		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one). 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: HOSPITAL: ERVO. 28a. DATE OF INJUR (Month, Day, Year building, atc. (S) CIAN: To the best of my knoth. R: On the basis of examinate	utpatient 3 DOA Y 28b, TIME INJU RY — At home, farm, st boodily) Dowledge, death occurred lion and/or investigation	28. PLACI OTHER: 4 Nursing Nome 1 OF 28c. NJUM WORK: 1 YES reet, factory, offica	For DEATH (Check of Residence 8 AT 28 NO 28 Page 1 No 28 Page 2 No 28	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	JURY OCCURED Ind Number or Rura Ind Rura as stated. dua to the cause 29d. DATE SIGNI	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO / Route Number, p(a) and manner as stated.		
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 4 Homicide 8 Could not be detarmined 29a. CERTIFIER (Check only one). 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: 1 Dispatient 2 ERVO 28a. DATE OF INJUR 28a. PLACE OF INJUR 28a. PLACE OF INJUR CIAN: To the best of my known. R. On the basis of examinat	utpatient 3 DOA 28b. Time INJU RY — At home, farm, st pocify) DEATH (ITEM 27) (Type, f	28. PLACI OTHER: 4 Nursing Home: 9 Nursing Home: 1 YES NURN' 1 YES reet, factory, offica	For DEATH (Check of Residence 8 AT 28 NO 28 Page 1 No 28 Page 2 No 28	PERFORI 1 YES 2 Other (Specify) d. DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	JURY OCCURED Not as stated. due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO / Route Number, p(a) and manner as stated.		

92 575 A 31.4 and the start of t

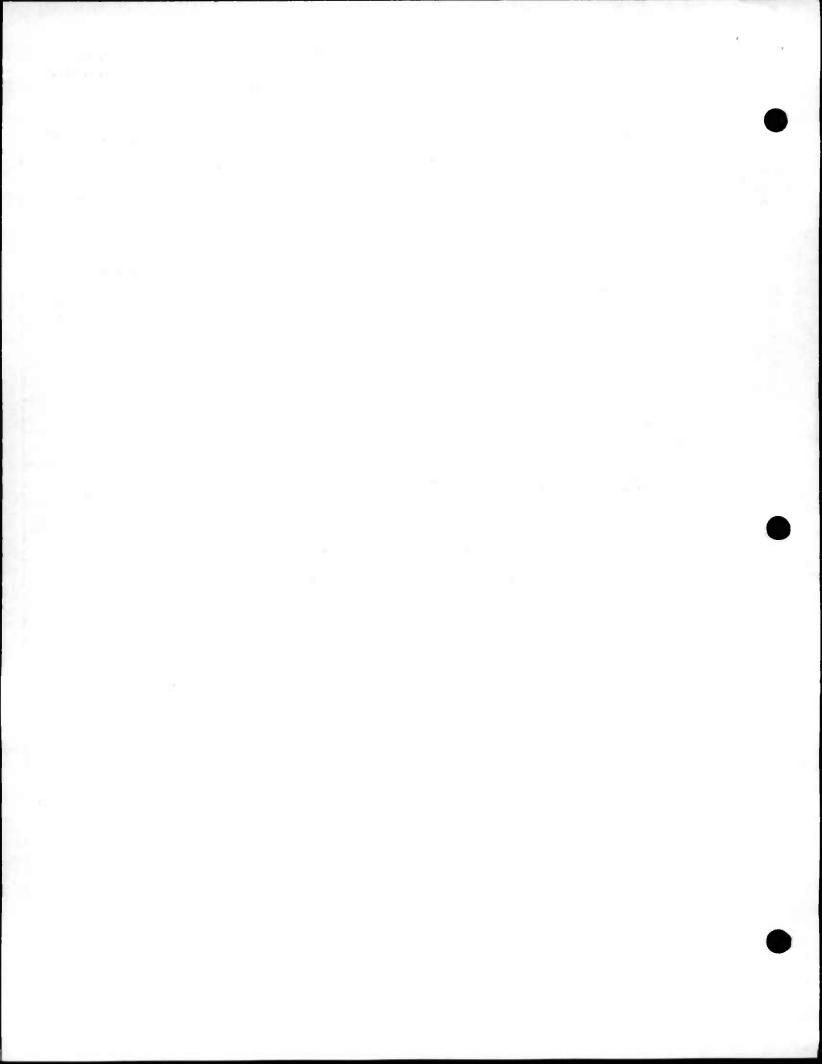
		Sa cars			
9	4.	3	7	8	L

K

	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	F. C	LINE		ICATE O		2. DAT	REG. NO	AY .	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest		IF UNDER 1 YEAR			E OF BIRTH		Countral	ACE (State or Foreign
	192–32–9790 9e. FACILITY NAME (If not institution, give		40	YRS.			10	21.		Penns	ylvania
DIRECTOR	Sinai Hospital	allest end number)			Balti	MORE	DEATH	•		timor	e City
) E	10e. STATE 10b. COUNT	ТҮ		10c. CIT	Y, TOWN OR LO	CATION				10	od. INSIDE CITY
		oll County		Fi	nksburg	J				1	LIMITS?
FUNERAL	3233 Murray Ro	ad				21048				U.S.A	T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEMENT E FORCES? 1X IF YES, GIVE WAR	YES 2 NO	IED	If yes,	ECENDENT OF HISP, specify Cuban, Mexic ES 2 NO Spec	cen, Puen	NY (Specify Ye o Ricen, etc.)	e or No—	Black, V	American Indian, white, atc.
6	15. OECEDENT'S EDI (Specify only highest grad	UCATION	16a. DEC	EDENT'S	USUAL OCCUPA	TION	10	66. KIND OF BU	SINESS/INC		
TO BE COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5+)	life.	Do NOT u	Watchn			Balti	more	City	Parks
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
	Francis R. C. 190. INFORMANT'S NAME (Type/Print)	Line						Patte			
5	Mrs. Sharon C.	Cline			Murray	Pood Fi		mber, City or Tow ourg, M			
	20e. METHOD OF DISPOSITION				OF DISPOSITION		7			Cify or Town	State
	1X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Green	Hil	I Cemet	ery	11/			oro,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195)										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or resolvatory errest.										
	ehock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Liet Only One Cease	on each line.			,					Approximate Intervel Between Onset and Death
CERTIFICATION	disease or condition resulting in death) B. CUV CliuL Dump for fund DUE TO (OR AS A CONSEQUENCE OF): B. MYS CAULI LIL IN FAULT VIN. DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF):										
DICAL	PART ii. Other significant condition	ns contributing to de	ath but not re-	sulting	in the underly	ng ceuse given in	Part I.	24e. WAS AN			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
¥								1 TYES 2		OF	MPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. OTHER:	PLACE OF OEATH (C	heck only	one)			
1YS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 EF			4 - Nursing Ho	me 5 🗆 Rasidence	_				
ву рь	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,)	(bar)		M 1	YURY AT YORK?	28d. Di	ESCRIBE HOW I	NJURY OC	CUREO	
8	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	IJURY — At hom . (Specify)	e, farm, i	street, factory, of	ice	281. LO	CATION (Street by or Town, State)	and Number	or Runal Rout	a Number,
COMPLET		ER: On the best of my									nd menner es statad.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	wh 1	er			29c. LICENSE NU					onth, Day, Year)
Ĕ	30. NAME AND ADORESS OF PERSON WI				Print)						
	31. DATE FILED (Month, Day, Year) NOV 1 2 '91	32. REGISTRAR'S Julia Dair	SIGNATURE drong	dell							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



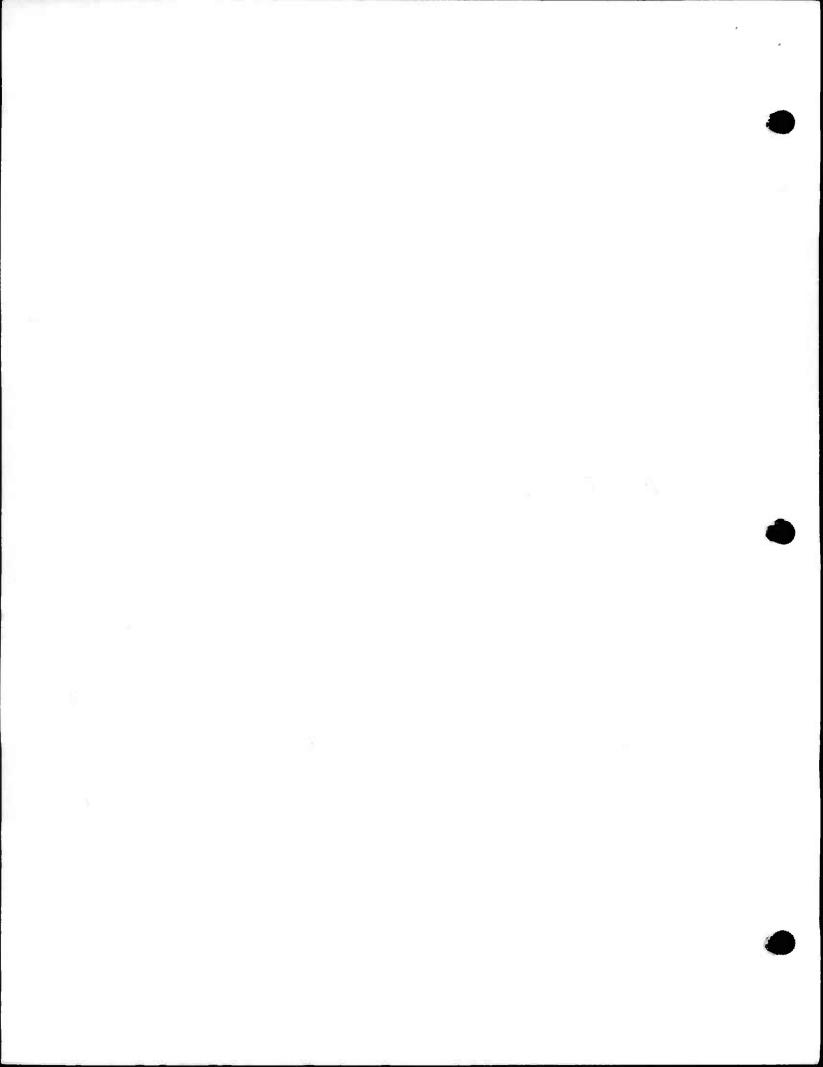
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR CERTIF				MENTA	AL HYGIENE REG. NO.				
ļ	1. DECEDENT'S NAME (First, Middle, Last) Joseph Robert (Cowman II	Т				2. DAT	E OF DEATH	e	YEAR :	06;15 A m	
						IF UNDER 24 HRS.	7. DAT	7. DATE OF BIRTH 8			ACE (State or Foreign	
į	216-20-8721	X M 2 □ F	_ 65 03-09.					1th, Day, Year) 3-09-26	6 Maryland			
OR	4600 Sykesville RESIDENCE OF DECEDENT				burg	EATH		Carroll				
EGI	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION		10d, INSIDE CITY				
DIR	Maryland Car:	roll	1 1	Fink	sbu	rg					LIMITS?	
AL	10e. STREET AND NUMBER				101.	ZIP COOE			10g. CITI	ZEN OF WH	AT COUNTRY?	
ER	4600 Sykesville	Road				21048			Uni	ted	States	
BY FUNERAL DIRECTOR	1 Never Married 2 Married	ied 2 Married FORCES? 1 XYES 2 NO						iN? (Specify Yea o Rican, atc.)	or No-	- American Indian, Whita, etc. te		
8	15. DECEDENT'S EDUCATIO (Specify only highest grade com	ON	16a. DECEDENT'S	USUAL O	CCUPATIO	Ň	-18	b. KINO OF BUS	INESS/INC			
COMPLETED		pleted) pliege (1-4 or 5 +)		(Give kind of work done during most of working life. Do NOT use retired.) Communications					U.S. Army			
OM	17. FATHER'S NAME (First, Middle, Last)		Outlin				AME (First	, Middle, Maiden S				
BE C	Joseph Robert C	owman Jr.				Hel	en F	Holmes	Spa	arkli	n	
TO B	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rura						
-	Janet M. Cowman	l				ille R					ID 21048	
	1 Buriel 2 Cremeilon 3 Removal 4 Donation 5 Other (Specify)	other place) arroll					OCATION - City or Town, Stata mpstead, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home											
	* Molent OV.	Myen	_		-				estn	ninst	er, MD 21	
	23. PART i. Enter the diseases, or com shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	RESPI	ach ilna. RATORY	A	tha mo		ch as ce	erdiac or respir	atory an	rest,	Approximata intarval Between Onset and Daath	
× ×	Right Lower Lobe Polymonia											
A	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): SEVERE CHRONIC OBSTRUCTIVE								MIN M	140.4		
CERTIFICATION	CAUSE (Disease or injury that initiated events	CONSEQUENCE	CBIII	DURASE			†					
FF	resulting in daath) LAST				500750							
2	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. V									WERE AUTOPSY FINDINGS		
ICAL		JA		, and the state of					PERFORMED? 1 YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDI		1								OF DEATH?		
ž												
증		OSPITAL:		OTHE		ACE OF DEATH (C	Check only	one)				
14S	1 YES 2 NO 1	YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		IJURY M						INJUNY OCCURED		
	3 Suicide 6 Could not be 4 Homicide detarmined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. Carton (Street and Number or Rure building, atc. (Specify)							er or Aurel Ac	oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) end manner se stated.											
ш	296. SIGNATURE AND TITLE OF CERTIFIER KOMONIN, Day, Year)											
TO B	THOMAS K. GALVIN III MO m _D31660 11/9/91									191		
	30. NAME AND ADDRESS OF PERSON WHO CO	ompleted cause of de			701	RO	. 6	EST. C	m	211	57	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE			•		-				
	NOV 1 2 '91	Julia Davidson	- Randelle								DHMH-18 Rev 1/89	

57



hos	tache	Ç.
the the	e de	10 1
ed by	의 위	e pa
staine	shor	THE STATE OF
be re	e 5	9 110
Пау	. pa	t p
9	ector	Ē
Page	al dir	Je
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fter d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Deat, of Health and Mental Hydlene prior to burial, cremation, or removal	aje
Jrs a	In by	edic
hoi	lled	E
in 24	ely fi	\$
With	mplet	ven
cute	d co	tic
exe	to b	E
te be	Sicia	重
Tifica	g ph	ther
h cer	Hydin	0
deat	e afte	Ě
the	th ye	Ē
thai	th ar	any
uires	Sign	S.M.C
v req	t, of	Sh
e lav	has	123
E :	State	Item
ICIA	the	ö
PHYS	with with	ked
ING	ther	E
END	DR: /	20
ATT ATT	RECTING A	E 2
L OF	T Die	<u>ē</u>
PITA	ERA in 72	=
HOS S	E E	M
표	THE fied	
2	23	Ξ

	1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF N	MARYLAND /	DEPAR ERTIFI						REG. NO.		317				
	JOHN RICHARD CLAWSON 2. DATE OF DEATH MONTH										3 9	EAR 3. T	ME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDE			24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/13/191		8. BIRTHPL Country)		E (State or Foreign			
	9e. FACILITY NAME (If not institution, give	street and number)	14	9b. CITY, TOWN			OR LOCATION OF DEATH			2/131		PA Y OF DEATH				
OR	Carroll County	Gen. Ho	spital	al Westminster						r Carroll						
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ		10c, CITY	. TOWN	OR LOCAT	ION					104	INSIDE CITY			
E	Md Ca:	rroll			I	West	min	ste	2				LIMITS?			
AL	10e. STREET AND NUMBER					101.	ZIP CODE	E			10g. CITIZE	N OF WHAT				
FUNERAL	1827 Old Westm	inster 1	Pike				211	57			U.	S.				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES GIVE W	YES 2 1	WED WO	13.	WAS DECI If yes, spe 1 YES	city Cube	n, Mexica	n, Puerto	N? (Specify Yes Rican, etc.)	or No- 14	Black, Whi	nerican Indian, ta, aic.			
윤	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S I	USUAL C	OCCUPATIO	N st of workin	· ·	161	. KIND OF BUS	INESS/INDUS	TRY				
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	E) 1.5 PS							A	CI.	7				
COMPLET	17, FATHER'S NAME (First, Middle, Last)		TI	spec	3 60.	r.\ Gr.		-	_	Armed		ет				
CC	Harris Albert	Clawson				1				Middle, Maiden Lzabet		edhar	n			
<u>m</u>	19a. INFORMANT'S NAME (Type/Print)	0 11 00 11	19	b. MAILING	ADDRES	S (Street ar			_	ber, City or Town						
은	Mrs. Nola M. C.	lawson		827									ster, MD			
	2tgr. METHOD OF DISPOSITION 1-A Burial 2 Cremation 3 Ram 4 Donalion 5 Other (Specify)	ioval from Stata	20b. PLACE	MAND DATE O	F DISPO	SITION (Nar	me of		DAT	E 20c. LO	CATION — CIT	y or Town, S				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDRESS OF FACILITY Pritts Funeral Home & Chapel												
	Robert K. Pritts, Sr. 412 Washington Rd., Westmins															
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reconstructors are at a cardiac or reconstructors.															
	immediate cause (Fine) Interval Onset a											Interval Between Onset and Death				
	disease or condition resulting in death)	a. CERE	BRO V	MASC	CUL	AR	ACC	CID	ev	T		ļ	3 DAYS			
		DUE TO	(OR AS A CONSE	DUENCE OF):											
RTIFICATION	Sequentially list conditione, if eny, laading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury															
ᅵ造ᅵ	that initiated events resulting in death) LAST	d	(OR AS A CONSEC	DUENCE OF)):											
Ë	PART II. Other significent conditions contributing to death but not resulting in the underlying causa given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS															
핑	PART II. Other significent condition		1 VES 2 FIND										ABLE PRIOR TO PLETION OF CAUSE EATH?			
핑	PART II. Other significent condition								_							
MEDICAL CE	PART II. Other significent condition								_			1 🗆	YES 2 NO			
MEDICAL CE												1 🗆	YES 2 NO			
MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	R:	ACE OF DE					1 🗆	YES 2 NO			
: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Minpettant 2 28e. DATE OF	INJURY	DOA 28b. TIME	4 Nut	R: rsing Home 28c. INJU	5 🗆 Res		8 🗌 Othe	и (SpecIfy)			YES 2 NO			
PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	INJURY	□ DOA	4 Nut	R: rsing Home 28c. INJU WOF	5 🗆 Res	sidenca	8 🗌 Othe				YES 2 NO			
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 % Inputant 2 26e. DATE OF (Month, D.) 28e. PLACE O.	INJURY	28b. TIME	4 Nut	R: rsing Home 28c. INJU WOF 1 Y	JRY AT AK?	sidenca	8 Othe 28d. DE:	и (SpecIfy)	JURY OCCUP	RED				
ED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Minpattant 2 28e. DATE OF (Month, D.) 28e. PLACE Of building,	INJURY ey, Vear) FINJURY — At ho alc. (Specify) my knowledge, de	28b. TIME INJU	OF JRY M	R: raing Home 28c. INJU WOF 1 Yestory, office time, data a	5 Res	NO and due	8 Othe 28d. DE: 28l. LOC City to the car	CATION (Street as or Town, State)	IJURY OCCUP	RED Rural Route N	fumber,			
BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide S Could not be detarmined 29e. CERTIFIER (Check only)	HOSPITAL: 1 M Inpettant 2 28e. DATE OF (Month, D.) 28e. PLACE Obuilding, ICIAN: To the best of en	INJURY ey, Vear) FINJURY — At ho alc. (Specify) my knowledge, de	28b. TIME INJU	4 Nut	R: raing Home 28c. INJU WOF 1 You You you you you you you you you you you y	5 Res	NO NO and due	8 Other 28d. DE: 28l. LOC City to the cal	CATION (Street as or Town, State)	nd Number or	RED Rural Route N	fumber, manner as stated.			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

ARTHUR L. RUDO, MD 524B BALTMORE BLUD WESTMINSTER, MARTHUR 21157

DE PRESISTRAR'S SIGNATURE PLANTAGE

C214C2 UNIT # 14-94-77
C2 AWSON, J RICHARD
154-A RUDO, ARTHUR L
03/13/1917 M 11/05/91

31. DATE FILED (Month, Day, Year) NOV 1 2 '91

1 . 8 2 -0 . 111 . 14 8 . 6 . 6 .

1	-	FOR STATE REGISTRA
1	1. D	ECEDENT'S N

1 - STATE REGISTRAR	STATE OF MA							MENIA					
1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH									3. TIME OF DEATH			
JOHN E	DWARD						ГН	YEAR Q	3;30 A				
4. SOCIAL SECURITY NUMBER	5. SEX 6	CAUS B. AGE (In yrs. lest b		IF UNDER		IF UNDER			OF BIRTH	- 4	8. BIRTHP	LACE (State or Foreign	
114 34 5757	1 M 2 □ F	47	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	944	NEW.	YORK	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE			9c. COUN	21 22 11	IN COLUMN	
Anne Arundel Me	Anne Arundel Medical Genter					Annapolis Anne Arund							
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Y, TOWN (
Md. Anne	Arundel		Annapolis						10d. INSIDE CI LIMITS?				
10e. STREET AND NUMBER			101. ZIP CODE							1 YES 2 NO			
2555 HELATNE	2555 HELAINE HAMLET WAY				21401							TAT COUNTRY?	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			RMED 13. WAS DECENDENT OF HISPANIC			IC ORIGIN? (Specify Ven or No. 14 RACE.			- American Indian,				
1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				If yes, specify Cuben, Maxican 1 YES 2 NO Specify:					n, Puarto Rican, etc.) Black, White, at				
15. DECEDENT'S EDU	ICATION	16a. DECE								<u> </u>		7723 - 123	
(Specify only highest grad	e completed)	(Give	kind of	work done	during mo	en st of workin	g	16	b. KIND OF B	USINESS/INDU	ISTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		vil Service					DEPT. OF COMMEN				ER#CE	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT CAUSEY MARGARET Dychous													
19a, INFORMANT'S NAME (Type/Print)		19b. I	MAILING	ADDRESS	(Street a	nd Number	or Rural F	Toute Nun	ber City or Ti	own, State, Zip (Codel	8.6	
Carolyn J. Can	SeV	2	55	5 11 0	7 2 3	ma I	I 0 m 7		177	Annan	2.	1401	
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren		20b. PLACE AND	DOATE	OF DISPOS			am	DAT	E 20c. I	OCATION - C			
4 Donation 5 Other (Specify)	TOVAL ITOM STATE	cemetery, creme			n C	nom:	1+0	11/	7 A	lex.	Va.		
28 SIGNATURE OF FUNERAL SERVICE LICENSOE 22. NAME AND ADDRESS OF FACILITY Taylor Tuneral Chapel													
Annapolis, Md. 21401													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or resolvations that caused the death.													
Intervel Batwee													
disease or condition resulting in death) GLIORGASTOWA MULTIFORME										Oneat and Dea			
DUE TO (OR AS A CONSEQUENCE OF):									142				
	OUE TO (OF AS A CONSEQUENCE OF):												
Sequentially liet conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):										1			
cause. Enter UNDERLYING	and the control of th										ŀ		
that initieted evente													
reaulting in death) LAST	d												
PART II. Other significant condition	ns contributing to de	eath but not ree	ulting	n the un	derlylna	Cause o	Iven In I	Part I	24a WAS A	N ALITTOPSV	24h W	VEDE AUTOROV EINOVAN	
		in the underlying cause given in rai					PERFORMED?			24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE			
								-	1 TYES	2 100		F DEATH?	
										YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL													
EXAMINER?	HOSPITAL: OTHER:												
27. MANNER OF DEATH	28a. DATE OF IN.	1 Impetent 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HO								Win tiller conten			
1 Natural 5 Pending	(Month, Day.	Year)	INJ	URY M	WOF	RK? ES 2	NO		VO22 1.011	mooni occo	TILD		
3 Suicide 6 Could not be	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At he							26f. LOC	ATION (Stree	and Number or	Rural Box	ite Number	
4 Homicide determined	building, atc	:. (Specify)						City	or Town, Stat	0)		,	
29a. CERTIFIER (Check only	ICIAN: To the heat of m	knowledge death	0000000	d od the al									
(Check only one) 2 MEDICAL EXAMINE	R: On the basis of exer	nination and/or inve	etigatio	n. In my o	me, date : pinion de	and place,	end due	to the car	use(e) and m	enner se stated	l. 		
29h_SIGNATURE AND TITLE OF CERTIFIE	2 MEDICAL EXAMINER: On the basis of examination and/or in												
(Aolun Do	101010	de A				29c. LICE	NSE NUM	IBER 29d, DATE SIGNED (A			SIGNED (A	fonth, Day, Year)	
MAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITEM 2	7) (Fm:	Delet)		05	100	18		11/	7-	71	
JOHO D. JA	- 1/2/21	(1.1)	CZZ	Pa	100-	- A		11.					
31. DATE FILED (Month. Oav. Year)	AZ MEGISTEAN	SIGNATION	00	101	201	DA	-	nu	report	ey, dec	1 0	1031-	
31. DATE FILED (MORTH, DAY 801) 1991 Junio 1													

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. For his after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

. . .

. .

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour ster death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages \$\infty\$ 2.3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTI CERTIFICATE OF DEA	
r'S NAME (First, Middle, Last) HITR CARLTO		2. DATE OF DEATH MONTH DAY

	1 - FOR STATE OF MARY	LAND / DEPARTME			MENTAL HYGIENE REG. NO.			
100	1. DECEOENT'S NAME (First, Middle, Last) ARTHUR CARLTON CALHOUN				2. DATE OF DEATH DAY October 30	, 1991	3. TIME OF DEATH 10:30 P M	
)	219-01-6682 1₺M₂□F 7	4 YRS. MONTH			7. DATE OF BIRTH (Month, Day, Ybar) Oct. 9, 19	17 M	TTHPLACE (State or Foreign unity) Iaryland	
TOR	9e. FACILITY NAME (If not institution, give street end number) Cuppett—Weeks Nursing Home RESIDENCE OF DECEDENT		aklan	d LOCATION OF DE	ATH	9c COUNTY OF		
FUNERAL DIRECTOR	Maryland Garrett	10c. CITY, TOW Oaklan	_	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
JERAL	837 E. Oak Street			ZIP CODE 1550		10g. CITIZEN O	F WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 To YE IF YES, GIVE WAR OF	S 2 NO	If yee, spe		IC ORIGIN? (Specify Yee on Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc. pecify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5+)	18e. OECEOENT'S USUAL (Give kind of work do life. Do NOT use retired Stone Maso	ne during mo: d.)	N it of working	166. KIND OF BUSI		(
BE COM	17. FATHER'S NAME (First, Middle, Last) Melvin Liston Calhoun	Jeone Hase		16. MOTHER'S NAI	ME (First, Middle, Meiden S			
TO B						oute Number, City or Town, State, Zip Code) Oakland, Md. 21550		
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removat from State 4 K Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or Maryland Anatomy Board 21. SIGNATURE OF UNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY					Maryland			
		100167	urst	Funeral	Home - Oak			
CERTIFICATION	if any, leading to immediate cause. Entar UNDERLYING	and the death. Do not an a sach lina. Le Cordie S A CONSEQUENCE OF): LYOS C LEW HO S A CONSEQUENCE OF): S A CONSEQUENCE OF):					Approximate Interval Between Onset and Death 5 mi hate	
CAL	PART II. Other significant conditions contributing to death Right Hemiplegie	h but not resulting in the	ph 0	cause given in	PERFORI	MEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1							
COMPLETED	4 Homicide determined building, etc. (5				28f. LOCATION (Street at City or Town, State)		al Hours Number,	
BE	(Check only one) 2 MEOICAL EXAMINER: On the basis of examinates and parties of certifier		ny opinton, d	eeth occured at the	time, data and place, end	due to the ceu	NED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF WALTER K. NAUMA 31. DATE FILED (Monits, Day, Year) 32. REGISTRAR'S S	DEATH (STEM 27) (Type, Pries)	/-	tecid	ent M	D 21	520	
0	moray 4 :4000 de Caile But							

As Holeson

											91	J	1789	
	FOR STATE REGISTRAR	STATE OF MA					EALTH DEAT		MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (OF DEATH	v	YEAR	3. TIME OF DEA	тн
	Eston	Dar	: b y	(COSN	IER			Nover	nber 7	, 19	91	0615	18 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH Day, Year)		8. BIRTH Count	IPLACE (State or F	oreign
- 1	236-12-1315	1 🔀 M 2 🗆 F	91	YRS.	MONTHS	DAYS	HOURS	MIN.	July	31,	1900	Wes	r Virgi	nia
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE		,	-	NTY OF D		
E I	Dennett Road Mand	or Nurisng	Home		-	0ak	land				Ga	rret	t	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			40- 017	Y, TOWN (2010047	ION						10d. INSIDE CIT	· v
DIRECTOR	WV IOB. COUNTY	Preston		NOC. CIT	T, TOWN C		orin	t h					LIMITS?	
21	10e. STREET AND NUMBER	2200011					ZIP CODE				100 CI	IZEN OF	WHAT COUNTRY?	NO
FUNERAL	P.O. Box 84					""	He care	713			1	USA	WIAI COOMITATI	
빌	11. MARITAL STATUS	12. WAS DECEDENT E	OVER IN ILE ARE	150	T 40	WW C D C C			uc onone	/CIby Ma			E — American Ind	ii -
교	1 Never Married 2 Merried	FORCES? 1	YES 2 N			If yes, spe	cify Cuba	n, Mexica	in, Puerto R	(Specity Yea Ican, atc.)	or No-	Blac	k, White, atc.	Hen,
₽	3 ☑ Widowed 4 ☐ Divorced	IF YES, GIVE WAR	OR DATES			1 YES	2 🙀 NO	Specif	y:			Spec	White	
	15. OECEDENT'S EQU	CATION	16a. DEC	CEDENT'S	USUAL O	CCUPATIO	N .		16b.	KINO OF BU	SINESS/IN	DUSTRY		
Ë	(Specify only highest grade	completed)	(Gh	ve kind of a Do NOT us	work done se retired.)	during mo-	st of workin	ng .						
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		Coal	Min	er				Coal	Mini	ng		
N N	17. FATHER'S NAME (First, Micidle, Last)						16. MOTH	HER'S NA	ME (First, M	liddle, Meiden				
	Archibald			Cos	ner	- 2		olly			Le	e		
H	19a. INFORMANT'S NAME (Type/Print)		196			S (Street a	nd Number	or Rumi	Route Numb	er, City or Yow	n. State 7	in Code)		_
임	Anna Pennington									Virg			6713	
	20e. METHOD OF DISPOSITION							,	DATE			- City or To		
20e. METHOD OF DISPOSITION 1 Structure 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specity) 1 Structure 2 Other (Specity) 1 Structure 3 Other (Specity)					(110		j Barr			orm,				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSES.	1	0	-		ID ADDRE	SS OF FA	CILITY	1110		, or m,		
	*Kolust 14	Land	M0016	67		Du 21	rst N.	Fu Seco	nera	Home	e aklan	nd, M	D 2155	0
	23. PART i. Enter the diseases, or o	omplications that c	aused the de	ath. Do	npt antai	r tha mo	de of dy	ing, suc	ch as card	lac or resp	iratory a	rrest,	Approxim	nate
	shock, or heart failure.	List Dniy Dne cause	Dn aach iina.				,						Onset ar	
	iMMEDIATE CAUSE (Final disease or condition	Limes	imi 1	les	W	5	i.].	P						
	resulting in death)	a. DUE TO (O	R AS A CONSEC	DUENCE O	ne:	1	11 (9)							49-
_ 1		0611/1	12 Men Vorlage								120	ayr		
0	Sequentially list conditions,	OUE TO (O	R AS A CONSEC	UENCE O	Ð:)	1.0	7						-1/-	
F	if any, leading to immediate cause. Enter UNDERLYING												1	
윤	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEC	OUENCE O	F):									
CERTIFICATION	resulting in death) LAST	95												
핑		d												
占	PART II. Other significant condition	contributing to de	eath but not n	esuiting	in the u	ndariyin	g cause	given in	Part i.	24a, WAS AP PERFO		24	b. WERE AUTOPSY AWAILABLE PRIO	
2	11/2 Nermers	1) seese								\ //	2 340		COMPLETION OF OF DEATH?	
ME									[- (1 YES 2	NO
-														
₹	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (C	heck only on	0)				
S	EXAMINER?	HOSPITAL: 1 Inpatient 2 I I	ER/Outpatient 3	□ DOA	4 ONU		10 5 □ R	esidence	6 🗆 Othe	r (Specify)				
27. MANNER OF DEATH 286. DATE OF INJURY (Month, Dey, Year) 286. DATE OF INJURY (Month, Dey, Year) 286. DATE OF INJURY WORK? 286. DATE OF INJURY WORK?														
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF	INJURY — At ho	me, farm,	atroot, fac	ctory, offic	:0		281. LOC	ATION (Street	end Numb	er or Rural	Route Number,	
三	4 Homicide determined	building, et	ъ (ареспу)						City	or Town, State	")			
in	29e. CERTIFIER	CIAN: To the best of	u knowled *	oth ac-	mad sile.	Alma da	and of		a to the	00/0) == 1 =		ind and		
5 1			v ranswieude, de	retur OCCUP	OUT THE UP.	ARTICL. ORIGI		-, and gu	w to the cal	sected and we	ज्यसम्बद्धाः क्षेत्रः क्षेत्रः क्षेत्रः क	idled.		
MPL	(Check only							red at th	e time date	end place a	nd due to		(e) and manner as	nated
COMPLE	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of axa					seath occu			end place, e		the cause		
BE COMPLETED	(Check only	R: On the basis of axa					Seath occu	ENSE NU	JMBER	end placa, e		the cause	(e) end menner ee	

.D. Eglon, W. Va.
32. gegistran's signature

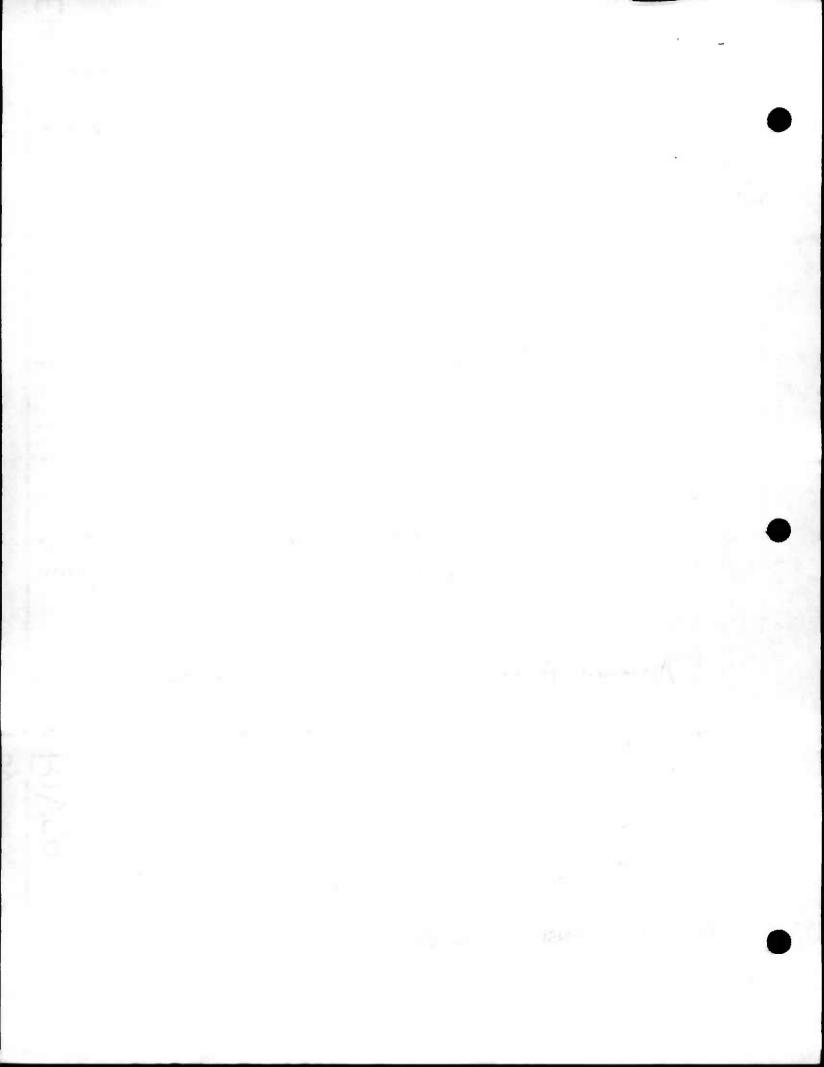
Julia Davidson—Randale

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Robert Coughlin, M.D.

31. DATE FILED (Month, Day, Year)

NOV 8 1991



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

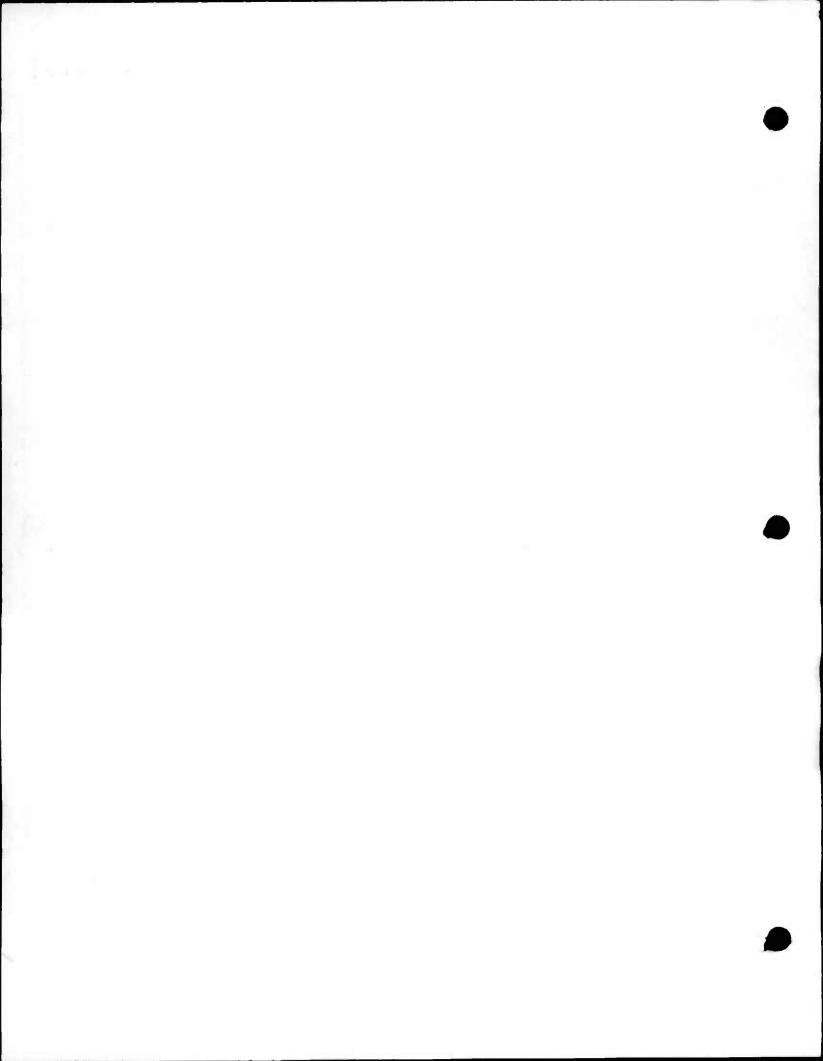
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	91-6432- FOR 1 - STATE	015	STATE OF I	MARYLAN	ID / DEPAR	TMENT	T 0F H	IEALTH	AND	MENTA	AL HYGIEN	9		31790
4	REGISTRAH				CERTIF	ICATE	OF	DEA	TH		REG. NO.			
ı	1. DECEDENT'S NAME (First,	, Middle, Last)								2. DAT	E OF DEATH	AV .	YEAR	3. TIME OF DEATH
ŀ	David		D.		Cole					10	31	199		9:17
ı	4. SOCIAL SECURITY NUMB		5. SEX		rrs. last birthday)	IF UNDER	1 YEAR	HOURS	R 24 HRS.	(Mor	E OF BIRTH oth, Day, Year)		8. BIRT	HPLACE (State or Foreign
ı	212-88-92		1 € M 2 □ F	28	YRS.					MAI		.963		ARYLAND
ı	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ION OF D	EATH		9c. COU	NTY OF	DEATH
1	500 blk.	Pearl	Street			R	isi	ng !	Sun				Ceci	11
ì	104. STATE	10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
ï	MARYLAND	CF	CIL			ISIN		1=100						LIMITS?
F	10e. STREET AND NUMBER		70111		111.	TOTI	_	ZIP COD	F			10a CIT	ZEN OF	WHAT COUNTRY?
Ì	TELEGRAPH	ROAL)					2191				log. Cit		USA
ŀ	11. MARITAL STATUS	ROAL	12. WAS DECEDEN	T EVER IN U	S. ARMED	13.				NIC OBIG	IN? (Specify Yea	or No.		
ı	1 Never Married 2		FORCES? 1 IF YES, GIVE V	YES	2XX0		if yes, sp	Elfy Cube	n, Maxica	in, Puerto	Rican, etc.)	or no-	Blac	E — American Indien, k, White, atc.
L	3 Widowed 4 X Divo	rced	100, 0.112 1	AIT OIT DATE	.5		1 1 123	MANO	Specif	у:			WI	TITE
		EDENT'S EDU		16	Be. DECEDENT'S	USUAL O	CCUPATIO	ON		16	b. KINO OF BUS	INESS/INE	USTRY	
I	Elementary/Secondary (0		College (1-4 or 5	.)	(Give kind of a life. Do NOT us	nonk done (aunng mo	St of Worki	ng					
L	UNKNOWN	12 YES.			MASON					I	AASONF	RY CO	SINC	TRUCTION
ı	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
L	CHARLES E	. COI	E					JA	NET	L.	MCCAF	DEL:	L	
I	19a. INFORMANT'S NAME (7)	/pe/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	r or Rural	Route Nun	nber, City or Town	n, State, Zip	Code)	
L	M/M CHARLE	S E.	COLE		601	CONN	ELY	RO.	AD,	RIS	SING S	SUN,	MD	21911
I.	20a METHOD OF DISPOSITI	ON 3 D Reme	ovel from State	20b. PL	ACEANDDATE	OF DISPOS	ITION (Na	me of	11-	5 - 9A	E 20c. LO	CATION -	City or To	own, State
Ľ	Donation 5 Dother	(Specify)	oval from State		MONY (EL	CEM	ETE	RY	CON	IOWI	NGO	, MD
ı	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	4:1		10	had							ERAL H			
۱	23. PART I. Enter the di	seases, or c	complications the	caused II	e death. Do r	not enter	the mo	NG.	SUN	M/	ARYLAN	ID		L Assession
ı	priock, or ne	part ranure.	List only one one	se on each	ilne.			de or dy	mg, auc	ii da Cai	diac of reapi	ratory arr	eat,	Approximate intervsi Between
	iMMEDIATE CAUSE (Fin disease or condition	ai	1/9/	10-	0 7	~ ~	-							Onset and Death
H	resulting in death)		B. DUE TO	(OR ANY A C	MSHOUENCE OF	Mu	re	1						
l		_	50270	1	/	/								
	Sequentially list conditi		DUE TO	(OR AS A CO	INSEQUENCE OF);			-					
ı	if any, leading to immed cause. Enter UNDERLY	NG				,								į
ı	CAUSE (Disease or injust that initiated events	ν) '	DUE TO	(OR AS A CO	INSEQUENCE OF	j:								
ı	resulting in death) LAST	T .	4											!
	DART II OM I III													
	PART II. Other algnification	nt condition	a contributing to	death but	not reaulting i	n the un	deriying	cause (given in	Part i.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ı											VES 2			COMPLETION OF CAUSE OF DEATH?
											/			1/2 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF D	EATH (Ch	eck only o	ne)			
İ	1 X YES 2 NO		1 inpetient 2	ER/Outpatie	nt 3 🗆 DOA	OTHER	t: ilng Hom	• 5 □ Re	sidence	s 🛚 Oth	er (Specify) O	n s	tree	et
	27. MANNER OF DEATH		28a. DATE OF (Month, Da	INJURY sy, Ybar)	28b. TIMI	E OF URY	28c. INJ	URY AT		28d. DE	SCRIBE HOW IN	JURY OCC	URED	
*		Pending nveatigation	10 31	199	1 9:1	2 P	1 🗌 1	ES 2	NO	Ope	rator	in m	oto	rcvcle acc
ı	3 Suicide 6 Could not be 28a. PLACE OF INJUSY At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, building ster. (Specially etc.)					Route Number,								
L	4 Homicide	determined		tree	<u>-</u>						blk.	Pea	r1	Street
	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledg	e, death occurre	d at the ti	me, date	and place.	and due					DETECE
	one) 2 🔀 MEDIO	CAL EXAMINE	R: On the beals of ex	amination an	d/or Investigatio	n, in my o	pinion, d	eath occur	ad at the	time, date	and place, and	due to th	a cause(s	i) and menner as stated.
╟	29b. SIGNATURE AND TITLE								ENSE NUN					
	1	no	1 0%	to 4	40							And DATE	_	(Month, Day, Year)
1	30. NAME AND ADDRESS OF		COMPLETED CALIS	E OF DEATH	(ITEM 27) /Time	Print)		0.0	. М.	E.		- 11	0	1 1991
		. CHU												
1	DENNIS J 31. DATE FILED (Month, Day, Y			R'S SIGNATII	111 P	enn	St	reet	, B	alt	imore	Mar	yla	nd 21201
	NOV 06'9		22. REGISTBA	idson-V	andell									

	_	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE OI		MENTAL HYGIE		1 01751
		1. DECEDENT'S NAME (First, Middle, Last)	0			2. DATE OF DEATH		3. TIME OF DEATH
	1	WILLIAM	PLAR	204		MONTH	2 9	YEAR 9.50P
1	1		5. SEX 6. AGE (In yrs.			7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
(RD	0		1×M2□F 6	7 YAS. MONTHS DAYS	HOURS MIN.	02-15	24	U S A
(al 3)	Va.	9a. FACILITY NAME (If not institution, give street			OR LOCATION OF	DEATH	9c. COUNT	TY OF DEATH
~	Egro	EL HALLON RESIDENCE OF DECEDENT	o mem. Ho	DRITTL H	NIE	DE GRA	75	HARFORD
58	BEC	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOC	ATION			10d. INSIDE CITY
Ψ.	0	MO HA	rrono	HAVA	لح ال	= GRA	-ce	LIMITS?
регл	\¥	TOUR OTTILE ! ALLO HOMBEN		1	IOI. ZIP CODE			EN OF WHAT COUNTRY?
physician. burial-transit permir Pages	FUNERAL		FILELA	STREET	21	8 50		JSA
physician. burial-tran	15	11. MARITAL STATUS 1 Sever Married 2 Married	12. WAS DECEOENT EVER IN U.S. / FORCES? 1 SEES 2		ECENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	fee or No- 1	4. RACE — American Indian, Black, White, atc.
ing pl	B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		S 2 Speci			Specify:
attend se as		15. OECEDENT'S EDUCA	TION 16a.	OECEDENT'S USUAL OCCUPAT	ION	16h KIND OF E	SUSINESS/INOUS	BLACIC
for us	🖫	(Specify only highest grade co	impleted)	(Give kind of work done during n life. Do NOT use retired.)	nost of working	Too. Kind of E	03INE33/INOU:	31Ht
ched ched	P P			RETILED	ARMY			
detach	COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N.	AME (First, Middle, Maid	n Surname)	
ed be	8	Charles Carroll			Oliva	Claggett		
5 should	2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AOORESS (Street				
y be		Filen Hamilton		519 Lafayette				
e 6 ma ector, p		1 Donatton 5 Other (Specify)	at from State 20b. PLAC	EAND DATE OF DISPOSITION (# Prison Forest	Vame of	OATE 20c. I	OCATION - CH	ty or Town, State
Page al dire		21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE JUST	22. NAME	AND ADDRESS OF F	KCH TTY	wings	טויו, כו ו ו וי
death. Pag tuneral dii I. examiner		•				Funeral S		LAD
y the noval.		23 PART i Enter the diseases or any				Havre de		
24 nours after death. Page 6 may be retained by the hospital or attending filled in by the funeral director, page 5 should be detached for use as the ion, or removal. The medical examiner must be notitied at once,		23. PART i. Entar tha disease, or cor ahock, or haart failure. Lis iMMEDIATE CAUSE (Final	at only one cause on each lin	na.	oda of dying, euc	ch as cardiac or rea	piratory arree	Approximata interval Batween Onset and Death
be executed within 24 cian and completely fille for to burial, cremation, raumatic event, the		disease or condition resulting in death)	AWTE CO	DON ANY	ARTER	LY DISI	ころりと	
ecuted ind com burial,	z		ASWO					
e be execut sician and carior to buri- traumatic	ERTIFICATION	Sequantially liet conditiona, if any, laeding to immediata	DUE TO (OR AS A CONS					
physician pe prior to	2	CAUSE (Disease or injury						
fing p ygiene	늗	thet initietad evants resulting in daath) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
attend ntal H	E	d.						
SICIAN: The law requires that the death certificate certificate has been signed by the attending physic to the State Dept. of Health and Mental Hygiene prit, or Item 23 shows any Injury, or other th	ICAL (PART II. Other aignificant conditions of	contributing to daeth but not	resulting in the underlying	ng causa given in		IN AUTOPSY	24b. WERE AUTOPSY FINDINGS
s that ned b ith an	DIC.		0.43 ELE	DELLI	27,	PERFO	PRMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
quire; in sign if Hea	MED		SE) ZURE	000000	en			OF OEATH?
law re as bee ept. c	ä							
The ate he tate D	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		LACE OF OEATH (C)	eck only ona)		
CIAN: ertific the Si	ıs⊢	1 VES 2 NO	□ Inpatient 2 R/Outpatient	3 DOA 4 Nursing Hot	me 5 - Residence	6 Other (Specify)		
this c with	PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
After death	B	2 Accident Investigation	28s. PLACE OF INJURY — At h	NO " 10		20		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signs be filed within 72 hours after death with the State Dept. of Healt IMPORTANT: It item 28 is marked, or item 23 shows:	TED	4 Homicide Getarminad	building, atc. (Specify)	actory, offic	ca	261. LOCATION (Stree City or Town, Stat	B)	Rural Route Number,
DIR Hour	PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, d	death occurred at the time, date	a and place, and due			
SPITA VERAL Din 72	COMPL	one) 2 MEDICAL EXAMINER:	On the basis of examination and/or	r investigation, in my opinion,	death occured at the	time, date and place,	and due to the c	cause(s) and manner se stated.
E FUI	O I	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			SIGNED (Month, Day, Year)
TO THE SE FILE	0	Gunshand	n DM	=		809) II	1- 2- 1991
	2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF OEATH (IT	EM 27) (Type, Print)		-	1	
		9 PRASHU 1810	BELAIN 20	+ 142 F	ALLSTO	N MO	210	47
.		31, DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			7		-3 .
		MANTERI	0					

the	det		9
3	be		10
peu	OUS S		fled
reta	5 sh		noti
be	age		De 1
may	Jr. D		st
9	recto		Ē
Pag	P G		ner
ath.	Juner		am
r de	he fr	100	ex
afte	by t	mov	Ca
OUIS	=	Dr re	ned
	fille	on,	he
hin	tely	mat	t, t
Wil	mple	Cre	ven
cute	8	unal	10
exe	an	d o	mat
be	iciar	jou	Lan
Cate	phys	Je p	er
Serti	Buil	ygie	oth
ath (tend	표	0
de	e at	Aent	L'A
t the	5	Pu	三
tha	Pe	th a	any
uires	Sign	Heal	MS
red	een	0	sho
Jaw.	as !	Dept	23
The	ate !	tate	lem
IAN	THE	S e	07
YSIC	S Ce	#	Ď,
F	T thi	N K	arke
SING	Afte	deat	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
A AT	ECT	ILS a	1 2
L 08	P	Pour	Ite
MIL	RAL	27	1
100	UNE	vithir	ANI
Ή	34	ed v	ORT
0 1	II Q	e fi	MP
-	-	P	-

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Lillie Mae DOU 4 244-26-6761	IGLAS				October 3	1997	3:20 Am
	245-68-5041	245-68-5041 1 M 2 XF 69 YRS. MONTHS DAYS HOURS MIN. 2-11-						NPLACE (State or Foreign (ry) Carolina
OR	Doctors Community	treet and number) I Hospital		Lanham	OR LOCATION OF D	DEATN	Prince	geath George
띦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y	Inc CITY	OWN OR LOCAT	TON			r
L DIRECTOR		nce Georges		. Rair	nier			10d. INSIDE CITY LIMITS? LIMITS? NO
RA		. 7		1	. ZIP CODE		10g. CITIZEN OF	
N.	3425 Easteri	12. WAS DECEDENT EVER IN	VIIS ARMED		20712	NIC ORIGIN? (Specify Yea	U.S	
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	II yes, sp	ecify Cuban, Mexic 2 NO Speci	an, Puarto Ricen, atc.)	Blac	E — American Indien, k, White, etc. myBlack
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	18a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done during ma	DN st of working	16b. KIND OF BUS	I SINESS/INDUSTRY	
PL	11	College (I-4 br 5+)	Dome	stic		Home	emaker	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden		
BE (Chester	L. Douglas	5		Emma	Cousin		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DRESS (Street a	nd Number or Rural	Route Number, City or Town	n, State, Zip Code)	
۴	Deloris D. Jor		110 Ki	ng Cha	arles R	d., Ralei	igh, NC	27610
	20a. METNOD SF DISPOSITION 1	oval Irom State 20b.	PLACE AND DATE OF I	DISPOSITION (Na	med remato	DATE 20c. LO	CATION — City of To	own, State
	21. SIGNATURE OF FUNERAL BERVICE LIC	ZNGSE /	OIC BIN	22. NAME AN	D ACORESS OF F	ACILITY		
	1	March	7			ln Funera		, Inc. wood, Md.
NO	IMMEDIATE CAUSE (Final	s. Metastat	sch line.				rstory srrest,	Approximate interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):					
	PART ii. Other significant condition	s contributing to death be	ut not resulting in t	he underlying	csuse given in	Part I. 24s. WAS AN		WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	phechou	nia				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä	sepsis					_	E NO	OF DEATH? 1 YES 2 NO
ž	gastric	vicer					1	
SIA	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?			28. PL	ACE OF OEATH (C)	neck only one)		
SIC	1 TES 2 140	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Output		THER: Nursing Nom	5 - Realdence	6 Other (Specify)		
PH	27. MANNER OF GEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJ		28d. DEŞCRIBE NOW IN	JURY OCCUREO	
B⊀	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, etc. (Speci	— Al home, lerm, stra	nl, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or Rural I	Route Number,
COMPLETED		CIAN: To the best of my knowle R: On the basis of examination						
			- endo investigation, i	it my opinion, o			dua lo lhe cause(a	i) and mannar as staled.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	グー・ナ			03 9 S		P 10/3	
-	30. NAME AND ADDRESS OF PERSON WING	COMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type, Pri	1850	Forbe	s Blad	Canham	, Ad 70706
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA						/



		_		
10	10	20	ь.	
1	466	88	74	b .
	257	88	38)	3
F.	883	M:	劅	,
	F		w	
	-	100	٠.	
			89	
			Mr.	

BALTIMORE, MARYLAND 21215-0020

5 should be detached for use as the burial-transit permit. 24 hours after death. Page 6 may be retained by the hospital or attending physician, notified at page pe examiner must director, the funeral filled in by the filon, or removal. the medical cremation, been signed by the attending physician and completely it. of Health and Mental Hygiene prior to burial, crematis HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. traumatic other 10 shows any has b. Dept. 23 st this certificate ha with the State D irked, or Item 2 marked. After 28 Is DIRECTOR: / THE HOSPITAL O THE FUNERAL D filed within 72 h -MPORTANT 2 P #

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

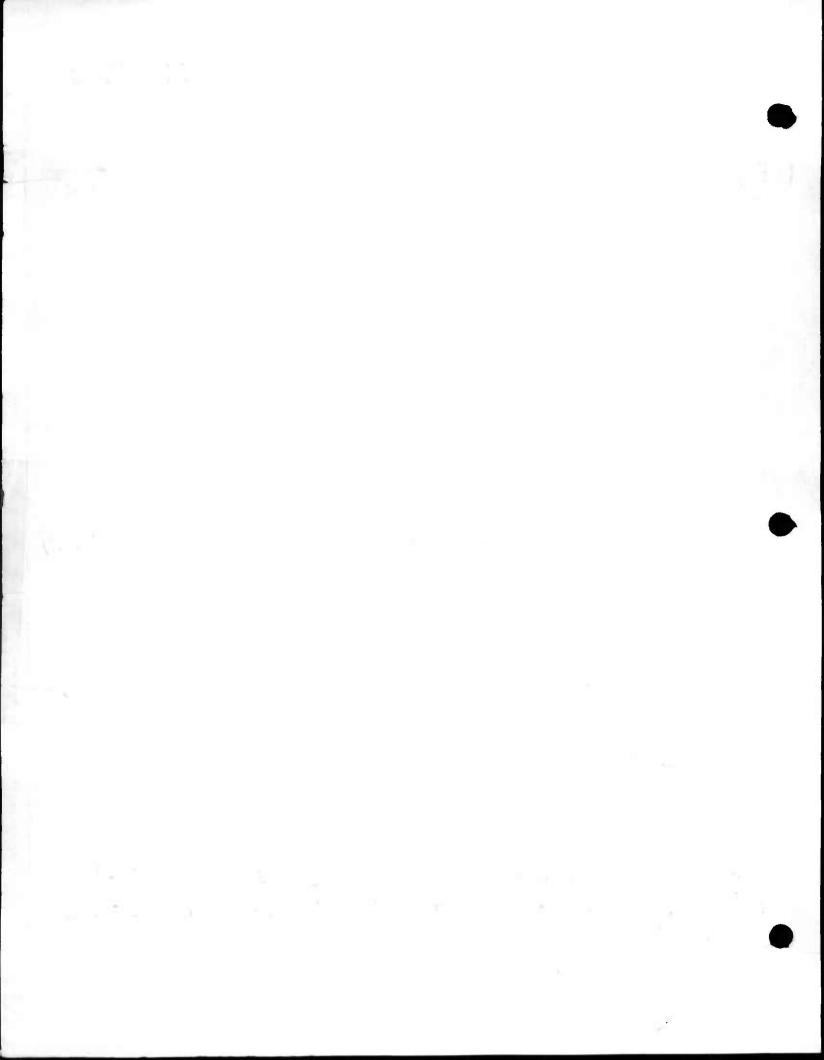
3

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 91 YEAR 3. TIME OF DEATH MONTH 11 <u>Patricia B. DeNio</u> 8:15 p.m. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2700F DAYS HOURS 546-10-0952 88 YRS 8-1-03 Missouri 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington Adventist N.H. Takoma Park Prince George's RESIDENCE OF DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Prince George's Takoma Park 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 7525 Carroll Avenue 20912 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO THE YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO BY 3€ Widowed 4 ☐ Divorced Specify: Specify White ETED. 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) COMPL 10 Secretary North Coast Company 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Timothy Bradshaw Gertrude Green BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Neely Turner 4937 Western Ave., N.W., Washington, D.C. 20016 20a. METHOD OF DISPOSITION
1 □ Burlal 2 K Cremetton 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Lee Crematory 11-2-91 Clinton, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY I ee 6633 Old Alexander Funeral Home, Inc. Duran Clinton, Md. 20735 23. PART J. Entar tha diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiretory arrast, Approximata ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 YES 2 700 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 Inturaling Home 5 Residence 5 Other (Specify) HOSPITAL 1 YES 2 THO 1 Inpatiant 2 I ER/Outpatient 3 I DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga 84 BY I YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 3 Suicide ED 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined H 1 DESTRIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SKINED More 039 J 2 30. NA ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9252 MAN 700116 32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

1991

NOV 07



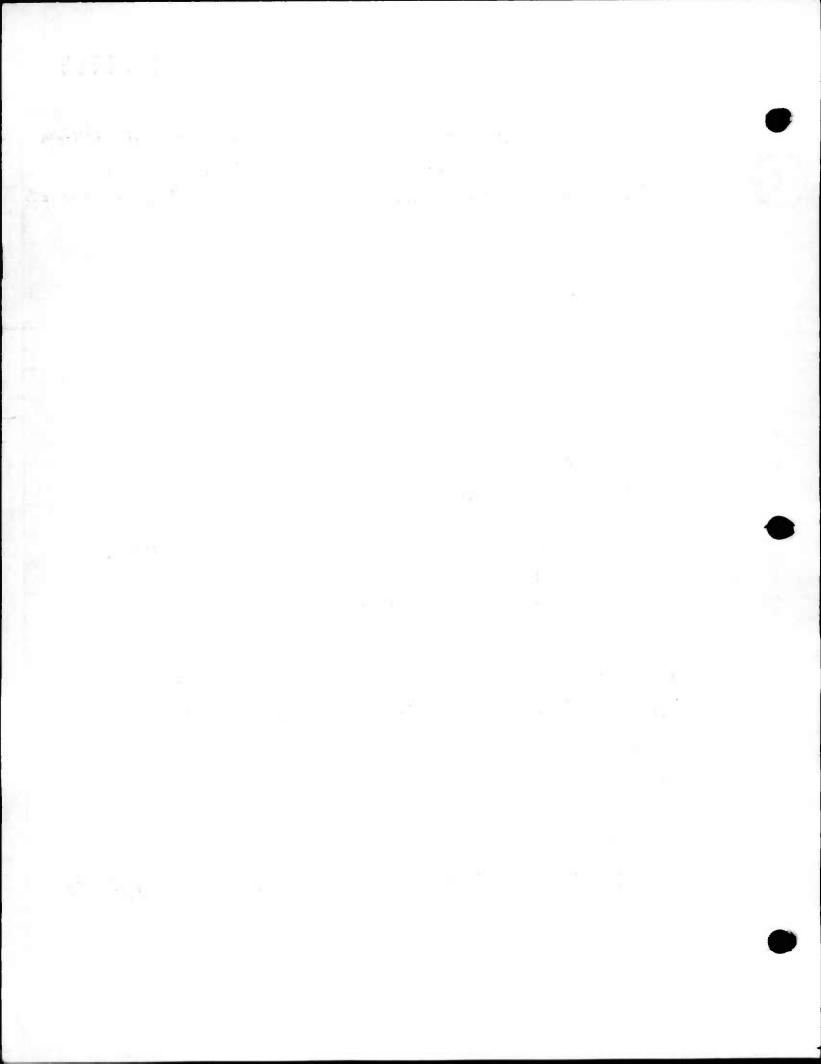
	he	deta	one
	5	pe	100
	peu	pino	led
	retai	S Sh	intili i
•	2	30e	90
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained filled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
	ge 6	direct	8
	- Pa	eral c	ine
	death	fune	xan
	fter	the	iai
	Irs a	n by	adic
	00	led i	E
	1 24	y fill	the
	vithi	rem	ant.
	bel	al, c	2
	noe	bud	atic
	90	an a	E
	ate !	ysic	Ŧ
	rtific	d phiene	the
	ao L	Hydin	0 0
	deat	atte	2
	the	The Me	in in
	that	P P	N N
	res	ealth	50
	redu	of h	shov
	AP.	as be	23
	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Migliene prior to burial, cremation, or removal.	E
	AN	rtific he S	07
	NSI(ith t	ed.
	S P	th w	ark
	NIQ	Aftea	E S
	TEN	TOR.	28
	H A	IREC	E
	AL O	1 D	THE P
	SPIT	JERA Jin 7	1
	Š	F	TAN
	품	THE	POF
	2	23	Ξ

199

			91	31794			
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEATH	ENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES EUGENE DAVIS	DATE OF DEATH	Y YE	3. TIME OF DEATH			
	CHARLES DAVIS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 175, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7.	11-0	1 - 9	1 4.45pm "			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 W 2 F F F F F F WHOER 1 YEAR F WHOER 24 HRS. 7. MONTHS DAYS HOURS MIN.	(Month, Day, Year)	2/ 0	IRTHPLACE (State or Foreign ountry)			
	9a. FACILITY NAME (If not institution, give street and number)		9c. COUNTY	aryland			
O.B.	PRINCE GEORGES HOSP CENTER CHEVERL	4		CEGEGRGES			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	1					
HE	Virginia Warren Linden			10d. INSIDE CITY LIMITS? 1 TYPES 2 NO			
AL	10e. STREET AND NUMBER 10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	388 Khyber Pass 22642		U.S.A	•			
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO It yee, specify Cuben, Maxican, P	ORIGIN? (Specify Yea	or No- 14.	RACE — American Indian, Black, White, etc.			
B	3 ☐ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☐ NO Specify:	,		Specify: white			
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUS	INESS/INDUSTI	RY .			
9	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use retired.)						
COMPLET	12 Lab Technician 17. FATHER'S NAME (First, Middle, Last)			Packing			
	10. MOTHER'S NAME	(First, Middle, Maiden Sterling					
) BE	19s. INFORMANT'S HAME (Type-Print) 19b. MAILING ADDRESS (Street and Number or Rural Rout		,)			
2	Narcissa M. Greene 388 Khyber Pass, Linden, Va. 22642						
	20s. METHOD OF USPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of Completor or other place) 20c. LOCATION — City or Town, State						
	Ft. Lincoln Cemetery 11/	5/91 Br	entwoo	d, Md.			
	22. NAME AND ADDRESS OF FACILITY Gasch's Funeral		39 Bal	timore Ave			
\vdash	Hyattsville, Md	20781					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as phock, or heart failure. List only one cause on each line.	a cardiec or respir	ratory arrest,	Approximate Intervel Between			
	immediate cause (Final disease or condition resulting in death) Refractory Congestive her	. A. D.	1.	One state of Division			
	resulting In death) a. Ne // (CTOY 9 COT 908 IT V'C V(C) DUE TO (OR AS A CONSEO (SENCE OF):	m 50	um				
Z	Preumonia			į			
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING						
FIC	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE OF)						
CERTIFICATION	resulting in deeth) LAST Sebti Com 19.						
-	DADT II Other algoriticant conditions contribution to daily						
PHYSICIAN: MEDICAL	PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Par	rt i. 24s. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ED	Diahetel Melling	1 TES 2	NO	OF DEATH?			
≥ ::	ANA CAR CA China 2011 Tootgan	gane	ľ	1 TYES 2 NO			
NA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? DOS DIVAL	only one)					
YSIC	1 YES 2 NO HOSPITAL: 1 Propertient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8	Other (Specify)					
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 28c. INJURY AT WORK?	d. DESCRIBE HOW IN	JURY OCCURE)			
B	2 Accident Investigation M 1 YES 2 NO						
	3 Suicide s Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	If. LOCATION (Street ar City or Town, State)	nd Number or Ru	ral Route Number,			
<u> </u>	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my knowledge death as a second of the land.						
COMPLETED	(Check only one) 29a. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to to medical medical examiner. On the basis of axamination and/or investigation, in my opinion, death occurred at the time.	ine cause(a) and mani e, data and placa, and	ner as stated. I due to the cau	se(e) end manner as stated			
l w l	29b. SIGNATURE AND TIME OF CERTIFIER			NED (Month, Day, Year)			
m	Kakush World D201	08	▶ 11	11/91			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	3		1171			

32. REGISTRIA'S SIGNATURE Pandell.

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, and Marial Humana and Marial Humana property harmal property of Hash and Marial Humana
ON OF VITAL RECORDS, P.O. BOX 68760,	ING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the last with the State Dam of Health and Montal Hurlane prior to buried presenting or seminated.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH KATHLEEN DECKER 91 5:35 P 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 9 2 8. BIRTHPLACE (State or Foreign 149-58-9767 HOURS 1 | M 2 | | F 60 Penna. 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BOY SCOUT RD. DEER PARK MD. DEER PARK GARRETT RESIDENCE OF DECEDENT DIREC 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Columbia 1 YES XX NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6935 Bugle Drum Way 21045 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married Il yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: B 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Vice President Mortgage Banking 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumarne) notified at Earl John Decker Carole BE Amershek 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Laura Decker 1322 Old New Windsor Road, Windsor, Md. 21776 Pe 20m. METHOO OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must 1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Johns Cemetery Ellicott City, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harre HARRY H. WITZKE FUNERAL HOME 4112 Old Columbia Pike, Ellicott City, Md. 21043 medicai 23. PART I. Enter the displaces, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiretory arrest, ahock, or heart fallure. List only one cause on each line. Approximeta intarval Between IMMEDIATE CAUSE (Final the Onset and Death disease or condition resulting in deeth) MULTIPLE INJURIES

DUE TO (OR AS A CONSEQUENCE OF): event, traumatic CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 0 injury, o PART II. Other significent conditions contributing to deeth but not reaulting in the underlying cause given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO shows any COMPLETION DF CAUSE 1 X YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Hem 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpettant 2 | ER/Outpettent 3 | DOA OTHER: ng Home 5 - Residence 8 Other (Specify) STREET 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED OCCUPANT 1 Natural 5 Pending AUTO TREES (3) IMPACT BY 11-4-91 5:00PM 1 YES 2 NO 2 Accident
3 Suicide TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT: If item 28 is m. 28s. PLACE OF INJURY — At homs, larm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number of Rusel Route, Number D. City or Town, State) BUY MD. 6 8 Could not be 4 Homicide datarmined STREET COMPLET 29s. CERTIFIER
(Chark only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. CHATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) yby Me O.C.M.E. NOVEMBER 5, 199 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARGARITA A. KORELL M.D. 111 PENN ST. BALTIMORE, MD. 32. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)

'91

. . . CABLE AND THE STATE OF THE STAT

, a	S	
) E	ō	
Spi	hed	
b	stac	926
4	g e	0
5	Q p	- CO
inec	DOL	5
reta	S	100
2	96	0
may	, p	St.
9	90	E
30	-	-
4	eral	in in
deat	5	Xa
te	the Ka	7
Sal	P 5	음
Ž	d in	He
	fille on.	he
Ę.	tely	t, t
¥.	Crei	Ve.
ted	ial co	60
Nec.	P A	aţi
8	an co	1
ite	Sici	=
ifica	Page 9	her
cert	ding	0
ath	at H	0
ap a	Aent	3
ŧ	T Pu	三
that	be to	an A
res	sign	8
edn	of H	2
W	P 50	3 8
96	Page 9	2 2
E	cate	ē
JAN	rtife he S	6
YS!(SCE	P.
푼	E A	
NG NG	oath eath	Ë
8	B. A	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SH C	JIRE Durs	E
AL (1 N N N N N N N N N N N N N N N N N N N	
PIT	ER Z	핕
HOSO	5	M
뽀	H B	8
0	e 0	물
_	- 0	-

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	D MENT	AL HYGIENE				
1. DECEDENT'S NAME (First, Middle, L.	ast)			2. DAT	E OF DEATH	YEAF	3. TIN	E OF DEATH	_
LILLIAN 4. SOCIAL SECURITY NUMBER	c.ATH		DAWES	11	08	1991		:50P	М
578-60-3853	10 M 2 X F 60							(State or Foreig	7n
9a. FACILITY NAME (If not institution, g	The second second	9	D. CITY, TOWN OR LOCATION OF	DEATH		9c. COUNTY OF	DEATH		
SUBURBA RESIDENCE OF DECEDENT			BETHES	DA		MON	TGO	MERY	<u>C0</u>
Maryland Mo	ntgomery		own on Location Lver Spring				1	VSIOE CITY IMITS? YES XX NO	,
1509 Heather Ho 11. Marital status	llow Circle		101. ZIP CODE 20904	<i>(</i> ,		10g. CITIZEN O		OUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HIS	•	IN? (Specify Year	US V No. 14 R4	• • • • • • • • • • • • • • • • • • • •	erican Indian.	
3 Widowed 4 X Pivorced	FORCES? 1 YES	TES THO	It yea, specify Cuban, Man t ☐ YES 2 NO Spe	ican, Puerto	Rican, etc.)	BI	eck, White	an Inc	lia
15. DECEDENT'S (Specify only highest g	EDUCATION (rade completed)	16a. DECEOENT'S US (Give kind of work	JAL OCCUPATION done during most of working dired.)	16	66. KIND OF BUSI				
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle, Last,	College (1-4 or 5 +)		Assistant		Hoold	-b 0			
17. FATHER'S NAME (First, Middle, Last))	MOTOTI		NAME (First	Middle, Meiden Si	th Care			
Alvin Proctor					Swann	ипате)			
ISE. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or Ru	al Route Nu	mber, City or Town.				
Trailion Dawes		110 Ri	tchie Avenue,	Sil	ver Spri	ing, Md	•		
20s. METHOD OF OISPOSITION S Burlal 2 Cremation 3 F 4 Donation 5 Other (Special)	Pamoval from State 20b.	PLACE AND DATE OF D etery, cremetory or other JOSEPH	olece) Cemetery	1	TE 200. LOCA	ret. M		ta	
Michael B	Cor	1857	22. NAME AND AODRESS OF Huntt Funeral P. O. Box 156	FACILITY HOME	9				
Sequantially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury.								
PART II. Other significant condit	d	consequence of:	ne undarlying causa given	in Part i.	24s. WAS AN AL PERFORM 1 PES 2	E0?	AVAILA	AUTOPSY FINDINGLE PRIOR TO ETION OF CAUS	
							1/801	ES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXVES 2 \(\subseteq \text{NO} \)	HOSPITAL:	O	26. PLACE OF DEATH (_
27. MANNER OF DEATH	28a. DATE OF INJURY		Nursing Homa 5 Residence	_		IIBY OCCUBED			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACTION 25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACTION 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 InpatlantX2X ER/Outpetlant 3 DOA 4 Nursing Homa 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY 26b. 7 55 26c. INJURY AT WORK? 28a. Certifier Check only one) 28a. DATE OF INJURY 26b. 7 55 26c. INJURY AT WORK? 1 O 8 199 17 : 56 P M 1 VES XIX NO DRIVER IN AUTO / A							os/	ता	
4 Homicide determined		LIC HIG	HWAY		Montgon				
29a. CERTIFIER (Check only one) 1 CERTIFYING PH 2 MEDICAL EXAM	IYSICIAN: To the best of my knowle	dge, death occurred at	the time, data and place, and d my opinion, death occured at ti	us to the ca	use(a) and manne	r as stated.			d.
250. SIGNATURE AND TITLE OF CERTI			29c. LICENSE N			9d. DATE SIGNE			_
100	X		ос			▶ 11	10	1991	
AMDIX.	WHO COMPLETEO CAUSE OF OEAT	PENN S	TREET BAIT	IMOR	E, MARY		212		
31. OATE FILEO (Nogh, Day, Joan 1	991 32. REGISTRAN'S SURNAT	Son-Randall			_ ,		414	J I	

-5 -Y

Carlotte makes makes a some effect of the ST and ST

ъ	
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
(0)	5 5
Ş	= =
2	be o
4	를
-	at in
€.	ete E
3	2 5
2	0 %
5	E d
- Se	E O
0	5 8
ă	10.00
ate	8 9
ų	2 5
E	Die D
3	출출
듩	a te
de	E II
윤	E M
1	32
£	20 6
52	atta
÷	Se e
8	e +0
>	P .:
6	Se de
2	- 0
-	ate
3	S
3	the
8	0 =
F	¥ F
(2)	≥ €
Ž	lea lea
2	
2	5 5
A	Sag
8	E 5
	0 %
X	38
0	出。与
8	5.€
X	₩ 3
H	포용
0	D. H
-	2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF HEALTH AN	ID MENTAL HYGIEI		31191
	1. DECEDENT'S NAME (First, Middle, Lest) $T E K L E$	Е.		ELIAS	2. DATE OF DEATH	-	3. TIME OF DEATH 3:45A M
	4. SOCIAL SECURITY NUMBER 577-08-8041 98. FACILITY NAME (# not institution, give st	1 → M 2 □ F 4	n yrs. last birthday) 43 YRS.	rs. 7. DATE OF BIRTH (Month, Day, Year) June 6, 1	948 Gura	a Eritria	
DIRECTOR	SUBURBAN H RESIDENCE OF DECEDENT 108. STATE 109. COUNTY	IOSPITAL		9b. CITY, TOWN OR LOCATION O		MON'	rgome ry
AL DIRE	D. C. 100. STREET AND NUMBER			town on Location hington		ALTITEM OF	10d. INSIDE CITY LIMITS? 1 X YES 2 NO WNAT COUNTRY?
FUNERAL	1413 Mass. Ave.,	N.W. #105		20009	SPANIC ORIGIN? (Specify Ye	Gura Er:	itria
B	1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DAT	TES 16a, DECEDENT'S U	If yes, specify Cuban, Me 1	exican, Puarto Rican, etc.) pecify: _an	Spec Et	ck, White, etc. city: hopian
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo life, Do NOT use	nok done during most of working		USINESS/INDUSTRY	
8	17. FATHER'S NAME (First, Middle, Last) Prist Elias Maha 190. INFORMANT'S NAME (Type/Print)			16. MOTHER'S	s name (First, Middle, Maider de		
2	Teseamicael B. Gh		1725 Cd	ADDRESS (Street and Number or Ri olumbia Rd., N	N.W., Wash.,	D.C. 2	0009
	20s. METHOD OF DISPOSITION 1XDBurial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	Gun	tery, cremetory or other Asmar:	FDISPOSITION (Name of Der place) a Eritria	11/11/91	ocation — city or to Eritia	own, Stata
	· mig.	Jeffen	642	389 Rhode I	Funeral Home [sland Ave	N.W.	
	23. PART I. Enter the diseases, of conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. John star	ch line.	ed to Back			Approximate interval Between Onsat end Death
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	с	CONSEQUENCE OF):				
PHYSICIAN: MEDICAL C	PART II Other compliant conditions contain the second seco						
SICIA		HOSPITAL:		26. PLACE OF DEATH			
The period of the properties of the period o							
	3 Suicide 6 Could not be determined		NTGOMERY	Y COUNTY	281. LOCATION (Street City or Town, State) S. I. L. V	ER SPRI	
COMPLETED		R: On the basis of examination a		at the time, data and place, and , in my opinion, death occured at	the time, data and place, ar	nd due to the cause(s	
20 86	M. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEAT		Print)	CME	≥ 1 1	0 (Month, Day, Year) 0 4 1991
	I LARON LOC	JUE, MD II	1 PENN	STREET BA	ALTIMORE, M	ARYLANT	21201

JWR

1991

NOV 0 5 199

BALTIMORE, MARYLAND 21201

۴ .

notified at once.

examiner must be

the medical

event,

traumatic

injury, or other

shows any

23

item certificate

0 the

61

28 item

COMPL

BE

2

20a CERTIFIER

ENSER

29b. SIGNATURE AND TALE OF CENTIFIER

this c marked,

After

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

OR ATTENO OIRECTOR: A

ATTENDING PHYSICIAN:

HOSPITAL FUNERAL within 72 h =

DIVISION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) EVANS 2. DATE OF DEATH 3. TIME OF DEATH CLARENCE YEAR RE NC UAN 05 6-15AH IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign 216-44-9928 DAYS 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH AA ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS RESIDENCE OF DECEDENT 10b. COUNTY IDE CITY TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPOLIS 1 YES 2 NO 10a, STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? FUNERAL 101. ZIP CODE 3 COLLEGE CREEK TERRACE 21401 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, alc. If yes, specify Cuban, Maxicon, Puerto Rican, etc.)

1 YES 2 NO Specify: XXNever Married 2 Married BY BLACK 3 Widowed 4 Divorced W.W.II ED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete ET U.S. NAVAL ACADEMY Flementery/Secondary (0-12) College (1-4 or 5+) LAUNDRY COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY EVANS BERTHA HALL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 JAMES BOOTH HICKS AVE. ANNAPOLIS MD 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State MARYLAND VETERAN CEMETERY CROWNSVILLE, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. 821 WEST Javo Telso ST. ANNAPOLIS, MD. 21401 23. PART I. Enter the diagness, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fallure. List only one cause on each line. interval Batween Onsat and Death IMMEDIATE CAUSE (Final diseasa or condition resulting in death) 6 Mths Jolon Cancer DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 TYES 2 NO 1 YES 2 NO ICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER: PHYSI 1 TES 2 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Realdence 8 ☐ Other (Specify) 27. MANNER OF BEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 8 Could not be ETED. 4 Homicide

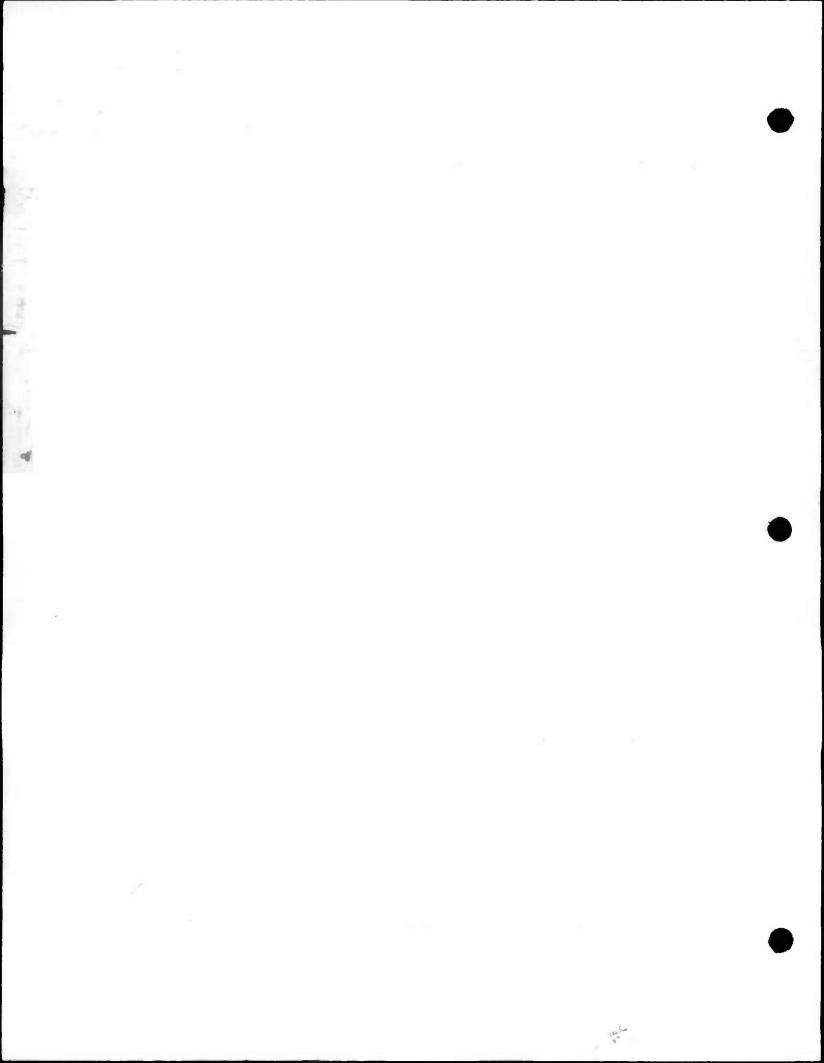
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

350 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANNAPOLIS MD 51 FRANKLIN ST. 21401 W. COLE 3 REGISTIAN'S SIGNATURA MANAGE

29c. LICENSE NUMBER

MEDICAL EXAMINER: On the beets of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month Day Year)



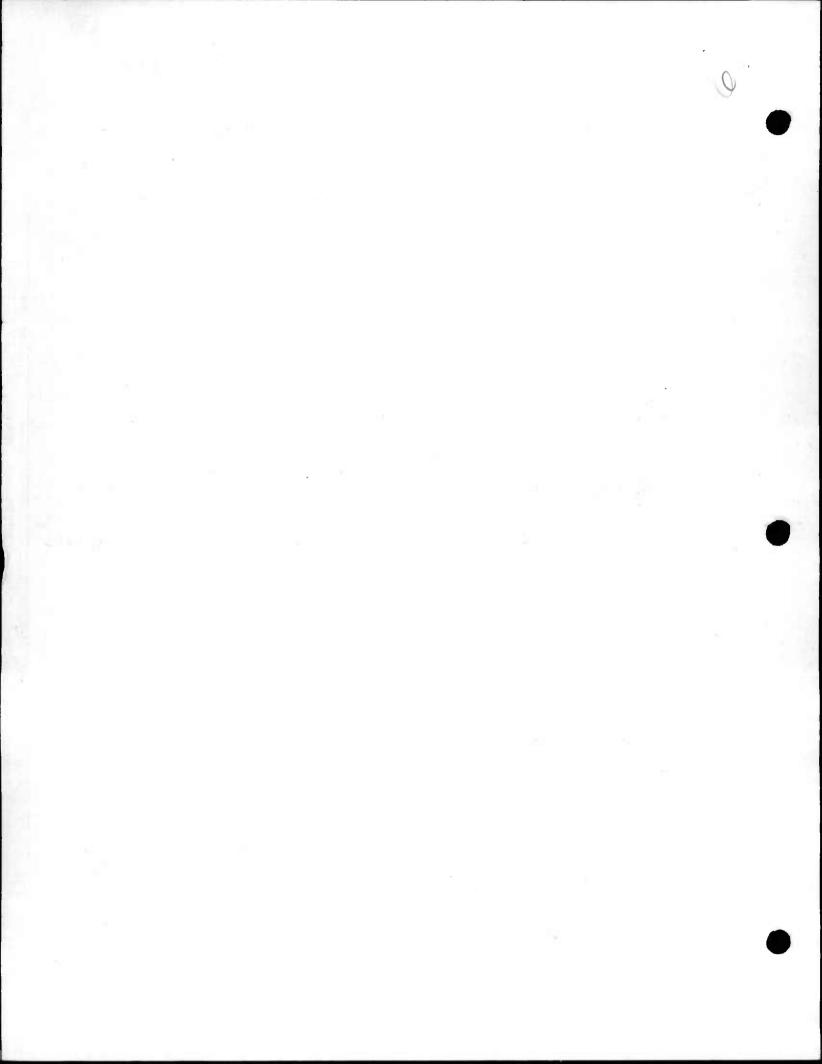
	it permit	
physician.	burial-trans	
r attending	use as the	
be executed within zacours after death. Page 6 may be retained by the hospital or attending physician.	cian and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit or to burial, cremation, or removal.	0000
ed by th	nld be	ad at
e retain	5 sho	notiff
may b	or, page	ast be
Page 6	I direct	ner mi
death.	funera	exami
s after	by the	dicai
ANO:	filled in	e me
within	cian and completely filled in by the or to burial, cremation, or removal.	aumatic event, the medical examiner must be notified at once
xecuted	and con burial,	natic en
pe e	cian , or to	THE .

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AV V		. TIME OF	DEATH	
1	Genevieve	Pauline	ELLIS			November	2, 199	ÐΪ	940	A M	
\	4. SOCIAL SECURITY NUMBER 2 18-38-05 10	7-2		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	Land	or Foreign	
)	9e. FACILITY NAME (If not institution, give s			Db. CITY, TOWN	Dec. 9, 1923 Mary						
DIRECTOR	Garrett County Me	morial Hosp			Oakland Garrett						
E	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOC	ATION			1	Od. INSIDE	CITY	
	MD 104, STREET AND NUMBER	Garrett			Oaklar	nd			LIMITS?	. ⊅ NO	
FUNERAL	Star Rt. 2, Box 1	-C		_ 1	of. ZIP CODE	21550	10g. CITIZE	USA		177	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 _ YE IF YES, GIVE WAR OR	2 X NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexica S 2 NO Specifi	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No- 14	Black, \Specify:	- American White, etc. Wn j		
	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S U	SUAL OCCUPAT	ION	16b, KIND OF BU	SINESS/INQUS	TRY	WILL	LLE	
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	rk done durina n	nost of working						
COMPLETED	7th		Clerk			General	L/Groce	ery	Store		
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malder					
BE C		ckson S	e11		Mary	Susan	Si	isle	r		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street	and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)			
F	Douglas C. Ellis		414 De	nnett	Road, Oak	land, Mary	land	215	50		
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Remi	ound fonce Oteta	0b. PLACE OF DISPOSITI				CATION - CIT	-			
i	4 🗆 Donation 5 🗆 Other (Specify)		Carrett Co	. Memor	ial Gard	ens Oa	kland,	Mar	ylan	d	
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE				uneral Hom	-				
	Ruckley 1.	Allman				ond St., o			21	550	
	23. PART I. Enter the disasses, or canock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ona ceuse on	eech line.				iratory arres	t,	Onaet	ai Between and Deeth	
		OUE TO (OR AS	A CONSEQUENCE OF):								
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE OF):	:					1		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
E		d									
EDICAL	PART II. Other aignificant condition	s contributing to death	but not resulting in	the underlyi	ng ceuse given in		RMED?	6	WERE AUTOP WAILABLE PI COMPLETION OF DEATH?		
Σ								1 6	YES 2	□ NO	
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	reck only one)		1			
Sic	EXAMINER? 1 YES 2 ATO	HOSPITAL:		OTHER:	28. PLACE OF DEATH (Check only one) THER: Nursing Home 5 Residence 6 Other (Specify)						
PHYSICIAN	27. MANNER OF DEATH 1 Netural 5 Pending	23a. DATE OF INJUR (Month, Day, Year	28b. TIME	OF 28c. II	JURY AT	26d. OESCRIBE HOW	INJURY OCCU	RED			
rED BY	2 Accident 3 Suicide 4 Homicide 5 Could not be detarmined 6 detarmined 7 Accident 8 Could not be detarmined 8 Could not be detarmined 8 Could not be detarmined 8 Could not be detarmined 8 Could not be detarmined										
COMPLETED		ICIAN: To the best of my kno	wiedge, death occurred	at the time, de	te and place, and du	to the cause(s) and me	nner as stated				
OM	one) 2 MEDICAL EXAMINE	R: On the basis of exeminal	ion and/or investigation	in my opinion,	death occured at the	time, data and place, a	nd due to the	cause(s) (and manner	as stated.	
8	296. SIGNATURE AND TITLE OF CERTIFIER	Madada	Km 2~		29c. LICENSE NU	MBER	29d. DATE S	HONED (A	Month, Day,	Year)	
2	30. NAME AND ADDRESS OF PERSON WH				1000	1	1.50		и		
	Dr. Jerry Adams,			t., oa	kland, Ma	ryland 2	1550				
6	NOV 4 199	32. REGISTRAR'S SK	SON-RONDON								

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate I TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other tra

DHMH-16 Rev 1/89

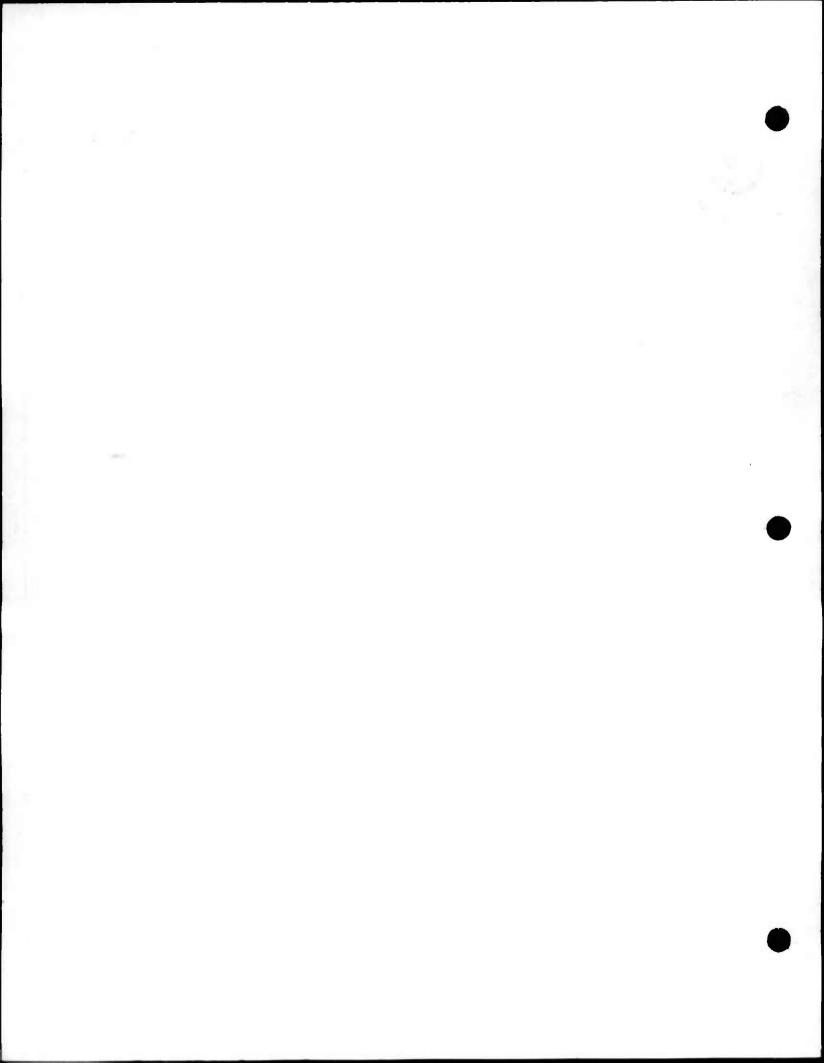


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CE	RTIFIC	CATE C	OF DEATH	MENTAL	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, L						2. DATE O	F DEATH	v	YEAR 3. TIME OF DEATH
	Gladys Beatric		more				Octo			
. 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest		ONTHS DA		7. DATE O	F BIRTN Day, Year)	•	BIRTNPLACE (State or Foreign Country)
	578-24-0227	1 🗆 M 2 🕞 🔭	78	YRS.		HOOKS WIK.	June	15,	1913	Lumberton N.
	9a. FACILITY NAME (If not institution, g			9	b. CITY, TOV	WN OR LOCATION OF D	DEATH		9c. COUNT	Y OF OEATH
	octors Communit				Lanha	um			Princ	e George
-	10e. STATE 10b. COI			10c. CITY.	TOWN OR LO	OCATION				10d. INSIDE CITY
	Maryland P.									LIMITS?
	Mary and P. 1	3.		Bow	ie	10f. ZIP CODE			10a CITIZE	1 XYES 2 NO
	13803 Jerico	Davie Da				00500				
John	II. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARI	MED	13. WAS	20720 DECENDENT OF HISPA	NIC ORIGIN?	(Specify Yea	or No - 1	I. RACE — American Indian,
. 11	Never Married 2 Married	FORCES? 1 1		0	It yes	i, specify Cuban, Maxic YES 2 XNO Speci	an, Puerto Ri	can, atc.)		Bleck, White, etc. Specify:
	3 Widowed 4 Divorced	I	1230000							Black
	15. OECEDENT'S (Specify only highest g	EDUCATION trade completed)	(Gh	CEDENT'S US	de clone churine	PATION g most of working	16b. I	KIND OF BUS	SINESS/INDUS	STRY
	Elementary/Secondery (0-12)	College (1-4 or 5+)		Do NOT use 7		nasing		Govt		
-	T FATHERIN ALABE (F)	2 yrs	Jour .		1 41-01					
	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (First, Mi	ddle, Malden	Surname)	
	Theodore D. Lar	kin					a Kei			
2	George W. Fulm	nowo.	196			eet and Number or Rural				
	20a, METNOO OF DISPOSITION	pre				.co Park R			Md 207	
	□ Donation 3 □ F	Removal from State	206. PLACE A	natory or other	r plage!	Name of	DATE			y or Town, State . Maryland
-	H. SIGNATURE OF FUNERAL SERVICE		Na.	tiona]		E ANO AGORESS OF FA	10-	4	110000	V
	Chemna	C. Deal	28			4 Landover	J			Funeral HOme
FICATION	Sequantisily list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to (or	AS A CONSEO	UENCE OF):		vhi	anei	arys	m	54
MEDICAL CE	PART II. Othar significant condi	d. tlona contributing to dea	th but not ra	sulting in	tha underl	ying causa given in		PERFOR	MEO?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATN? 1 YES 2 NO
SICIAN:	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				. PLACE OF DEATH (C	heck only one)			
- H -	1 - YES 2 - 10	1 Ninpatient 2 ER/	Outpatient 3 [THER:	dome 5 🗆 Residence	6 🗆 Other (Specify)		
2	7. MANNER OF DEATH	28a. OATE OF INJU (Month, Day, Ye		28b. TIME O	OF 28c.	INJURY AT WORK?			JURY OCCU	RED
	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO				
	3 Suicide 8 Could not determined		URY — At hon (Specify)	ne, farm, stre	et, factory, o	office	26f. LOCAT City or	ION (Street a Town, State)	nd Number or	Rural Route Number,
2	99. CERTIFIER (Check only one) 1 CERTIFYING PM 2 MEDICAL EXAM	IYSICIAN: To the bast of my k	nowledge, dea nation end/or in	th occurred a	nt the time, o	date end place, and due n, death occured at the	time, data ar	e(a) and man	ner se stated.	suse(a) and manner se stated.
	96. SIGNATURE AND TITLE OF CERTI									IGNEO (Month, Day, Year)
1 2°	David 1	7. Bottelm	, 1111	Phi	Scienz		71606	3	DATE S	10-30-91
34	O. NAME AND ADDRESS OF PERSON		DEATH (ITEM		int) 300	Gallant Bowl	Fox	Lan	e, H	-118-
3	1. DATE FILEO (Month, Day, Year)			1'1.	/	13001	e ,	und,	7.0	715
11		QQ1 32. REGISTRAR'S S	Davidson	-Randa	22					

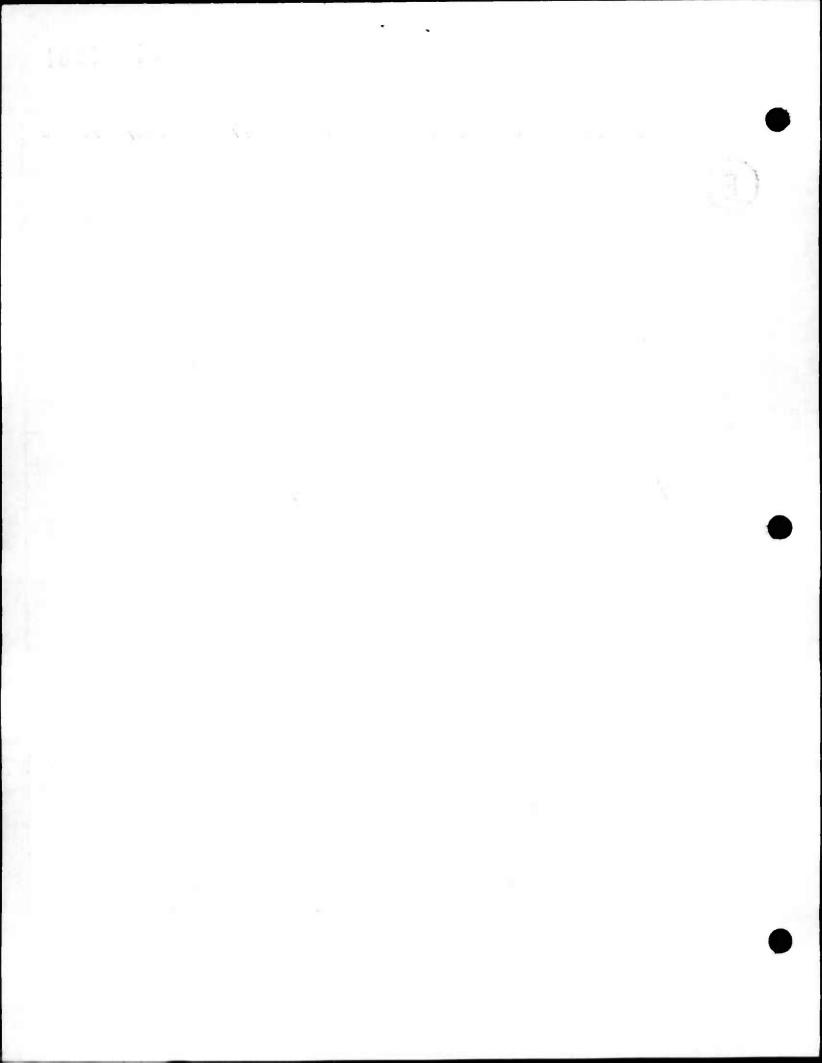
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.



	2 2 2 2
TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Physician provints committed, cremation, or removal.
ir death. Page 6 may be retained by the hospi	24 hours a
DAL IMORE, MARYLAND	Citizen C. 1172 NECORDS, 7.O. BOA 68780,

\	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) ISABELLE	Virgi		FISH	DEATT	2. DATE OF DEATH MONTH DA	1997	3. TIME OF DEATH	
\		5. SEX 6. AGE ((In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year) 9/29/47 6. BIRTHPLACE (State or Foreign Country) Pennsylvania				
Charle	Harford Memorial				de Grac		9c. COUNTY C		
DIRECT	Maryland Har	ford		v, town on locat Havre de			10d. INSIDE CITY LIMITS? 1 \(\tilde{\text{LY}} \) YES 2 \(\tilde{\text{U}} \) NO		
FUNERAL	289 Wilson Street				21078		U.	S.A.	
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spi	ENDENT OF HISPA Holfy Cuben, Mexica 2 XNO Specific	NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) 'y	8	ACE — American Indien, Black, White, etc. pocify: hite	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12) 12	usual occupation work done during move retired.) nemaker	ON st of working	INESS/INDUSTR	Υ				
R	17. FATHER'S NAME (First, Middle, Last) Wayne Twigg 19a. INFORMANT'S NAME (Type/Print)				UNK	ME (First, Middle, Maiden :			
5	Larry Fish	lan.	289	Wilson S	St., Hav	Route Number, City or Town re de Grace	e, Mary	land 21078	
	1 X Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	from State cem	PLACE AND DATE OF STREET, CREMETORY OF STREET, CREM	i Cemeter	D ADDRESS OF FA	11/9 Be	ATION - City of	Maryland	
	Kerster an	yllige	sbee	Tar	ring-Car	rgo Funeral	1001-3		
	23. PART I. Enter the disease, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (DE AS A	the death. Do not line.	of enter the mod	te of dying, suc	h as cardiac or respir	otory agreet.	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		CONSEQUENCE OF	lem	-M	yan i	X		
CERTI	resulting in death) LAST	77 - 570		2.					
V: MEDICAL	PART II. Other significant conditions of	ontributing to death bu	It not resulting is	the underlying	cause given in	Part I. 244. WAS AN A PERFORM	HED?	Ab. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	OSPITAL:		OTHER:	ACE OF DEATH (Ch				
ву рну	27. MANNER OF OLDER	BBs. DATE OF INJURY (Month, Day, Year)	286. TIME INJI	OF 38c INJU RY WOR	FIY AT	6 Other (Specify) 284. DESCRIBE HOW IN.	AVRY OCCURED		
	3 ☐ Suicide 6 ☐ Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, fams, at	reet, factory, office		281, LOCATION (Street an City or Town, State)	d Number or Fluis	of Flourite Murribiac	
COMPLETED	299. CERTIFIER CONC. ONLY OF THE STATE OF CERTIFIER ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	Y: To the best of my knowle in the basis of examination	The state of the s	, in my opinion, de	ath occured at the		due to the caus	1	
TO BE	30. NAME AND ADDRESS, OF PERSON WHO CO	DMPLETED CAUSE OF DIVA	THE STATE OF THE S		29c. LICENSE NUM	/	II S	eto infung. con vinus	
	NO H THE ISLATION E WELL CONFIDENCE MONTH DOS HORY SIGNAFURE CONFIDENCE WAS NOT OF SIGNAFURE SIGNAFURE CONFIDENCE OF SIGNAFURE SIGNAFURE CONFIDENCE OF								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
DEG NO.

	1. DECEDENT'S NAME (First,	Adiciolia I auth									3. 140.		3. TIME OF OEATH	
	1. DECEDENT 3 NAME (First,	3030	17.1	. 1		1 0				2. DATE OF DE.	DAY	YEAR		
		Paul	Edwa								Oct. 28, 1991 310 A			
NΙ	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	MIN.	7. OATE OF BIR (Month, Day.	Ybar)	Count	HPLACE (State or Foreign try)	
1) [218-05-081	218-05-0813 1 ₩ 2 □ F 76 YRS.								May 10	, 1915	Mar	yland	
	9a. FACILITY NAME (If not in		9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT						DEATH				
5	Garrett County Memorial Hospital						0ak1	and				Garre	rr	
DIRECTOR	RESIDENCE OF DEC											Julie		
-0	10a. STATE	10b. COUNT	Υ		10c. Cl7	10c. CITY, TOWN OR LOCATION						10d, INSIDE CITY LIMITS?		
ā	MD	Ga	rrett					0a	klan	d			1 YES 2 NO	
	10e. STREET AND NUMBER	/					10	f. ZIP COD	E		10g. C	ITIZEN OF	WHAT COUNTRY?	
FUNERAL	Star Rt. 2	Roy	86			21550						US	٨	
Ž	11. MARITAL STATUS	, DOX	12. WAS DECEDEN	IT EVER IN U.S.	ARMEO	12	WAS OS	CEMPENT (IIC ORIGIN? (Spe	alfu Van or No		E — American Indian.	
표	1 Naver Married 2 💢	Married	FORCES? 1	YES 2	NO	- 1 -	If yes, ap	ecity Cubi	in, Maxica	n, Puerto Rican, i		Blec	ck, Whita, etc.	
Β×	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES			1 YES	2 X NO	Specify	/:		Spec	White	
	15. DEC	EDENT'S EDU	ICATION	16a.	DECEDENT	USUALO	CCUPATI	ON		16h KIND	OF BUSINESS/	MOUSTRY	WILLEC	
E	(Specify onl	y highest grade	e completed)		(Give kind of life. Do NOT u	work done	during me	ost of worki	ng	TOOL TUILD	OI DOOMEGO!	110001111		
COMPLETED	Elementery/Secondary (6)-12)	College (1-4 or 5	+)		ner				Co	al Min	ing		
N N	17. FATHER'S NAME (First, M	Valedia d anni				IIC I								
	Jerry	ilodie, Liist)		Friend	ı					ME (First, Middle,	Maiden Surname		. 11:	
8	,			rriend					Hatt				olliman	
2	19a. INFORMANT'S NAME (Route Number, City				
-	Mary J. Fr:	lend			Star	Rt.	2, B	ox 8	6, 0	akland,	MD 2	1550		
1	20a. METHOD OF DISPOSIT		novel from State	20b. PLA	CE OF OISPO	SITION (N	ame of ce	melary, crei	matory or		20c. LOCATION	— City or To	own, State	
	4 Donation 5 Other			Ashb	y Cem	eter	У				0aklan	d, Ma	ryland	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEL	0		22.	NAME A	ND AOORE	SS OF FA	CILITY				
	▶ R	O(1) = I	The	1			Ste	wart	Fun	eral Ho	me		0.1550	
_	Dra	XXO4	1 Alma	240	_					d St.,			21550	
	23. PART i. Enter the d shock, or h	iaeaaea, or eart fallure.	Complications the	at caused the	death. Do	not enter	the mo	ode of dy	ing, suc	h aa cardlec o	r respiratory	errest,	Approximate Intervel Between	
	shock, or heart fallure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO LOR AS A CONSEQUENCE OF): DUE TO LOR AS A CONSEQUENCE OF): DUE TO LOR AS A CONSEQUENCE OF): DUE TO LOR AS A CONSEQUENCE OF):									Onset and Death				
	diseese or condition resulting in death)	\rightarrow	. (OV	1900Y	100	A	tai	V	10	11/01	0.		Minutes	
	resulting in Gentil)	r	DUE TO	HOR AS A CON	SEQUENCE (OF):	_ /	•						
2			4	HOVA	10	5	SYY	ho s	2/5	Yea			Years	
0	Sequentielly list condit if eny, leading to imme		DUE TO	OR AS A CON	SEOUENCE (P):								
CERTIFICATION	cause. Enter UNDERLY	ING	24											
표	CAUSE (Disease or Injute that initiated events	iry	DUE TO	(OR AS A CON	SEOUENCE (PF):								
E	resulting in death) LAS	T												
핑			d				-							
	PART II. Other significa			death but no	ot resulting	In the u	ndariyin	g cause	given in		NAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS	
3		2	mph	5PM	a.						PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE	
MEDICAL			400							_ '''	TES ZANO		OF DEATH?	
-										-			1 NES 2 NO	
AN	25. WAS CASE REFERRED T	O MEDICAL	1											
C	EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)				
YS	1 YES 2 NO		Inpatient 2		_				esidence	6 Other (Spec				
PHYSICIAN:	27. MANNER OF DEATH	D	26a. DATE Of (Month, I	FINJURY Day, Year)	28b. TII	JURY	28c. IN.	JURY AT DRK?		28d. DESCRIBE	HOW INJURY	OCCURED	4.1	
BY	1 Natural 6 2 Accident	Pending investigation				M	1 🗆	YES 2	NO					
ED 8		Could not be	28e. PLACE (OF INJURY — A	l home, farm,	street, fac	tory, offic	ce		28f. LOCATION City or Town	(Street and Nun	ber or Rural	Route Number,	
	4 Homicide	detarmined		,,						Oily or low	, 01010)			
3	29a. CERTIFIER	TIEVING PHYS	SICIAN: To the best o	one barrelle	doub annu	and at the	Alma das				NG COLUMN II	JUST		
₹													(a) and manner as stated.	
COMPLET		_		//	- Involvague	on, m my	opinion,	destil occi	THE STATE OF THE S	time, deta and p	iace, and due o	o frie Cause	(a) and mainier as stated.	
ш	290. SIGNATURE AND SHEET	OF CERES	-//		M			29c. LIC	ENSE MU	WIEN	0.3179-34		D (Ngvilli, Day, Year)	
0 8		TCS		_	12			D23	979			10/29	191.	
임	30. NAME AND ADDRESS-O	F PERSON W	HO COMPLETED CAL											
	Dr. Robert	Goral	ski, MD	311 N	I. Fou	rth	St.,	oak	land	, MD 2	1550			
6	31. DATE FILEO (Month, Day,	16ar)1001	2 PEGISTA	AR'S SIGNA	indaffic.									
7	NOA I	130	4	-11-11										

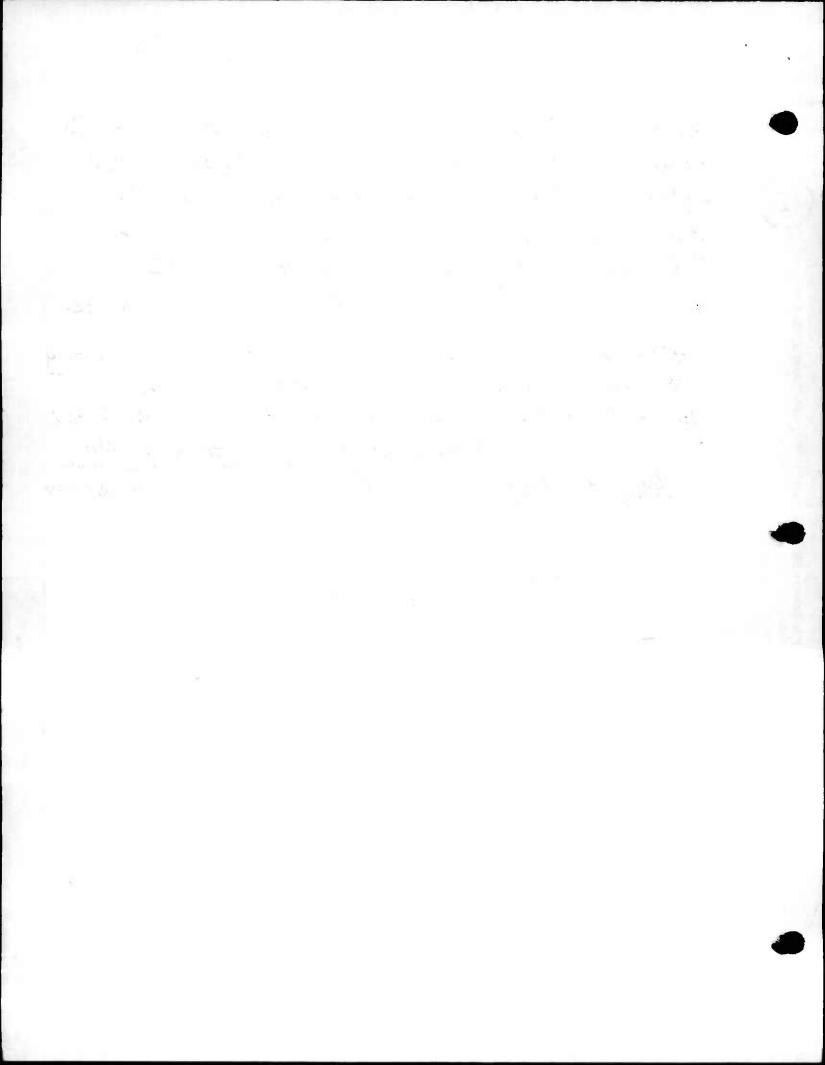
21203-3	attending
<u> </u>	6
	d by the hospital or attendin
4	the
2	B
, MAHYLANL	retained t
	8
뷔	may
5	9
M	Page 6 may be
BALLIMOR	er death.
מ	after
	Suna
Ď,	within
1314	cate be executed within
K	200
Ŝ	ate

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, your after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely when in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. B

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
18	1. DECEOENT'S NAME (First, Middle, Last)	11 (2. DATE OF DEATH MONTH	DAY Y	3. TIME OF OFATH				
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER	W. Cros		DER 1 YEAR IF UNDER 24 HRS.	11 8 91 3:13/PM						
	318-26-3219 9. FACILITY NAME (If not institution, give s	1 X M 2 □ F	33 YRS. MONTH	S DAYS HOURS MIN.	(Month, Day, Year)	08	MD.				
	90. FACILITY NAME (If not institution, give street and number) Sykesville Eldercare Center Sykesville Carroll RESIDENCE OF DECEDENT										
	100. STATE 10b. COUNTY	1	0 11	N OR LOCATION			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	rroll	Dyko	101. ZIP CODE		10g. CITIZEN	1 VES 2 NO				
	7309 Seco	nd Aven	ne	2178	4	U.	3				
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	an, Puerto Ricen, etc.)	Yee or No- 14.	. RACE — American Indian, Black, White, etc.				
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	1 WES 2 NO Speci	ify:		white				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USUAL (Give kind of work do- life. Do NOT use retired	ne during most of working	16b. KIND OF I	BUSINESS/INDUS	TRY				
립	Elementery/Secondery (0-12)	College (1-4 or 5 +)	Labor	er	Ame	ric.an	Smelting				
	17. FATHER'S NAME (First, Middle, Last)	0			AME (First, Middle, Maid	en Surname)	1				
BE	190. INFORMANT'S NAME (Type/Print)	G 1098	19b. MAILING ADDR	ESS (Street and Number or Rural	PRY L	DAUS	/h				
٩	Hildin C. Pa	olster	1007 1	Boom Ct.	Anna	Polis.	MJ. 21401				
	20s. METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	oval from State 20b.	PLACE OF DISPOSITION other place)	(Name of cemetery, crematory or	206.	LOCATION - City	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL TENNERAL T										
1	+ Harry (1)	Hourtel		P.O. Box 1	195 5	Resid	1)e M-12/284				
	23. PART I. Entar the disasses, or shock, or haert failure.	complications that caused List only one cause on ea	the dasth. Do not en	ter tha mode of dying, su	ch as cardiac or re-	piratory srreet	Approximate interval Between				
NC	IMMEDIATE CAUSE (Final disease or condition										
	resulting in death) a. Multiple TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
	Sequentially list conditions,										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF)										
H	resulting in death) CAST	resulting in death) LAST									
CAL	PART ii. Other eignificent condition	s contributing to daeth bu	it not resulting in tha	underlying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
					1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDI					—		1 TES 2 NO				
CIA	25. WAS CASE REFERÊD TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
HYSI	1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpe	itlent 3 DOA 4 1	Vursing Home 5 ☐ Reeldence	-	W IN ILLEW COCKE	250				
	1 Netural 5 Pending	(Month, Day, Year)	INJURY M	WORK?	28d. DESCRIBE HO	W INJURY OCCUP	4EU				
D BY	3 Suicide S Could not be	28e. PLACE OF INJURY building, etc. (Speci	lactory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
ETE	4 Homicide determined										
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end menner as stated.										
	296. SIGNATURE AND/TITLE OF CERTIFIE		JMBER		IGNEO (Month, Day, Year)						
TO BE	a N.W.X	sed mo.	96	96 11/8/91							
F	30. HANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 11. DATE FILED (Months On Ward) 12. REGISTRAD'S SIGNATURE 13. REGISTRAD'S SIGNATURE										
	31. DATE FILED (Month, Day, War)	32. REGISTRAR'S SIGNA	TURE	- effect	exp M	1, 6	* / X7"				
- 1	WOV 1 2 '91	Julia Davidson	- gandell	0							



21043

COMPLETED BY FUNERAL DIRECTO

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

ВУ

COMPLETED

BE 2 12

vrs

Giffin

17. FATHER'S NAME (First, Middle, Last)

Oscar L.

Pages

Dermit.

				-	•								
										0.1	2	1804	
FOR				1						-	J	1004	
1 - STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPAR	ICATI	T OF I	DEA	AND N	MENTAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH	
BESSI		BERTA GF	RIMES						10-28-91	AY	YEAR	7:10p	N
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS.		24 HRS.	7. DATE OF BIRTH		6. BIRTI	IPLACE (State or Foreign		
219-10-155		1 🗆 M 2 💂 F	9	4 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey, Year) 01-12-1897		Maryland		
9e. FACILITY NAME (If not in	9e. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH				
Summit Nursing Home					Catonsville Baltimore Coun						ıt		
10e. STATE	10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCAT	ION			-		10d. INSIDE CITY	_
Maryland	Bal	timore	City				Ba.	ltim	ore			LIMITS?	
10e. STREET AND NUMBER						101	. ZIP COD			10g, CI1	IZEN OF	WHAT COUNTRY?	_
5618 Loch Raven Blvd.					2/239				USA				
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 25 NO			NO NO	If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Black, White, et									
(Specify only highest grade completed) (Give kind of				(Give kind of v	S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUSTRY					_			
Elementary/Secondary (0-12)		College (1-4 or 5+	life Do MOT use a			retired.)							

Eudora M. Hayworth 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy G. Evans Overlook Drive, Ellicott City, MD 4011 20e. METHOD OF DISPOSITION
1 1 Burlel 2 Cremetion 3 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State St. John S Cemetery Donetion 5 Other (Specify) 10 Ellicott City, 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY Slack Funeral Home Ellicott City, M00535

Homemaker

Maryland 21043 pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata Interval Batwean shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death)

Cerebral thromleris DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF that initiated events

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO

Own Home

18. MOTHER'S NAME (First, Middle, Malden Surneme)

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO 27. MANNER OF DEATH

5 Pending Investigation

6 Could not be

1 Netural
2 Accident

3 Suicide

4 Homicide

resulting in death) LAST

28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: te 5 🗆 Residence 6 🗀 Other (Specify) 4 🗌 Nu 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date end place, and due to the ceuse(e) end manner es stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death

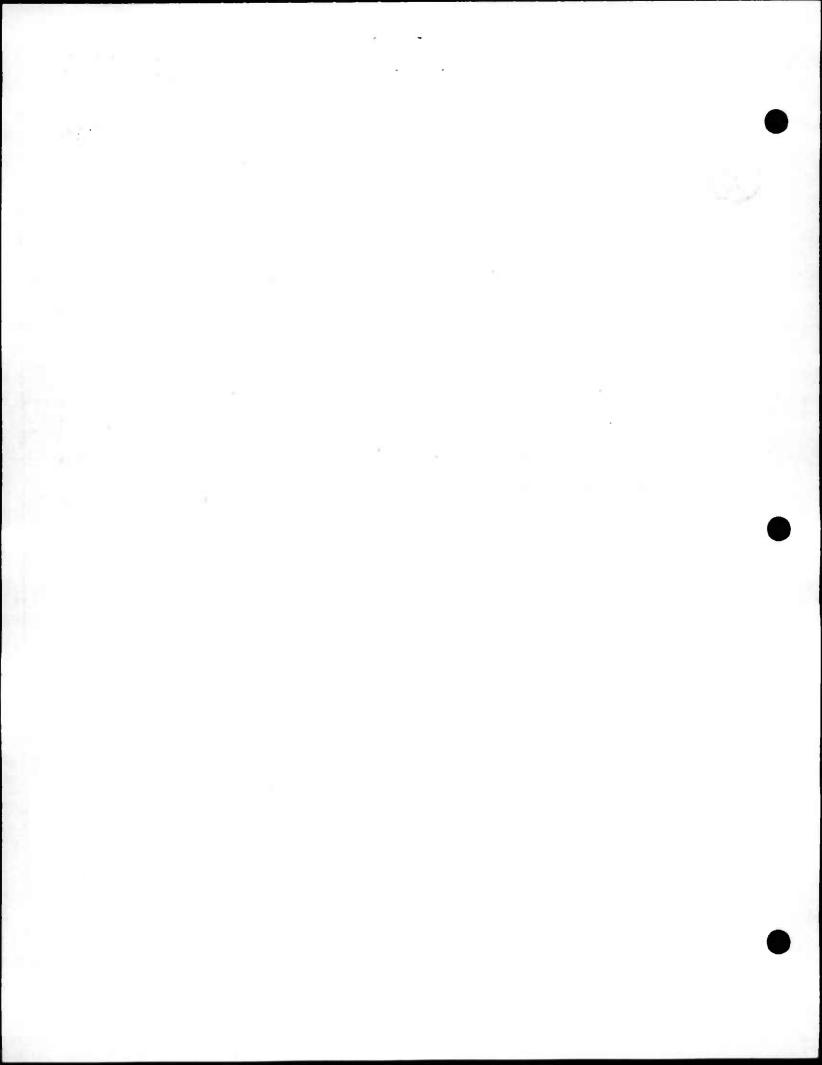
296. SIGNATURE AND TITLE OF CERTIFIER

30, NAME AND ADD

ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type

31. DATE FILED (Month, Day, 19 ス

32. REGISTRAR'S SIGNATURE
Trindson-Pondelle



			1 - REGISTRAR CERTIFICAT	E OF DEATH	REG. NO.	
	ay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 makes the notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (FIRST, MIGHIGO, LAST) ELIZABETH S, GRO	VE	2. DATE OF DEATH DAY	12 YEAR 1 40 PINI
			4. SOCIAL SECURITY NUMBER 5. SEX 1	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTINPLACE (State or Foreign Country)
(90. FACILITY NAME (If not institution, give street and number) Who was a substitution of the street and number) Besidence of decedent 90. FACILITY NAME (If not institution, give street and number) 91. CIT PRESIDENCE OF DECEDENT	Y, TOWN OR LOCATION OF D		A A CO
			100. STATE 10b. COUNTY AACO 10c. CITY, TOWN MIN E	OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
			100. STREET AND NUMBER 899 CECIL AVE	2110 8	10	g. CITIZEN OF WHAT COUNTRY?
21215-0020 il or attending physici			11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	. WAS DECENDENT OF HISPA: If yee, specify Cuben, Mexico 1 YES 2 NO Specifi		No- 14. RACE — American Indian, Black, White, etc. Specify:
D 21215 spital or atten			15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) UNINOUN 16a. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	Un Kno u	SS/INOUSTRY
MARYLAND retained by the hospit			17. FATHER'S NAME (First, Middle, Last) UNKNOWN - SPENCER		ME (First, Middle, Maiden Surn	
E, MAI			KEY, JAMES MANNING 1239 MU	orray Rd	Poute Number, City or Town, Ste Odenton	md 21113
MOR age 6 mg	mus.		1 Burlel 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) Camelary, crematory or other place)	metro	BALL	on - City or Town, State -IMORE MD
BALTIMORI ter death, Page 6 may	IAL UR ALLENDING PHYSICIAN: The law requires that the death certhicate AL DIRECTOR. After this certificate has been signed by the attending physical browns after death with the State Dept. of Health and Mental Hygiene pri		Thomas Alargesty 8	ARDESTY FO	ineral Hom	mbrille mo
24		TED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	r tha mode of dying, suc	h as cardiac or respirato	Approximate Interval Between Onset and Death
O. BOX 68 certificate be execution physician and			Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):	V		
DRDS that the d			PART II. Other algorificant conditions contributing to death but not resulting in the use Cereberal Vascular accedent. Deabets Mellites //	nderlying cause given in 3 Hears	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2	? AWAILABLE PRIOR TO
VITAL HAN: The law			25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO			
O \$ \$			27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 1 Netural 1 Pending	28c. INJURY AT WORK?	8 U Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCURED
OR ATTENDING P			2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, tect building, etc. (Specify)	1 YES 2 NO	281. LOCATION (Street and No City or Town, State)	umber or Rural Route Number,
0 8 8		COMPLE	29e. CERTIFIER (Check only one) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the to one) CERTIFYING PNYSICIAN: To the best of examination end/or investigation, in my or one)	time, date end place, end due	to the ceuse(e) end menner e time, date end piece, end due	e stated,
TO THE HOSPITAL	be filed within	38	29b. SIGNATURE AND TITLE OF CERTIFIER Cullis MP	29c. LICENSE NUM		DATE SIGNED (Month, Day, Year)
			30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) J. C. Cullus MD 7 Riggs A	WE SEVEN	RNA PA	PRK
	1		31. DATE FINADOVIN, Day 500 1991 STATES SIGNA CONTROL OF THE SIGNA CONTR			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

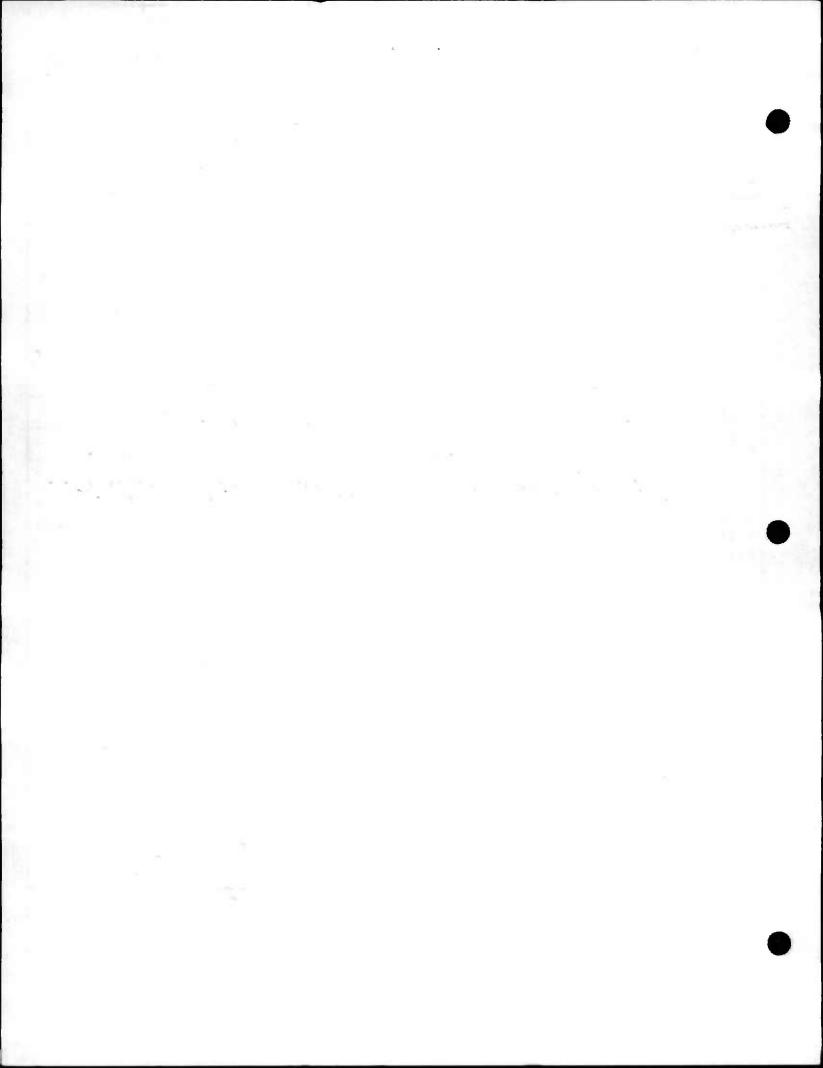
	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPAF	TMENT	OF H	EALTH	AND	MENTA	L HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Lest)						DEA			OF DEATH			3. TIME OF DE	ATH
	Joseph E. Goscin	nski							Nov	· 4,	1991	YEAR	5:30	Ам
	4. SOCIAL SECURITY NUMBER	199	AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		6. BIRTI	HPLACE (State or	
. 1	220-22-2643	1 🔀 M 2 🗆 F	63	YRS.	MONTHS	DAY\$	HOURS	MIN,		. 4,	1928	Mar	yland	
-	9a, FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN (R LOCATI	ON OF D	EATH		9c. COU	NTY OF D	DEATH	
2	1610 Jennings Rd. Glen Burnie Anne Arundel													
S.	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CIT	
DIRECTOR	Maryland Anne	Arundel	1										LIMITS?	
	10e. STREET AND NUMBER	Arunder		GIE	n Bu		ZIP COD	E			10g, CIT	IZEN OF I	1 YES 2 5	
ER.	1610 Jennings Rd.					2	1061				1.0	S.A.		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. ARM	ED	13.	WAS DEC	ENDENT C	OF HISPA	NIC ORIGI	N? (Specify Ye			E — American Inc k, White, atc.	flen.
BY F	1 Never Married 2 Married 3 St Widowed 4 Divorced	FORCES? 1 X	YES 2 NO OR DATES)		If yes, sp	2 NO	n, Mexica	an, Puarto	Ricen, atc.)		Blac		
	**						T.					400	White	•
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	18a. DEC (G/M	EDENT'S kind of	Work done (CCUPATIO	N st of workin	ng	18t	. KINO OF BL	JSINESS/INI	DUSTRY		
ا چ	Elementary/Secondary (0-12)	College (1-4 or 5+)												
Š	17. FATHER'S NAME (First, Middle, Last)		Stat	ion	ary I	Engi				Chemic		ndus	try	
										Middle, Meider	n Sumame)			
8	Frank Goscinski 19a. INFORMANT'S NAME (Type/Print)		-				Jo	seph	ine	Sroko				
임	,,,,									ber, City or Tox				
	Charles R. Gosci	nski	1	138	Char	idle	Way	P	asad	ena. N	Mary1	and	21122	
	1 X Burial 2 Cremation 3 Remo	wel from State	20b. PLACE AN cametery, crem	atory or o	ther place)				OAT		OCATION -			
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	Glen H	lave			K . O ADDRE:			G1	en Bu	rnie	. A.A.,	_MD_
	D. P. 1. 4 9	. 13	1							Funera	1 Hor	ne ne		
	Truck - the	7 90	1			421 C	rain	Lhar.	CF	Clan I	Durania	More	vland 210	61
CERTIFICATION	23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, auch as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF):													
1	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEOU	ENCE O	F):								-i	
Ŧ	resulting in death) LAST												1	
	DARK II ON I - III III												1	
PHYSICIAN: MEDICAL	PERFORMED? 1 YES 2 NO OF DI										WERE AUTOPSY (AWAILABLE PRIOF COMPLETION DF OF DEATH? 1 YES 2	CAUSE		
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF D	EATH (Ch	eck only on	e)				
ก็		HOSPITAL: 1 Inpatient 2 ER	/Outpatient 3	DOA	OTHER		5 12 Ra	sidence	S 🗆 Othe	r (Specify)				
Ē	27. MANNER OF OEATH	28a. DATE OF INJU		28b. TIM	E OF	28c. INJ(RY AT			CRIBE HOW	INJURY OCC	CURED		
5	1 Naturel 5 Pending 2 Accident Investigation	(MOINI, Day, re	our)	INJ	URY M	1 🗌 Y	IK7 ES 2 [) NO						
	3 Suicide S Could not be detarmined	28a. PLACE OF IN. building, atc.	JURY — At home (Specify)	, farm, s	dreet, facto	ory, office			281. LOC.	ATION (Street or Town, State)	and Number	or Rural R	Route Number,	
ן ני	29a, CERTIFIER 1 THE CERTIFYING PHYSIC	TAN: To the heat of my l	ranulada a da d		4 -4 -4 -4									
COMPLEIED	(Check only one) 2 MEDICAL EXAMINER	t: On the basis of axamir	nation and/or inv	estigatio	n, in my o	me, data pinion, de	ath occur	and dua ed at the	to the cau	se(a) and ma and place, ar	nner as atat nd dua to th	ed, a cause(s) and mannar as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER)	-				29c. LICE	NSE NU	MBER		29d, DATE	ESIGNED	(Month, Day, Year)	
2	12 191	resold	1 000	m) ,		D	11-	208		No.	v. 4	1991	
-	30. NAME AND ADDRESS OF PERSON WHO									,	140	/	1991	
	Jose M. Presbitero, M	M.D., 7845 O	akwood Ro	d., G	len B	urnie	, Mar	ylan	d 2106	51				
	31. NOV 1005 1991 Jul	ha Davidson-D	SHALLE.								-			

		FOR						9	1 31807
		1 - STATE REGISTRAR	STATE OF MARYL		CATE OF		MENTAL HYGIE REG. N		
		1. DECEDENT'S NAME (First, Middle, Last)	Gut hrie	Vincent	Guthrie	sr.	2. DATE OF DEATH	04× 9/	3. TIME OF DEATH 3.000 0 N
to		4. SOCIAL SECURITY NUMBER 112-05-9408		in yrs. lest birthday)YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 3.		BIRTHPLACE (State or Folkign Country) New York
	EÇTOR		eneral Hos	pital	96. CITY, TOWN OF	DR LOCATION OF DI		9c. COUNTY	
	DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland F	larford		town or Locatel Air	TION			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
n. ansit permit.	FUNERAL	100. STREET AND NUMBER 16 Hunter Drive			101	21014		_	N OF WHAT COUNTRY? USA
215-0020 attending physician. ise as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	NO	II yes, sp		NIC ORIGIN? (Specify an, Puarto Rican, atc.) y:	Yes or No- 14	RACE — American Indian, Black, White, etc. Specify: White
212	LETED	15. DECEDENT'S EDU (Specify only highest grade Elemantary/Secondary (0-12)		life. Do NOT us	rork done during ma	est of working	16b. KIND OF I	Shipp	TRY
YLAND 2 by the hospital by the detached for	E COMPL	10 17. FATHER'S NAME (First, Middle, Last) Michael J.	Guthrie				AME (First, Middle, Maid ett ——		
be retained by ge 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Claire B. Guthrie					Air, Md.		ode)
ALTIMORE, teath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20t	PLACE AND DATE Cemetary, Crematory	of disposition or other place) US CEME	(Name tery	DATE 20c.	location — city Hicko	y or Town, Stata
0 - 0		21. SIGNATURE OF INTERNAL SERVICE IN	ENSEE SILE	-4	46	COKESTAL	THE STATE OF THE S	Funera	Hemo P.A.
B, 24 fours after y filled in by the ation, or removal the medical		23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	List Dnly Dne cause on a		, /	ode of dying, suc	ch as cardiac Dr re	apiretory arres	t, Approximete interval Between Onset and Death
760, ed within omplete al, crems event,		reculting in death)	8	CONSEQUENCE OF		MT			1 des
× 8 2 5 E	ATION	Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING	b. DUE TO (OR AS A	CONSEQUENCE OF	Lui	MI	706		(say)
a DE	ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	-):				
N 0 0 5 3	O	PART II. Other eignificent condition	ne contributing to deeth b	ut not resulting i	n the underlyin	g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
RECORD w requires that the been signed by th pt. of Health and N 3 shows any inj	: MEDICAL			~//			1 □ YES	NO	OF DEATH?
I OF VITAL I PHYSICIAN: The law this certificate has bi with the State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)		
NG PHYSICIA frer this certificate with the marked, or	Y PHY	27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT ORK? YES 2 NO	26d. DESCRIBE HO	W INJURY OCCU	RED
ISIC TTENDI TTOR: A after d after d		2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, factory, offic	20	281. LOCATION (Stre City or Town, St	eet and Number or ete)	Rural Route Number,
₹	COMPLETED	anni	ICIAN: To the best of my know						cause(a) and manner as stated.
물 물 을 출	BE	29b. SIGNATURE AND TITLE OF PERTIFIE	in Luan			29c. LICENSE NU	MBER	294. DATE 5	(Month, Day, Year)
2 2 3 2	2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print)		14	1//	9/1/

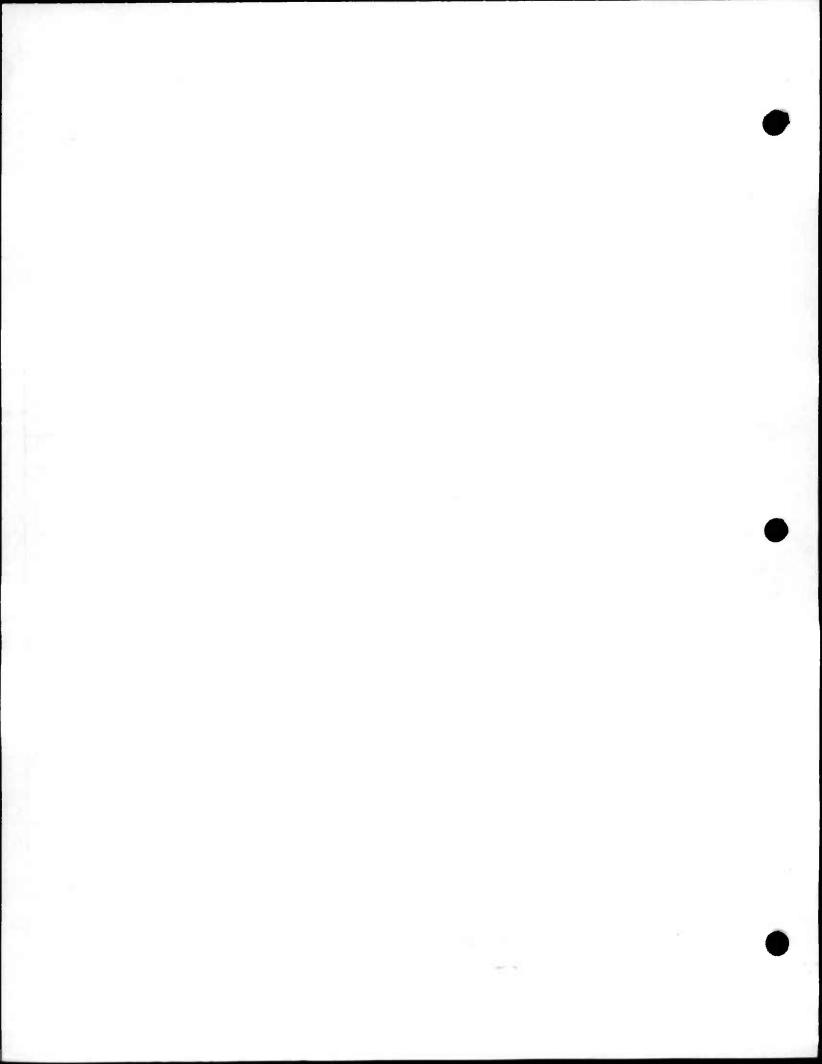
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILES 19041, 20200 9 1

32. REGISTRAR'S SIGNATURE PANCERS

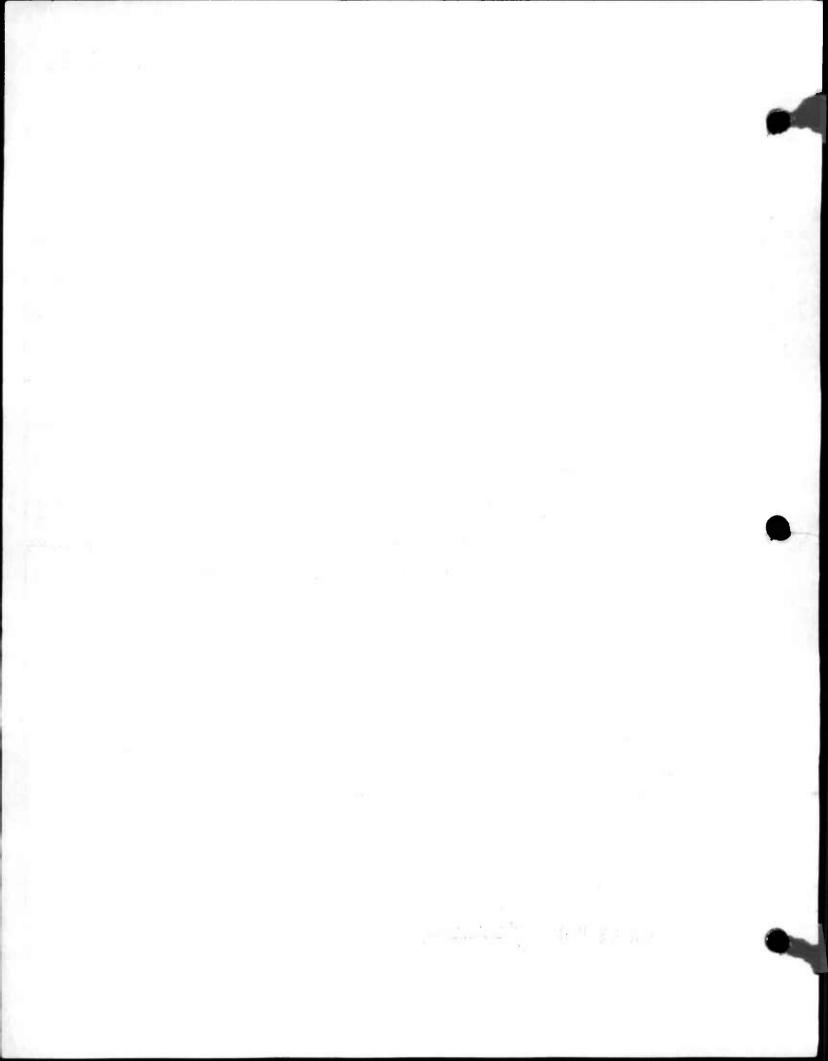


	1. DECEDENT'S NAME (First				CERTIF	10711				2. DATE OF MONTH	DEATH DA	· ·	YEAR	3. TIME OF DEATH	
		Trevia		F.		Ha	ver			1/	3		91	97/3/	
	4. SOCIAL SECURITY NUM		5. SEX		s. lest birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF 1 (Month, De			8. BIRTN Countr	PLACE (State or Foreign)	n
B.	368-14-15		1 □ M 2 1 F	8	9 YRS.	wonting	DATS	HOURS	Mille.	Jan.	4, 1	902	III	inois	
M	Se. FACILITY NAME (If not i					ı		OR LOCATIO		TN		9c, COU	NTY OF D	EATH	
DIRECTOR	Medlantic		at Layhi	11		S	ilve	r Spr	ing			Mont	tgome	ery	
<u>ျ</u> ပ္ပ	10a. STATE	10b. COUNT	1		10c, CIT	Y. TOWN	OR LOCAT	ION							_
등	Md.	Mon	tgomery					pring	ſ					10d. INSIDE CITY LIMITS?	
4	10a. STREET AND NUMBER							ZIP CODE				10a CITI	ZEN OF W	1 ☐ YES AND NO	_
EB.	2212 Her	mitage	Διτοριμο						902			log. Gill	USA		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	. ARMED	13.	WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (S	pecify Yes	or No-	14. RACE	- American Indian	_
BY F	1 Never Merried 2 3 Wildowed 4 Div		FORCES? 1 IF YES, GIVE V	VAR OR DATES	XXV0		If yes, spe	ecify Cuben	Specify:	Puerto Rice	, atc.)		Black Specia	, White, etc.	
0						L_		-41					Оросп	White	
	15. DEC (Specify on	CEDENT'S EDU	CATION completed)	164	(Give kind of	work done	CCUPATIO	ON st of working	,	t6b. KIN	D OF BUS	INESS/IND	USTRY		
1 %	Elementery/Secondary (0-12)	College (1-4 or 5 -	⊦)	life. Do NOT us										
COMPLE	12 17. FATHER'S NAME (First, A	Birlotto (apt)			Ho	mema)	ker					m Ho	ome		
E C	John Van	,	naham							ilabl			11		
8	19a. INFORMANT'S NAME (ilgilatii		18b. MAILING	ADDRES	D /O+					-		.	_
TO BE	William H							a-10f		Itte Number, (ity or lown	, State, Zip	Code)		
	20e. METNOD OF DISPOSIT			20h. PL 4	CEANDDATE				·	DATE	200 1.00	ATION —	010 - 7		_
	1 ☐ Burlat 2-& Crematic	on 3 ☐ Rame r(Specify)	oval from State	cemetery	Lee (ther place)	ator	v 1	1-6-9	1		Clint			
	21. SIGNATURE OF FUNERA	BERVICE LIC	THISME /	1				D ADDRES		-					-
	1/18	10/	W			- 1				Le				e, Inc.	
_	22 DADEL Estando	2	1 an											nton, Md.	
	23. PART I. Enter the d ahock, or h	aart failure.	List only one cau	t caused the ise on aach	i death. Do r lina.	ot entar	tha mod	de of dyln	g, such s	sa cardiac	or reapir	atory am	est,	Approximata Intarval Betw	900
	IMMEDIATE CAUSE (Fig disease or condition	nal	A)	A.	1 200		11-	n	. ,	15 5	1			Onset and De	ath
	resulting in death)	→	I. OHE TO	1000	with	ew	car_	ac	UK	en				HOUR	5
7		_	Cos	Ledy A	MI	1	11	4	Som	,0	10	· ·		1403	
5	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											11050	16		
S	cause. Enter UNDERLY	ING	1-	161	the	Car	12	Eter	118	12	er à	LE		1403.1	1
RTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									1	6				
ш	resulting in death) LAS	" .	l,												
C	PART II. Other significa	nt condition	s contributing to	death but n	ot rasuiting i	n tha un	derlying	cause al	ven in De	et I Dan	WAS AN A	LIMORAL	1		
DICAL							a only mag	oudso gi	ven m ra		PERFORM	MED?		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO	
MED										_ 10	YES 2	NO		COMPLETION OF CAUS OF DEATH?	E
										-		7		1 TES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO	O MEDICAL					28 PL	ACE OF DE	ATM /Check	onty anal					
Sic	EXAMINER?	1	HOSPITAL:	FR/Outpaties	2 □ DOA	OTHER	t:								_
PHY	27. MANNER OF DEATN		28a. DATE OF	INJURY	28b. TIME	OF	28c. INJU	_	-	Other (Spe 8d. DEŞCRIE		IIIBA UCC	UDED		_
ВУ Р		Pending Investigation	(Month, De	ny, Year)	INJ	JRY M	WOF				L 11011 III	ooni occ	ONED		
0 8	3 Devlotes	Could not be	28e. PLACE O	F INJURY A	t home, farm, s	treet, tect			_	Bt. LOCATION	(Street or	d Number	or Rural Br	ute Number	-
ETE		datarmined	ounding,	etc. (Specify)					_	City or Tou	vn, State)			are transco,	
F	28a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge	death occurre	d at the ti	me dete	and place of	and due to	the severals			,		-
_	one) 2 MEDI	CAL EXAMINER	t: On the beels of ex	amination and	or investigation	n, in my o	pinion, de	ath occurse	f at the tim	the ceuse(e)	end mann	due to the	d.	and manner as stated	
N				11	2		_					_			_
COMPL	29b. SIGNATURE AND JUILE			1/11/		16	- 1	28c. LICEN	SE NUMBE	R		28d. DATE	SIGNED /	Mg/Ith, Day, Year)	
BE	296. SIGNATURE AND PUTLE	11	- All	4111	elal III			111	1	1 / 1/	, 1		1 1		
ш	Albert	VH.	COMPLETED CAUS	E OF DEATH	TEM 27) (Tors	Print)		PC	12	900	/	> /	1/	5/91	
BE	30. NAME AND ADDRESS OF	VH.	COMPLETED CAUS	E OF DEATH (132 fg 1TEM 27) (Type,	Print)	No 1	10		900	(1)	> 1	1/	5/91	7
BE	Albert	PERSON WHO	Y - GE	POL	284 P	201	Kp (10	6 5	900 51K	1	> /	57.	5/91 3/2 VES	7
BE	30. NAME AND ADDRESS OF	PERSON WHO	Y - GE	POL	LSYP	201	No (10	6 5	900 S/K	1	• 4	57.	5/91	7



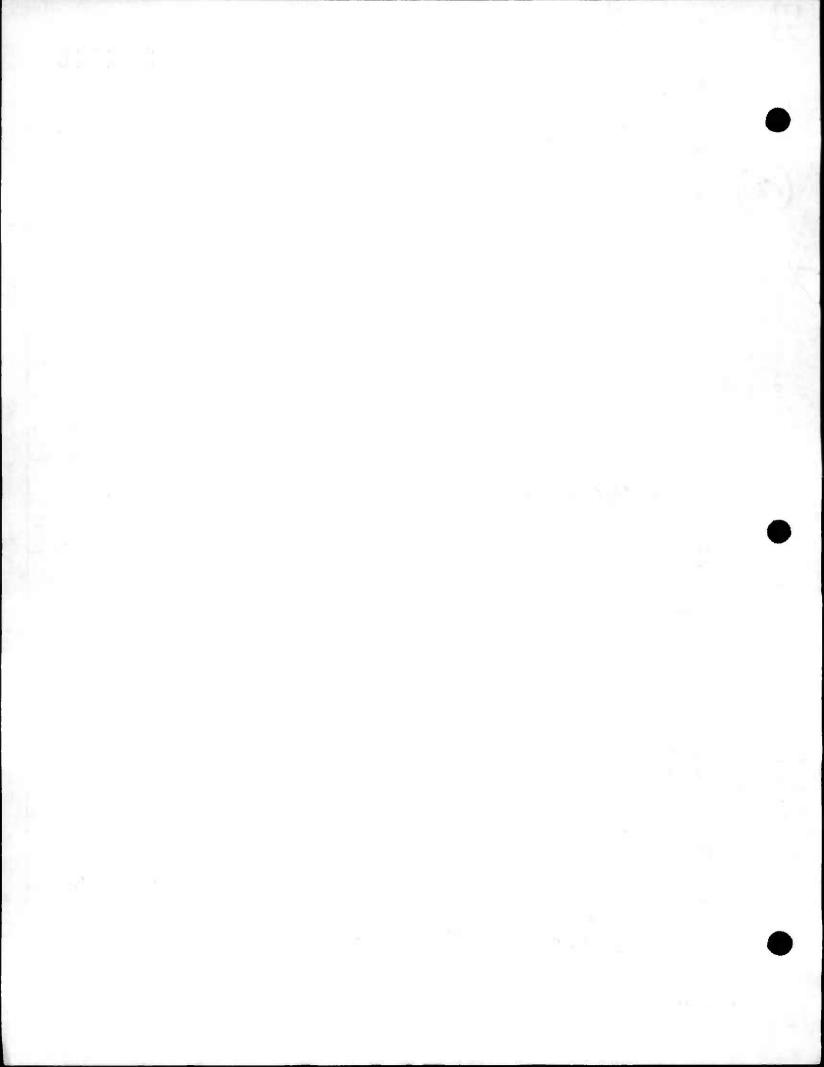
	ges 1, 2.		
an.	transit permit. Pa		
attending physici	use as the burial-		
by the hospital or	be detached for u		at once.
may be retained	or, page 5 should		ust be notified
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits. Pages 1,	noval.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
within 24 hours	npletely filled in b	cremation, or ren	vent, the medi
ficate be executed	physician and con	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ner traumatic e
nat the death certi	by the attending	and Mental Hygie	ny injury, or oth
The law requires the	e has been signed	te Dept. of Health	m 23 shows at
ING PHYSICIAN:	After this certificat	leath with the Sta	marked, or ite
ITAL OR ATTEND	RAL DIRECTOR: 4	72 hours after 6	: If item 28 is
TO THE HOSP!	TO THE FUNES	be filed within	IMPORTANT

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				IENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATN		3. TIME OF DEATN			
		Hoffman H	ISSEY				OCTOBER 28	, 1991	7:50A M			
	4. SOCIAL SECURITY NUMBER 577 - 05 - 4158		(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER		7. DATE OF BIRTN (Month, Day, Year)	8. BII	RTNPLACE (State or Foreign untry)			
			73 YRS.		360 0.1121		9-9-13		Maryland			
œ	9a. FACILITY NAME (If not institution, give at THE JOHNS HOPK				WN OR LOCATI		ATN	9c. COUNTY O				
5	RESIDENCE OF DECEDENT	INS HUSFITAL		DAL	LITORE	CITI		DALII	MORE CITY			
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY	, TOWN OR I					10d. INSIDE CITY LIMITS?			
	laryland Honts	jouery		Silve	r Spri				1 TES 2 NO			
FUNERAL	1504 Gleason Stre	190			101. ZIP COD 2090	_		USA	F WHAT COUNTRY?			
NO.	11. MARITAL STATUS	12. WAS DECEDENT SVER II	N U.S. ARMED	13, WAS			C ORIGIN? (Specify Yee		ACE — American Indian,			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 1 YES		11 ye	YES 2 TNO	n, Mexican	, Puarlo Rican, atc.)	В	leck, White, atc. pecify:			
	1	N/A							White			
E	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	18a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCL rork done duri e retired.)	IPATION ng most of worki	ng	16b. KIND OF BUS	BINESS/INDUSTR	Y			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Steam				Distri	ct Gove	was taken to			
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)		o ocum	-110		NER'S NAM	IE (First, Middle, Malden :		THERE			
BE (Gilbert Hisset					Ur	known					
0	19a. INFORMANT'S NAME (Type/Print)						oute Number, City or Town					
	Wayne Hissey 200. METNOD OF PISPOSITION	1				Hano	ver, Hary	land 2	1076			
	1 Burial 2 Cremation 3 Remo	val from State	netery, crematory or of	har placa)	ington	Cras	10450 20c Local	CATION — City of	r Town, State			
	21. SIGNATURE OF FUNERAL SERVICE UC	ENSUE /		22. NAI	ME AND ADDRE	SS OF FAC	ALITY ELECT E	urer, 1	Home, Inc.			
-	- Salallety	Vendell		76	01 San	div St	rieck F	uneral Lauvol	10 20707			
	23. PART Enter the diseases, or o	emplications that cabe	the death. Do n	ot enter the	mode of dy	ing, auch	as cardiac or respi	ratory arrest.	Approximate			
	ahock, or heart fallure,	ist only one cause on e	ach line.						interval Between Onset and Death			
	disease or condition resulting in death)	LIVE	n FA	1401			& weeks					
	disease or condition											
O	Sequentially list conditions, if any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):											
CAT	cause. Enter UNDERLYING											
E	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	7):								
CERTIFICATION	resulting in death) LAST	l										
CAL	PART II. Other significant conditions	contributing to death b	out not resulting i	n the unde	rlying cause	given in F			24b. WERE AUTOPSY FINDINGS			
20							PERFOR 1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDI									1 TES 2 NO			
AN	DE MAR CACE DESERBED TO MEDICAL											
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	dett a past	OTHER:	26. PLACE OF D							
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIM	E OF 28	c. INJURY AT		28d. DESCRIBE NOW IN	NJURY OCCURED				
ВУ Р	1 Pending 2 Accident Pending	(Month, Day, Yeer)	INJ	M 1	WORK?	□ NO						
	3 Suicide 8 Could not be	28s. PLACE OF INJURY building, stc. (Special Control of the Contro	f — At home, ferm, a	traet, factory,	office		281. LOCATION (Street a City or Town, State)	and Number or Rur	raf Route Number,			
ETE												
COMPLETED		CIAN: To the best of my know										
	2 MEDICAL EXAMINER	R: On the beals of exemination	n and/or investigatio	n, in my opin	lon, death occu	red at the t	ime, data end place, en	d due to the caus	se(a) end manner as stated.			
H	29b. SIGNATURE AND TITLE OF CERTIFIER	D /	Linoi	•	29c. LIC	ENSE NUM	BER	29d. DATE SIGN	NED(Month, Dey, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type	Print)	175	150		10	100/21			
		OPKINS		5121	TAT							
	31. DATE FILEO (Month, Day, Yer)	32. REGISTRARIO SIGN			.,,,							
	MA KARA GAN	The following	21-1-1									



1	STATE REGISTRA
	1. DECEDENT'S N
	4. SOCIAL SECU
ı	233-38-

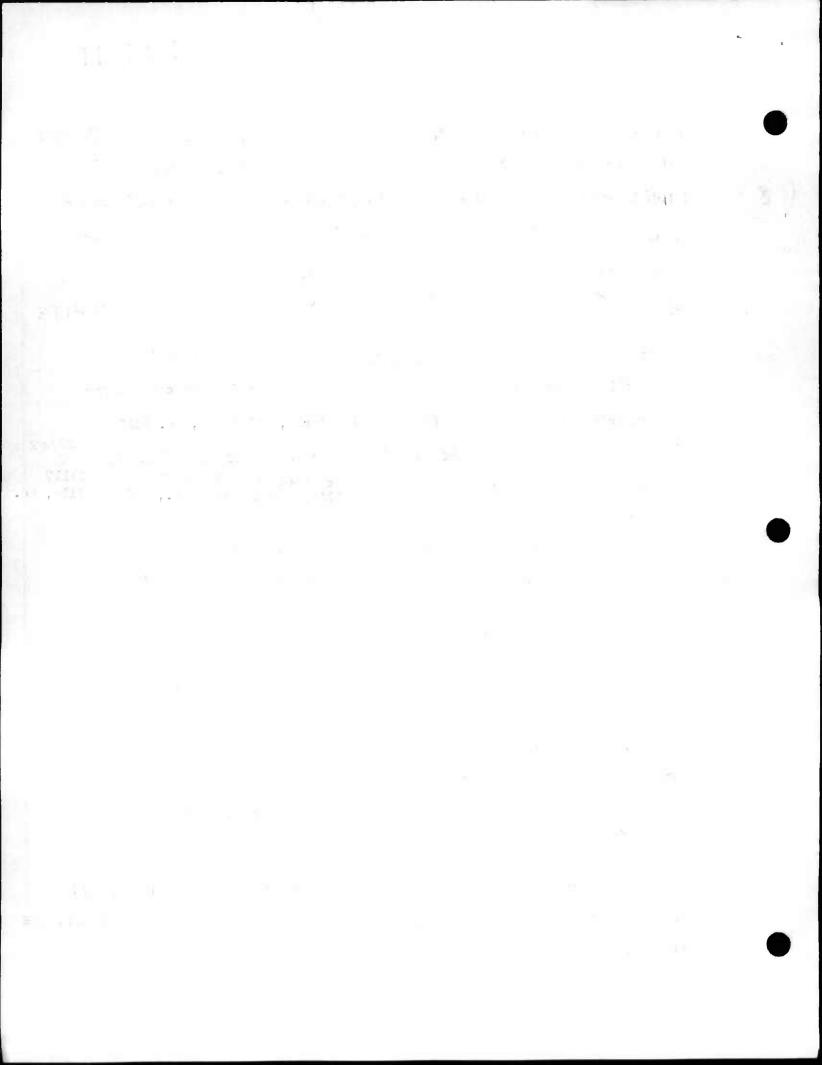
	1 - STATE REGISTRAR		С	ERTIF	ICATE OF	DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Dolores	Bis	hop H	icks			2. DATE OF D Novemb		199 1	3. TIME OF DEATH 11:45 A. N	
	4. SOCIAL SECURITY NUMBER 233-38-7314		6. AGE (In yrs. In		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	BIRTH N. Year)	8. BIRT	HPLACE (State or Foreign	
20	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH 6902 Toyon Place Capitol Heights Prince Geo									DEATH	
DIRECTOR	10e. STATE 10b. COUNTY		1's	10c. CIT	Canito	Heights				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 6902 Toyon Place					7. ZIP CODE 20743	,	109	U.S.A.	WNAT COUNTRY?	
6	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 3 Wildowed 4 Divorced IF YES, GIVE W		YES 2 X	EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPAN 14. YES 2 X NO It yes, specify Cuben, Mexica					No- 14. RAC Blee	CE — American Indian, ck, White, etc.	
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or		iii.	Give kind of e. Do NOT u	B USUAL OCCUPATE work done during m see retired.)	ost of working			SINESS/INDUSTRY		
E	17. FATHER'S NAME (First, Middle, Last)	2	Co	omput	er Speci	lalist			Governm	nent	
5	Burnet Chatm	an				Eva		ompson			
20 00	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural	Route Number, C	City or Town, Ste	ate, Zip Code)		
-	Cynthia Bishop/Bu	tler		3735	Ritchbon	o Rd. Fo					
	28a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		206. PLACI of cemetar Result	y, cremator rect	e of disposition by prother place) ion Ceme	etery 1	1/8/91	Clint	on – city or 1	rown, State aryland	
	21. SIGNATURE OF FUNERAL SERVICE LIE	Val.	,			nd address of Fage P. Kai				Md 20745	
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) a. Low Cancer Due To approve the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Low Cancer Due To approve the consequence of the consequenc										
THE SICION. INCOLORE OF	PART II. Other algnificent condition	d.	death but not	resulting	in the underlyi	ng ceuse given in		e. WAS AN AUT PERFORMED YES 2 %	0?	AID. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
7	25. WAS CASE REFERRED TO MEDICAL				26. F	PLACE OF DEATH (C	heck only one)				
200	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 K Residence	8 Other (S)	pecify)			
BY PRI	27. MANNER OF CEATH 1 Matural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De	INJURY ny, Year)	28b. Ti	IJURY W	JURY AT ORK? YES 2 NO	28d. DESCRI	IBE HOW INJUI	RY OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At I atc. (Specify)	URY — At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	and the second second second								e(s) and manner so stated.	
١	296. SIGNATURE AND TITLE OF CERTIFIE	1//				29c. LICENSE NU		29	d. DATE SIGNI	ED (Month, Day, Year)	
BE	Molle	100				1845	4		- 11-	6-91	
2	30. NAME AND ADDRESS OF PERSON WI	/)				12	/				
	William K. Kel	991 4	who David	lson-A	andell						



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transi- moval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AR
Г	1. D	ECEDENT'S	NAM

	1 - STATE REGISTRAR	02 O	CERT	FICATE (OF DEATH	MICHIA	REG. NO				
2000000	1. DECEDENT'S NAME (First, Middle, Last) ROBERTA M. H	Aussm			<u> </u>	2. DAT	E OF OEATH	AY	YEAR 1991	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER H02-14-0751	5. SEX 1 M 2 X F	AGE (In yrs. lest birthda	MONTHS D	EAR IF UNDER 24 HRS. NYS HOURS MIN.		OF BIRTH	1915		PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give s SINAL HOSP, O RESIDENCE OF DECEDENT		ORE		WHOR LOCATION OF I	DEATH		9c. COL	INTY OF DE	MORE	
DIRECTOR	10e. STATE 10b. COUNTY	ity	10c.	BAL	OCATION TIMOR	E			T	10d. INSIDE CITY LIMITO? 1 YES 2 NO	
BY FUNERAL	3502 TRAINOR				101. ZIP CODE 21215			HAT COUNTRY?			
	11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	II ye	DECENDENT OF HISPA s, specify Cuben, Mexic YES 2 NO Spec	en, Puerto	N? (Specify Yes Rican, etc.)	or No-	Black,	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	PATION g most of working	16.	b. KIND OF BU		DUSTRY	11111				
	11. Housewife Homemaking 17. FATHER'S NAME (First, Middle, Lest) William Radford IB. MOTHER'S NAME (First, Middle, Meiden Surneme) Susie Frances Renfro										
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Shaney 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6500 Redgate Circle, Baltimore, Md. 21228										
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE AND DAT	TE OF DISPOSITIO		DAT	E 20c. LO	CATION —	City or Tow	n, State 2/208 E, MD	
	21. SIGNATURE OF PUNERAL SERVICE LIC	and +		22. NAN	Eckhardt	CILITY Funer	cal Cha	pel		21117 s Mills, M	
	23. PART I. Enter the diseases, or can be shock, or heart feiture. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Drily Drie Ceuse	on eech line.		LUNG		diec Dr respi	ratory ar	rest,	Approximete Intervel Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): COPD DUE TO (OR AS A CONSEQUENCE OF): ASHD										
DI TILISICIAIN. MEDICAL	PART II. Other significent conditions	Part i.	24a. WAS AN PERFOR 1 TYES 2	MED?		YERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO					
į į	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			2	B. PLACE OF DEATH (C)	neck only or	ne)				
10	1 TES 2 NO	HOSPITAL:	R/Outpetlant 3 DOA	OTHER:	Home 5 Residence	6 Othe	er (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	Year)	M 1	INJURY AT WORK?	28d. DE	SCRIBE HOW IN	JURY OC	CURED		
- 10	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, atc.	IJURY — Al home, ferm (Specify)	n, street, factory,	office	City	281. LOCATION (Street end Number or Rural Route Number, City or Town, State) BALTIMORE				
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my R: On the best of exam	knowledge, death occu ination end/or investiga	irred at the lime, tion, in my opinio	date end place, and durin, death occured at the	lo the car	use(e) end men and place, end	ner es stat	ed. e cause(e) :	and menner ee stated.	
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Whichem				29c. LICENSE NU	MBER		29d. DAT	E SIGNED (fonth, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WHO	OLUCHE	M MD	DEPT.	OF MED), SII	NAI H	IOS P	OF	BALTIMORE	
	31. DATE FILED (Month, Day, Year) 11-9-91 NOV 12	32. REGISTRAR'S	SIGNATURE JUNE DAVIDSON	~ Aandele						1 111010	



50,	
K 687	
BOX	
P.O.	
S, F	
B	
RECORDS,	
LR	
OF VITAL	
OF	
NO	
DIVIS	

1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIF		HEALTH AND F DEATH	MENTAL HYGIEI REG. NO		31812
1. DECEDENT'S NAME (First, Middle, Las	e	4.0	1 00	nd	11-4	-91	S. TIME OF DEATH A
4. SOCIAL SECURITY NUMBER 5 19 - 26 - 56 1	1 1 M 2 D F 7	rs. last birthday) 7 YRS.	MONTHS DAY	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-17 M.	BIRTHPLACE (State or Foreign Country) ARYLAND
ANNE ARUNDEL	MEDICAL CENTI	ER		NOR LOCATION OF D	PEATH	9c. COUNTY	E ARUNDEI.
RESIDENCE OF DECEDENT 10a. STATE MARYLAND A		10c, Cl	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
	NNE ARUNDEL	A	NNAPOI	IS 101. ZIP CODE		10g. CITIZEI	1 TES 2 NO
100. STREET AND NUMBER 130 HEARNE RI 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	.S. ARMED			NIC ORIGIN? (Specify Y	U.S	. RACE — American Indian.
3 Widowed 4 Divorced	FORCES? 1 YES		If yes,	specify Cuban, Maxic ES ZXNO Spec	an, Puarto Rican, atc.) ily:	1	Black, White, atc. BLAC K
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT (S USUAL OCCUP: work done during use retired.)	most of working	16b, KIND OF B	USINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last)		INVEST	AGRIUI		AME (First, Middle, Maide	n Surname)	
HARVEY STEWAR	RT	T 105 MAII IN	C ADDRESS (Stan		ON HOLLA		adal.
REGINALD CRUZ	2						MD. 20853
20e. METHOD OF DISPOSITION 1 □ Burial 2X□©remation 3 □ Re 4 □ Donation 5 □ Other (Specify) □	emoval from Stala of cen	PLACE AND DAT	re OF DISPOSITI by or other place) EMATOR	ON (Name	DATE 20c. L		y or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	D. Rees	e	REE		NS MORTU. T. ANNAP	ARY, I	P.A.
23. PART I. Enter the diseases, anock, or heert/failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	aDUE TO (OR AS A C	h line.		Bauls		piratory arres	t, Approximete Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO			1/112			
PART II. Other algnificant condit	lone contributing to death but			ring ceuse given i	n Part I. 24a. WAS A PERFO	IN AUTOPSY DRMED? 2 \(\sum \text{NO} \)	24b. WERE AUTOPSY FINDINGS AWALABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NOT	HOSPITAL:	lent 3 DOA	OTHER:	. PLACE OF DEATH (Colores 6 - Residence	Check only one) 6 □ Other (Specify)		
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
		- Al home, ferm	, street, factory, o	ffice	26f. LOCATION (Street City or Town, State	t and Number or	Rural Route Number,
	YSICIAN: To the best of my knowled IINER: On the bests of examination a						
29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON	eb mb			29c. LICENSE N	UMBER C	29d. DATE S	SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the hou	ed in by the funeral director, page 5 should be detach or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF N			RTMENT OF H			MENTAL	HYGIEN REG. NO	_		
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH		1	3. TIME OF DEATH
	William H	enry	HOLTS	CHNEIL	DER			Nove	mber	3. I	991	1030A M
\	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR	IF UNDER	-	7. DATE OF	BIRTH			IPLACE (State or Foreign
)	2 14-46-3051	1 🙀 M 2 🗌 F	89	YRS.	MONTHS DAYS	HOURS	MIN.		Day, Year)	1902		w rvland
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TOWN C	R LOCATIO	ON OF OE		.5, .	~	NTY OF D	
STOR	*Rt. 1, Box 36 RESIDENCE OF DECEDENT			-	Acc	iden	t			Ga	rret	t
оіяёстоя	MD 100. STATE 10b. COUNTY	Garrett		10c. CIT	Y, TOWN OR LOCAT		ccid	lent				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER				101	ZIP COD	=			10g. CIT	IZEN OF	WHAT COUNTRY?
E	Rt. 1, Box 36							215	20		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes, sp			NIC ORIGIN? in, Puerto Ric y:		a or No—	14. RACI Blac Spec	E — American Indian, k, White, stc. 'hy: White
8	15. DECEDENT'S EDUC		16a.	DECEDENT	USUAL OCCUPATION	ON		16b. N	UND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	-)	life. Do NOT u	work done during mo se retired.)	st of working	g					
린	7th		F	armer/	Coal Min	er		Fa	rming	g/Coa	l Mi	ning
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTI	IER'S NA	ME (First, Mic	ddie, Maiden	Surname)		
BE	John	Holt:	schnei	der		E	liza	beth				Niner
0	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street 6					vn, State, Zi	p Code)	
F	Mrs. Olia Ortiz			Rt.	, Box 36	, Ac	cide	ent, M	D 2	1520		
	20e. METHOD OF DISPOSITION 1 🎗 Burtel 2 □ Cremation 3 □ Remo	oval from State	othe	r place)	SITION (Name of cer				20c. LC	CATION -	City or To	own, State
	4 Donatton 5 Other (Specify)		Garr	ett C	o. Memor			-	0ak	land	, Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGLE	0		22. NAME AI			unera	1 U.S.			
	Stadley H	Down	X					ond S			nd. N	MD 21550
	23. PART I. Entar the diseases, or o											Approximate
	ahock, or heart fellure. I	List only one cat	ise on each	iirie.								Intarvei Between Onset and Daeth
	disesse or condition resulting in desth)	termina	al Alzi	neimer	s Diseas	e						Years
		DUE TO	(OR AS A CON	SEQUENCE (OF):							
Z	Sequentially list conditions,	b										
Ĕ	if any, leading to immediate	DUE TO	(OR AS A CON	ISEQUENCE (PF):							
CERTIFICATION	CAUSE (Diseesa or Injury	DUE TO	(OR AS A CON	SEOLIENCE C	NE).							
E	thet initiated events resulting in death) LAST	502 10	(On AS A CON	ISCOULINGE (, , ,							İ
E		d										_
AL	PART II. Other algnificent condition	s contributing to	death but n	ot reaulting	In the underlyin	g cause	given in	Part i.	24a, WAS AP	N AUTOPSY	248	WERE AUTOPSY FINDINGS
5									1 TES			COMPLETION OF CAUSE OF DEATH?
WE										Λ		1 TYES 2 NO
ż												Λ
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF D	EATH (Ch	neck only one))			
NS.	1 TYES 2 NO	1 Inpatient 2	ER/Outpation	3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5 🖵 Re	esidence	8 🗆 Other	(Specify)			
PH	27. MANNER OF DEATH	28a, DATE OF (Month, D		28b, Til	JURY WO	IURY ÁŤ PRK?		28d. DESC	RIBE HOW	INJURY O	CURED	
B	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆		NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE C building,	otc. (Specify)	t home, ferm,	street, factory, offic				TION (Street Town, State		or or Rural	Route Number,
E												
COMPLETED	29e. CERTIFIER (Check only one) 2 CERTIFYING PHYSI MEDICAL EXAMINE											a) and menner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIES	201	4	1		29c. LIC	ENSE NUI	MBER				(Month, Day, Year)
0	Someton K	Mu	Why	A.		D3	0035			1	1-04	-91
	Donald R. Richte 31. DATE FILED (Month, Day, Year)					, MD	215	550				
3	31. DATE FILED (Month, Day, Year) NOV 4 199	32. BEGISTAL	R'S SIGNATUR	IE								
_	100	- dans	- ACODE	Janoon	•							

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020		_
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death, Page 6 may be retained by the hospital or attending physician.	-17.7	-
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 shope to find within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	ormit. Pages 1, 2, 3shoot	A11- 1/2-
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	AND ON	· .

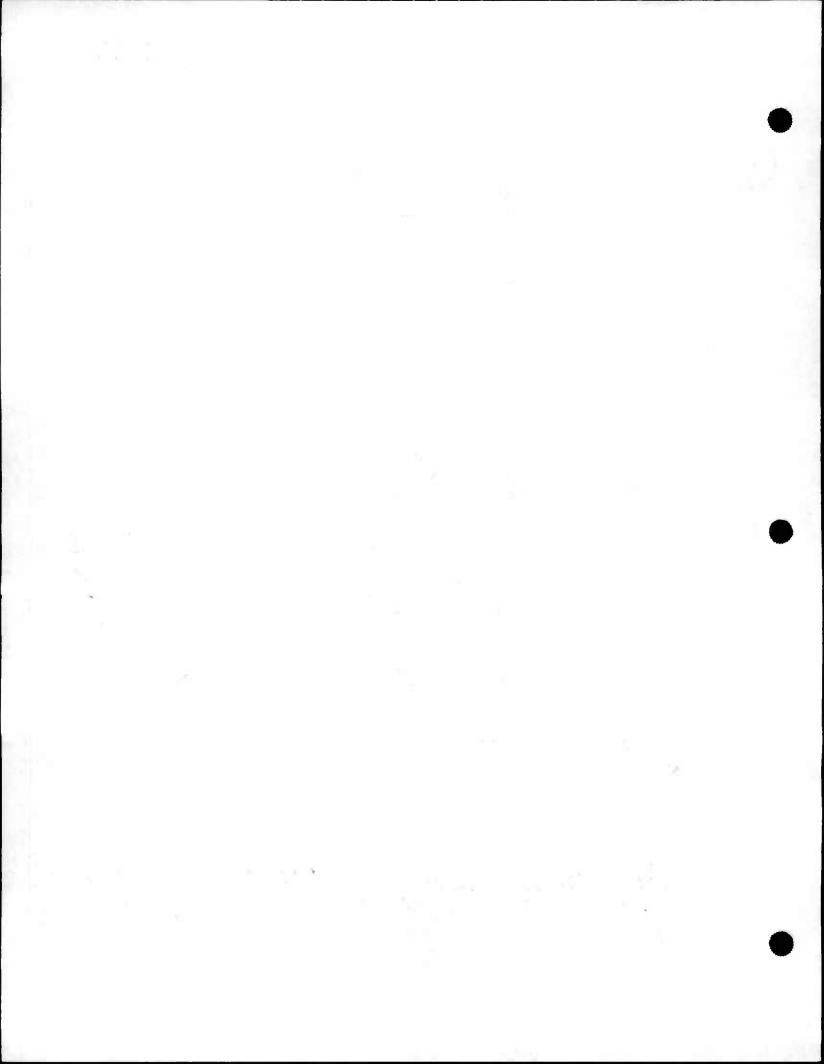
	- SIAIE	TATE OF MARYLAND / D					
	1. DECEDENT'S NAME (First, Middle, Last) William Benjamin		RTIFICATE OF		REG. NO.	3 199°	3. TIME OF DEATH 11:53 AM
	210-10-1000] M 2 □ F 84	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-9-07	8. Bif	ATHPLACE (State or Foreign untry) Virginia
TOR	9e. FACILITY NAME (If not institution, give etreet at Union Hospital RESIDENCE OF DECEDENT	nd number)	Elktor	R LOCATION OF OEAT	TH	Cecil	
FUNERAL DIRECTOR	10s. STATE 10s. COUNTY Maryland Cecil		North East	1727			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
NERAL	108 S. Mauldin Ave.	WAS DECEDENT EVER IN U.S. ARMI		ZIP CODE 21901	ORIGIN? (Specify Yes	USA	F WHAT COUNTRY? ACE — American Indien,
BY	1 Never Married 2 Married	FORCES? 1 X YES 2 □ NO FYES, GIVE WAR OR DATES WII	if yes, spe	city Cuben, Mexicen, 22 NO Specify:		В	lack, while, etc.
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Col	(Give	EDENT'S USUAL OCCUPATION of kind of work done during mo to NOT use retired.)	on of of worlding crineer	16b. KIND OF BUSI		Refinery
BE COM	17. FATHER'S NAME (First, Middle, Last) William G. Hudgins			18. MOTHER'S NAME	E (First, Middle, Meiden S Cullison		
70	19a. INFORMANT'S NAME (Type/Print) Mildred C. Hudgin	s 10	MAILING ADDRESS (Street a		orth East,	MD 2	1901
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Removal f 4 Donation 6 Other (Specify)	North	rematory or other place) East Method:	ist Cem.	04TF 20c. LOC 8-91 Nort	ation—chyo :h East	r Town, Stata MD
	21. SIGNATURE OF FUNERAL BERVICE LICEMBE	Craula		outh Main	Crouch St. Nort		al Home , MD
	23. PART I. Entar the diseases, or comp ahock, or haert failure. List of IMMEDIATE CAUSE (Fine) disease or condition	only ona cause on each lina.		de of dying, such	ea cardiec or respir	etory erreat,	Approximate interval Between Onset and Death
N	resulting in death) a Sequentially list conditions,	DUE TO ON AS A CONSECU	110				16.
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO TOTAL ACONSEOL	UENCE OF:				Cyeny.
MEDICAL	PART II. Other significent conditions co	ntributing to death but not re	aulting in the underlying	g cause given in P	Part I. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DSPITAL: VER/Outpatient 3	OTHER:	LACE OF OEATH (Chec	-0.00000		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJ		28d. DESCRIBE HOW IN	JURY OCCURE	
	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, ferm, street, factory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or Ru	rral Route Number,
COMPLETED	(Single S	: To the best of my knowledge, dear n the basic of examination end/or in					se(a) and manner ee stated.
TO BE	290. SIGNATURE AND TITLE OF COTTEEN 30. NAME AND ADDRESS OF PERSON WAS CO	MMCETED CAUSE OF GEATH (ITEM	27 200	29c, LICENSE NUME	9ER	29d, DATE SIG	NED (Month, Day, Year)

OHMH-16 Rev 1/89



31. DATE FILED (Month, Day, Year)

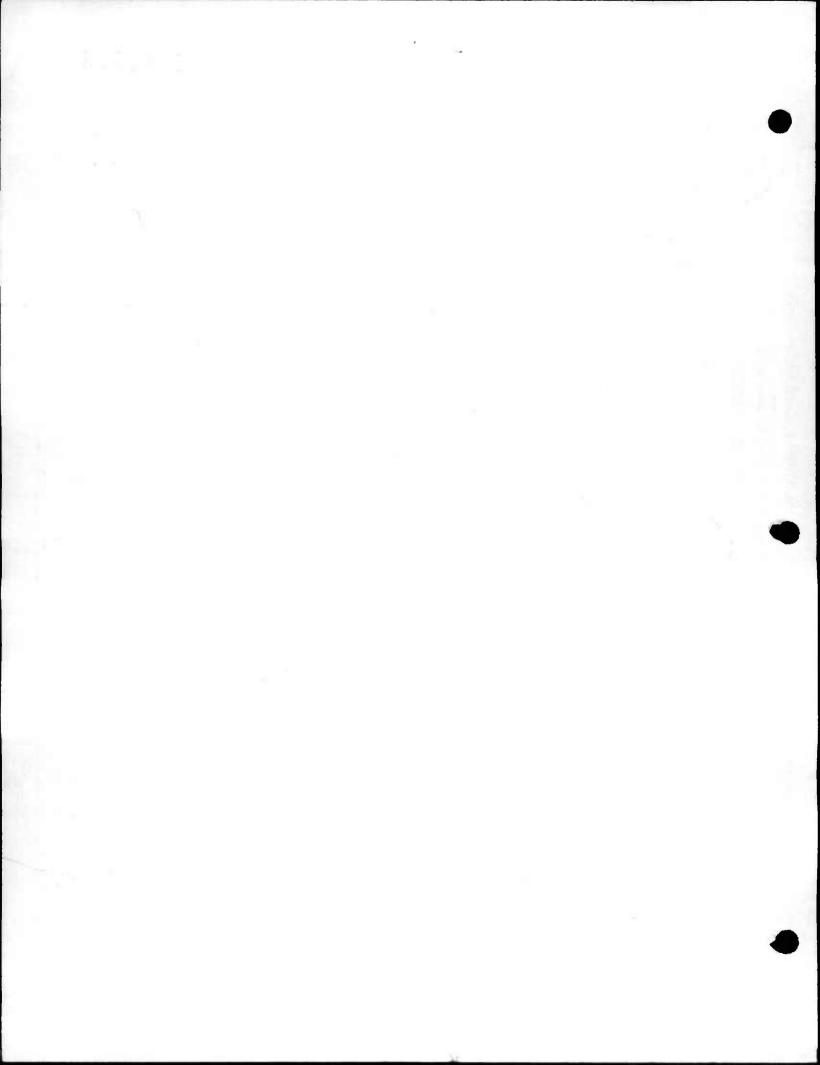
3. REGISTRAN'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH MONTH DA

_	HEGISTHAR	CERTIF	ICATE	/ DEAI	11	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) WILBUR C. VAN HART 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In					OCT. 31	19	91 11:30 AM
	4. SOCIAL SECURITY NUMBER 204-05-3872 9. FACILITY NAME (if not institution, give street and number)	yrs. leat birthday) YRS.	IF UNDER 1 YE. MONTHS DA	rs HOURS	MIN.		-	8. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA
4	FALLSTON GENERAL HOSPITAL RESIDENCE OF DECEDENT		FALL		TON HARFORD			
DIRECT	10e. STATE 10b. COUNTY PENNA. YORK		Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
EHAL	100. STREET AND NUMBER 909 WAIN STREET			101. ZIP CODE 17	314		10g. CITI	ZEN OF WHAT COUNTRY? TED STATES
BT FUNERAL	IF YES, GIVE WAR OR DATE	2 NO ES	II yes		n, Mexicar	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLEIED		6a. DECEDENT'S	USUAL OCCUP work done during as retired.)	PATION g most of working	g	SEI CIVIL		
00 00	17. FATHER'S NAME (First, Middle, Lest) JOHN R. VAN HART	_			ER'S NAI	ME (First, Middle, Malden E E . TAY		
2	190. INFORMANT'S NAME (Type/Print) ELIZABETH M. VAN HART	R.D.	1 Bo	x 18	DE	LTA, PA	173	14
	1V Buriel 2 Crametion 3 Removal from State	ATE RI	DGE C	EMETE E AND ADDRES	RY	DE	LTA,	PA
	Seffuy P. Fore	ledy	HAR	KINS	Fun	eral Hom		NC. DELTA PA
	23. PAST 1. Error the disease, or complications that caused in shock, or heart failure. Liet only one cause on each immediate CAUSE (Final disease or condition reculting in deeth) DUE TO (OR AS A C	th Ilna.					iretory arr	Approximata Interval Between Onset and Death 10 minutes
CERTIFICATION	Sequentially liat conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST	CONSEQUENCE O	ค์:	ease_				years
: MEDICAL	PART II. Other algorificent conditions contributing to death but Myo cardial in Farction LEFT ventricular aneul	anter		lying cause o	lven in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	lent 3 🗆 DOA	OTHER:	6. PLACE OF D		8 Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TIA	ME OF 280 JURY	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CURED
	3 Suicide 6 Could not be building, etc. (Specification of the determined)	A1 home, farm,	street, factory,	office		281. LOCATION (Street City or Town, State		or Rural Route Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge of examination. 2 MEDICAL EXAMINER: On the basic of examination.							
O BE C	296. SIGNATURE AND AUTO-OF-CENTIFIER MEMBERS MD					18ER PA: 775-E	4 4	e signed (Morith, Day, Year) evens ber 4, 1991
	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	9241	B COLO	ONIAL	Ave	NUE YOR	к, Р	PA
	31. DATE FILED Worth, Day 1947. 32. REGISTRAN'S SIGNAL STATE STAT	Mandall						DHMH.16 Ray 1/80



Approximate Interval Between Onset and Death

11320PM

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cernation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
s after death. Page 6	by the funeral direct	dical examiner m
xecuted within 24 hour	and completely filled in burial, cremation, or	ratic event, the me
death certificate be e	ne attending physician Aental Hygiene prior to	ury, or other traum
e law requires that the	has been signed by the Dept. of Health and N	23 shows any in
VDING PHYSICIAN: Th	: After this certificate r death with the State	is marked, or item
THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Degt, of Health and Mental Hyglene prior to burial, cremation, or remayal	MPORTANT: If Item 28
-	- 4	-

1 Natural

2 Accident

3 Suicide

4 Homicide

BY

COMPLETED

H

0

5 Pending

29h. SIGNATURE AND TITLE OF CERTIFIER

NCENT

NOV 1 2 '91

31. DATE FILED (Month, Day, Year)

8 Could not be dstermined

1	1. DECEDENT'S NAME (First, Middle,	Last)						2. DATE OF DEATH		:	3. TIME OF OEATH
	alice V.	JONES						MONTH D	× -	YEAR	11.3.200
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y		ER 24 HRS.	7. DATE OF BIRTH		a. BIRTHPI	LACE (State or Foreign
	218-54-2510	1 🗆 M 2 💢 F	88	YRS.	MONTHS D	Wa HOURS	MIN.	(Month, Day, Year) MAY 25, 1	903	MARYI	
	9e. FACILITY NAME (If not institution,	give street and number)			9b. CITY, TO	WN OR LOCA	TION OF DE		-	NTY OF DEA	
8	CARROLL COUNT	Y GENERAL	HOSPITAL		WEST	MINSTE	R		CAL	RROLL	
5	RESIDENCE OF DECEDEN										
DIRECTOR	MARYLAND CAR	ROLL		l .	STERS						INSIDE CITY LIMITS? YES 2 NO
₹	10e. STREET AND NUMBER					101. ZIP CO	DE		10g. CIT	IZEN OF WH	AT COUNTRY?
Ü	14908 DOVER R	OAD				2113	6		USA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	MED	13. WAS	OECENDENT	OF HISPAN	IIC ORIGIN? (Specify Yes		14. RACE -	- American Indian, While, atc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	1 YES ZON		1 🗆	HES ZONO	Specify	n, Puarto Rican, stc.)		Specify: CAUCA	
TED	15. DECEDENT'S (Specify only highest	grade completed)	(G	ive kind of wo	SUAL OCCU	PATION g most of work	dna	16b, KIND OF BUS	SINESS/IN	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	i+)	Do NOT use	retired.)						
g B	UNKNOWN		PA	CKING	HOUS	E EMPL		FCOD SEI		2	
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
R	CHARLES A. JONES MARY E. ECKARD										
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
-	GENEVIEVE HOLLAND 14908 DOVER ROAD REISTERSTOWN, MARYLAND 21136 200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of Disposition Control of D										
	1 Surial 2 Cremetion 3 C 4 Donation 5 Other (Specify)		cometery, cre	matory or oth	er place)	N(Name of HOF G	OD	. 1		City or Town	i, Stata IARYLAND
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	,					136 EAS	ST BA	TITTMO	RE STREET
	· T. Ke	vin Je	dy		SKII	ES FU	NERAI	L HOME TANI	EYTOW	N, MD	21787
	23. PART I. Entar tha diseases ahock, or heart fal	, or complications th lure. List only ons ca	at causad the da usa on sach line	ath. Do no	ot antar tha	moda of d	lng, auch	as cardiac or reapi	ratory are	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition			- 0			,	24			Onset and Death
	resulting in death)	a	veges	liv	e he	2art	100	elecce	i .		2 weeks
							3				
O N	Sequantially list conditions,	T h.	NOR AR A COURSE			you	and	o jalle	7		years
AT	If any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disessa or Injury that initiated events	E. DUE TO	OR AS A CONSEC	EXENCE OF	(جستاسي	con	- English	y heard	Sie	De-us	year
CERTIFICATION	reaulting in death) LAST		Ton sia in duniana	DENCE OF				9			
U		d									i
A	PART II. Other algolficant cond	ditions contributing to	death but not re	eaulting in	the undar	ying cause	given in i	Part I. 24a. WAS AN			ERE AUTOPSY FINDINGS
MEDICAL		cute/	Lamon C	-10	ele	عب		PERFOR 1 YES 2		C	MAILABLE PRIOR TO OMPLETION OF CAUSE
N N				Y						1	F DEATH?
ż								_		1 '	YES 2 NO
¥.	25. WAS CASE REFERRED TO MEDIC EXAMINER?				2	. PLACE OF 1	DEATH (Che	ck only one)			
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3		OTHER:			8 Other (Specify)		-	
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE O		26b. TIME INJUI	OF 28c	INJURY AT WORK?		26d. DESCRIBE HOW IN	NURY OC	CURED	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 MEDICAL EXAMINER: On the beals of axaminstion and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) end manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D01663 8

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, United 27)

10000 32. REGISTRAR'S SIGNATURE

ANCHOR 15 WESTMINSTER MD 31157

helia Davidson-Randalle

28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

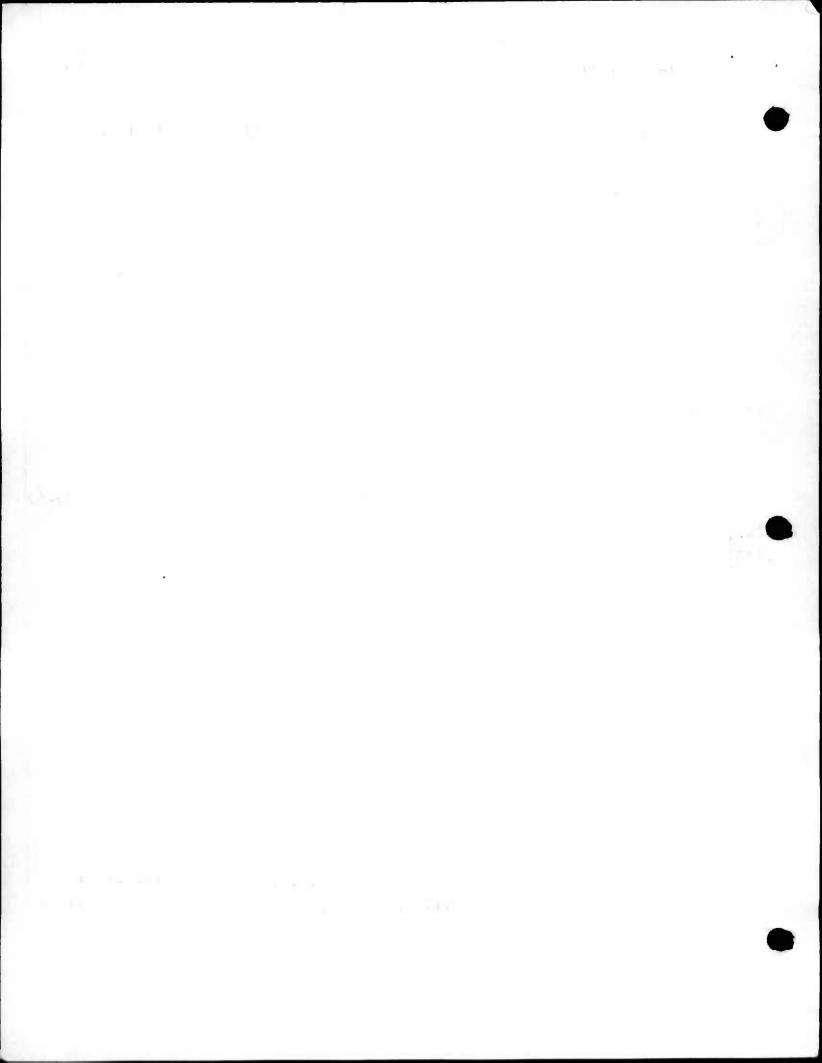
29s. CERTIFIER
(Chack only one)

One)

MEDICAL EVAMMED, On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

* 1 4

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	.7.7		G. 1. T.		2. DATE OF DEATH DO NONTH 0 8	^ 19 š	3. TIME OF DEATH
	CHRISTOPHER 4. SOCIAL SECURITY NUMBER	Allan		SMI				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	E (In yrs. last birthday) YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 9/20/91	6.	BIRTHPLACE (Stelle or Foreign Country) Marvland
	9e. FACILITY NAME (If not institution, give s	Ireet and number)			OR LOCATION OF D		9c. COUNTY	OF DEATH
DIRECTOR	FREDERICK MEM	ORIAL HOSI	PITAL	FRED	ERICK		FRED	ERICK
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. I							10d. INSIDE CITY
	Maryland Fro	F	rederic				1 X YES 2 NO	
FUNERAL	44 John Hanson			IOF. ZIP CODE	701	,	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	s or No.— 14	. RACE - American Indian.
ВУ	1 X Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 X NO Speci			Specify: Black
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S	S USUAL OCCUPATION WORK done during it	TION	16b. KIND OF BU	SINESS/INDUS	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	ise retired.)	nost or working			
Ā				n/a			n/a	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
BE	unknown					Angela Smi		
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Angela S. Thomps					Fred eric		
	1 X Buriel 2 Cremetion 3 Reme	oval from State	ob. PLACE AND DATE of the control of	OF DISPOSITION (other place)	Name of			y or Town, State
	4 Donellon 5 Other (Specify)	ENSEE	Chapel Ce		AND ADDRESS OF FA	11/12 nr.	Liber	tytown, MD
	1/	ETZLER		77	AND ADDRESS OF F	an II	, ,) A
	23. PART I. Enter the diseases, or o		ed the deeth. Do	not enter the m	ode of duing au	2/2/1/10	ME, M	ENCHINDSOR IN
	anock, or neart failure.	List only one cause on	each line.	not onto the n	lode of dying, so	on ale cardiac or respo	ratury arrest	intarval Between
	IMMEDIATE CAUSE (Final disease or condition	Sudden I	nfant Dea	ath Synd	rome			Onset and Death
	reaulting in death)	a	A CONSEQUENCE O		2 01110			
z				·				į į
CERTIFICATION	Sequentielly flat conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				
5	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE D	ID:				
E	reaulting in death) LAST	4		. ,.				İ
	PART II Other significant and dates							
MEDICAL	PART II. Other aignificant condition	s contributing to death	but not reaulting	in the underlyi	ng cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO
ă						130 YES 2	□ NO	COMPLETION DF CAUSE DF DEATH?
								YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C)	neck only one)		
¥	YES 2 ND 27. MANNER OF DEATH	1 ☐ Inpatient 2 1 ER/Ou 28e. DATE OF INJURY				6 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)		JURY W	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED
β	2 Accident Investigation	28e PLACE OF IN III	DV . At home town		YES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	pecify)	street, factory, off	ice	281. LOCATION (Street a City or Town, State)	and Number or I	Rural Route Number,
2 1	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedge, death occurr	red at the time, da	te end piece, and due	In the cause(s) and mar	nor on stated	
8								euse(s) end menner es stated.
	296. SENATURE AND TITLE OF CAUTIFIER				29c. LICENSE NU			
BE	Maxxxx	No.						GNED (Month, Day, Year)
임	30 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	e, Print)	O.C.M.	Ŀ	- 11-	-9-1991
	A.M.DV	SON	111 N.		STREET	BALTIMORE	, MARY	ZLAND 21201
	NOV 1 2 '91	32. REGISTRAR'S SIG	- Randell					



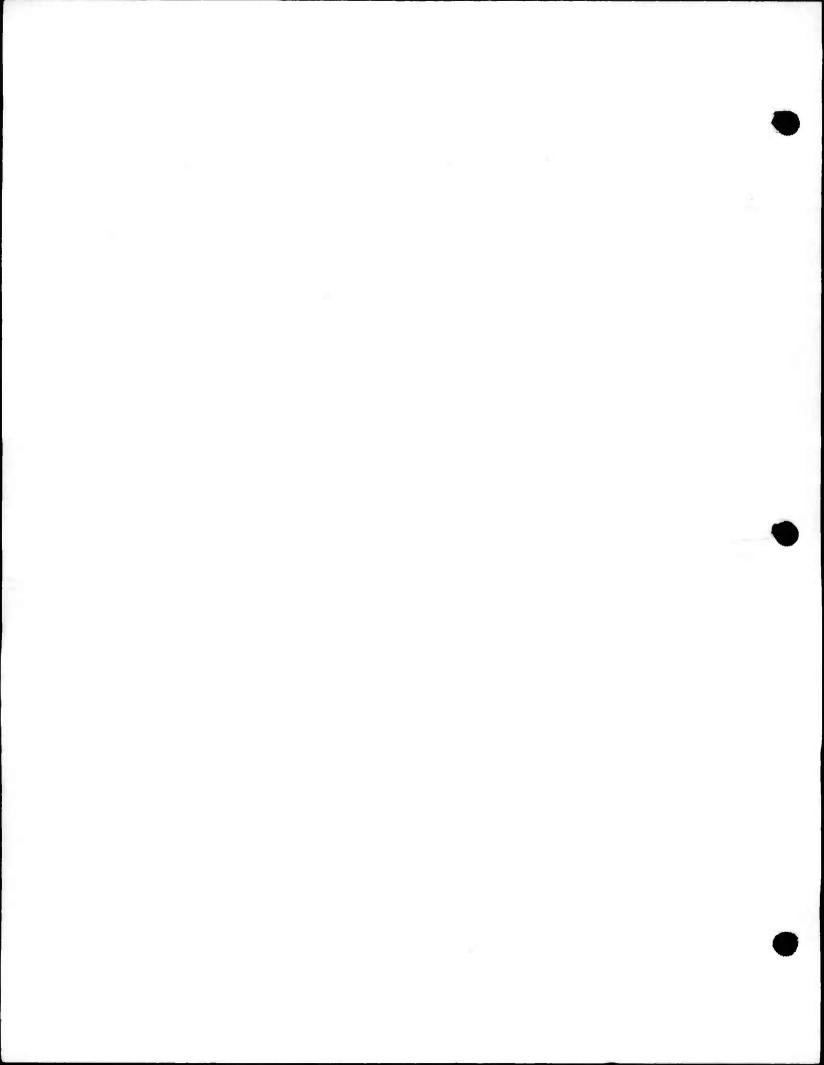
	FOR STATE REGIST
	1. DECEDENT
10	4. SOCIAL SE
. 1	5796
1	9a. FACILITY
BO	Fair
Ti I	RESIDEN
煙!	10a. STATE
D D	ma
A	10e. STREET
NERA	2101
5	11. MARITAL
	1 Naver M
ВУ	3 X Widowe
딢	
APLETE	Elementer
8	17. FATHER'S
BE	(-4
	19a. INFORM
F	1-01

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
George	Johnso	\cap		10 - 76 -	9 1 YEAR	440 pm 11
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	a pier	HPLACE (State or Foreign
CITO CAU III	1 M 2 F		INTHS DAYS HOURS MIN.	(Month, Day, Year)	Coun	itry)
211604 412		1 1		4-30-189		15 New York
9a. FACILITY NAME (If not institution, give st	reet and number 201 Fair	rland 9	b. CITY, TOWN OR LOCATION OF DE	EATH	9c. COUNTY OF	
tairland NSG.	Ctr. Rd.		SS MD 209	704	11100	tgomery
RESIDENCE OF DECEDENT						
IOB. STATE	/	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
md. Then	tomeru	Sil	ver Spring	md.		1 YES 2 NO
IOe. STREET AND NUMBER	2		101. ZIP CODE	′	10g. CITIZEN OF	WHAT COUNTRY?
2101- Eninlan	181 5	c md	200011		110	
11. MARITAL STATUS	12. WAS DECEDENT EYER) ///c/·	13. WAS DECENDENT OF HISPA	NIC OBIGINS (Specific Ven	THE LA DAY	CE — American Indian,
1 Naver Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuban, Mexico	n, Puerto Rican, etc.)	Ble	ck, White, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WAR, OR C	DATES	1 TYES 2 NO Specifi	y:	Spe	Dlank
	WWL			T		DICK
15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT'S US (Give kind of world	UAL OCCUPATION k done during most of working stred.)	16b. KIND OF BUSI	NESS/INDUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)			1.	1	1
	5+	10	ctor	medic	al L	octor
17. FATHER'S NAME (First, Middle, Last)	- 1		18. MOTHER'S NA	ME (First, Middle, Maiden S	urname)	
(-enrae	Tohn sa-	1	Ran	nio		Johns -
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AT	ODRESS (Street and Number or Rural	Route Number City or Town	State, 7in Code)	~171500
Ennag (==	0 0011121	1 1101	3 -1 541		ording Exp cools	1 20011
-1517CC C.F.	eenwel	16621	- Jru 27,/	1.11) 414	5h d)	C. 20011
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rame	Quel from State 1	b. PLACE OF DISPOSITI	ON (Name of cemetery, crematory or	20c. LOC	ATION — City or 1	Town, State
☐ Burial 2 ☐ Cremation 3 ☐ Ram ☐ Donation 5 € Other (Specify) 2 △	tombret 6	-Ate O	+ Heaver			
H. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	# 010	22. NAME AND ADDRESS OF FA	CILITY/11/0ntac	MIERCA	BACS. 4.11.
D-1	you at	_ 0//	mie le			1/1/1
Lallemp Ko	. Therwa	Emeres	714-Kenn	edu St.	1.61	Wash Dic
23. PART i. Enter the diseees, pr	emplications that cause	d the deeth. Do not	enter the mode of dying, suc	h ss cefdlec or respir	etory erreet,	Approximete
	Liet only Dne ceuse Dn	eech line.	4			Interval Between Onset end Deeth
iMMEDIATE CAUSE (Finel disease or condition	Term	O Wa	· · · · morria	4		TO CO
resulting in deeth)	0					Sauge
	DUE TO (OR AS	A CONSEQUENCE OF):	1/ 1/ 1/			
Commentation that an attaining	b. Hyper	reuse	- Heart dea	-6-20		yeurs
Sequentielly liet conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				'
ceuse. Enter UNDERLYING	e Elize	which I	uperpuse	m .		
CAUSE (Diseese or injury that initiated evente	DUE TO (OR AS	A CONSEQUENCE OF):	P			
resulting in deeth) LAST			′			
	a					
PART II. Other significant condition	e contributing to deeth	but not resulting in	the underlying ceuse given in			Ib. WERE AUTOPSY FINDINGS
Organie	luain bes	redrome.	Contorio	PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1	200) converges,	1 [] YES 2	ND	OF DEATH?
Contractul	25-					1 TES 2 1 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	neck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	e C Other (Carabia)		
7. MANNER OF DEATH			Nursing Home 5 Residence		HIRW ACCURE	
1 Netural 5 Pending	(Month, Day, Year)		Y WORK?	28d. DEŞCRIBE HOW IN	JUHY OCCURED	
2 Accident Investigation			M 1 YES 2 NO			
3 Suicide 8 Could not be	28a. PLACE OF INJUR building, atc. (Sp.	Y — At home, farm, atre	et, factory, office	28t. LOCATION (Street as	nd Number or Rura	l Route Number,
4 Homicida detarmined	Sanding, atc. (Sp	,/		City or Town, State)		
9a. CERTIFIER			PROFESSION AND ADDRESS OF THE PARTY OF THE P			
(Check only			at the time, date and place, end du			
one) 2 MEDICAL EXAMINE	R: On the basis of examinati	on and/or investigation,	In my opinion, death occured at the	time, data and place, and	due to the cause	(a) and manner as stated.
PID. SIGNATURE AND TITLE OF CERTIFIE	1 /)	29c. LICENSE NU	MBER	29d, DATE SIGNE	ED (Month, Day, Year)
11,78	1 05	· der	May 17	4418		26,1891
annu	70,00			/ /		, //
10. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	rint)			
1. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE Gandale				
1001	9 1. Novi	Jan- Handall				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23. The rise death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



- 2
2
40
0
Ē
70
È
-
-
60
Ĕ
-
9
늗
E
×
=
6
ᇴ
Ě
-
ĕ
Τ,
E
8
9
-
4
늗
2
-
9
ŧ
- 2
>
700
Infur
v intury
vaulal van
any injury
we any injury
hows any injury
chows any injury
23 chows any injury
em 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

Dr.

В.

31. DATE FILED (Month, Day, Year)
NOV 0 7 '91

1. DECEDENT'S NAME (First, Middle, Last)		- 17			E OF DE		MONT	OF DEATH	AY .	YEAR	3. TIME OF DE	
AGNES JOHNSON							No		199	_	4:05	P. M
4. SOCIAL SECURITY NUMBER 579 - 54 - 4773	5. SEX	6. AGE (In yn	s. last birthday) YRS.	IF UNDER	DAYS HOU	JNDER 24 HRS. JRS MIN.	7. DATE	of BIRTH h, Day, Year) 019-1	934	Count	HPLACE (State or	Foreign
9a. FACILITY NAME (If not institution, give	****	٥٥	Tho.	Oh CITY	TOWN OR LO	CATION OF D		019-1	-	INTY OF D	rmany	_
201 Charmuth										narl		
RESIDENCE OF DECEDENT				1								
10e. STATE 10b. COUNT			10c. CI		OR LOCATION						10d. INSIDE C	
Maryland Cha	arles			wa	ldorf	CODE			10- 017	TIZEN OF	1 TYES 2	
201 Charmuth	Court					20601			log. Cit	USA		
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S	S. ARMED	13.	WAS DECENDE		VIC ORIGII	N? (Specify Yes	or No-	14. RAC	E — American Ir	ndlen,
1 Never Married 2 X X Married 3 Wildowed 4 Divorced	FORCES?				If yes, specity	Cuben, Mexica	n, Puerto		10	Spec	ck, White, etc.	
15. DECEDENT'S ED		16:	a, DECEDENT'S				160	. KIND OF BU	SINESS/IN	DUSTRY		
(Specify only highest grad	College (1-4 or 5		life. Do NOT a	use retired.)								
8			Custor	ner	Servi		_			Groc	ery	
17. FATHER'S NAME (First, Middle, Last) Otto Weber					16.	Elfri	ede	Middle, Maiden Kali	sumame) tzky	/		
99. INFORMANT'S NAME (Type/Print) Alva A. Johns	son, Jr		19b. MAILIN	g address	s (Street and Nu armut	h Ct.	Route Num	aldor	f, State, Zi	Mo Code)	20602-	-287
20a. METHOD OF DISPOSITION		20b. PL	ACE AND DAT	TE OF DISP			DAT		CATION -			
					Control (Man	710	DAI	200.20				
4 Donation 5 Other (Specify)		_ of cem_	etary, cremator	Mau	soleu	m	1	11 Wa	ldoı	rf,		
21. SIGNATURE OF FUNDRIAL SERVICE L	ICHNEE	_ Tr	etary, cremator LNITY	22. H	SOleu NAME AND AC	m Funer	11-	11 Wa Home			Md.	
21. SIGNATURE OF TUNERAL SERVICES Michael B	lankens	of cem Tri	etary cremator Inity MOO8	22. H 57 P	NAME AND ACTURE	m Funer Box 1	11- al 56.	11 Wa Home Wald	orf.	Md	Md.	
21. SIGNATURE OF TUNERAL SERVICES. Michael B 23. PART I. Enter the diseases, or shock, or heart failure	lankens	of cem	MOO8	22. H 57 P	NAME AND ACTURE	m Funer Box 1	11- al 56.	11 Wa Home Wald	orf.	Md	Md.	imata i Batween
21. SIGNATURE OF TUNERAL SERVICE. Michael B 23. PART I. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition	lankens complications the	of cem	MOO8	22. H 57 P	NAME AND ACTURE	m Funer Box 1	11- al 56.	11 Wa Home Wald	orf.	Md	Md.	imata i Batween
21. SIGNATURE OF TUNERAL SERVICES. MICHAEL B 23. PART I. Entar tha diseases, or ahock, or haart failure IMMEDIATE CAUSE (Final	lankens complications the	ip at caused the use on each	MOO8	57 P	NAME AND ACTURE	m Funer Box 1	11- al 56.	11 Wa Home Wald	orf.	Md	Md.	imata i Batween
21. SIGNATURE OF TUNERAL SERVICES. MICHAEL B 23. PART I. Entar tha diseases, or ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	lankens complications the	ip at caused the use on each	MOOS a daath. Do	57 P	NAME AND ACTURE	m Funer Box 1	11- al 56.	11 Wa Home Wald	orf.	Md	Md.	imata i Batween
21. SIGNATURE OF TUNERAL SERVICES. Michael B 23. PART I. Enter the diseases, or ahock, or heart failure immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate	lankens complications thi List only one ca	ip at caused the use on aach	MOOS a daath. Do	57 P not anter	NAME AND ACTURE	m Funer Box 1	11- al 56.	11 Wa Home Wald	orf.	Md	Md.	imata i Batween
21. SIGNATURE OF TUNERAL SERVICE IN MICHAEL B 23. PART I. Enter the diseases, or ahock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	lankens complications the List only one ca DUE TO	i D at caused the use on each	MOOS MOOS Madath. Do Ina.	22. H H P P P P P P P P P P P P P P P P P P	NAME AND ACTURE	m Funer Box 1	11- al 56.	11 Wa Home Wald	orf.	Md	Md.	imata i Batween
21. SIGNATURE OF TUNERAL SERVICES. MICHAEL B 23. PART I. Entar tha diseases, or ahock, or heart failure immediate cause (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	lankens complications the List only one ca DUE TO	i D at caused the use on each	MOOS MOOS A daath. Do Hna.	22. H H P P P P P P P P P P P P P P P P P P	NAME AND ACTURE	m Funer Box 1	11- al 56.	11 Wa Home Wald	orf.	Md	Md.	imata i Batween
21. SIGNATURE OF TUNERAL SERVICE. Michael B 23. PART I. Enter the diseases, or shock, or heart failure immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	lankens complications the List only one ca a. Due to b. Due to c. Due to	i D at caused the use on aach	MOOS MOOS	22. H P P not anter	NAME AND AC UNTT	m Funer Box 1	11- ciury al 56. h as car	11 Wa Home Wald	orf.	Md	Md.	imata i Batween
21. SIGNATURE OF TUNERAL SERVICE. Michael B 23. PART I. Enter the diseases, or shock, or heart failure immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	lankens complications the List only one ca a. Due to b. Due to c. Due to	i D at caused the use on aach	MOOS MOOS	22. H P P not anter	NAME AND AC UNTT	m Funer Box 1	11- ciury al 56. h as car	11 Wa Home Wald	Orf,	M d	Md. Approxintarvai Onset a	Imata I Batweer and Dastr Y FINDINGS OR TO
21. SIGNATURE OF TUNERAL SERVICE. Michael B 23. PART I. Enter the diseases, or shock, or heart failure immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	lankens complications the List only one ca a. Due to b. Due to c. Due to	i D at caused the use on aach	MOOS MOOS	22. H P P not anter	NAME AND AC UNTT	m Funer Box 1	11- ciury al 56. h as car	Home Wald	Orf, iretory as	M d	Md. 2060 Approximtarvai Onset	Imata I Batweer and Daeth Y FINDINGS OR TO
23. PART I. Enter the diseases, or abock, or heart failure immediate or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	lankens complications the List only one ca a. Due to b. Due to c. Due to	i D at caused the use on aach	MOOS MOOS	22. H P P not anter	NAME AND AC UNTT	m Funer Box 1	11- ciury al 56. h as car	Home Wald diac or reap	Orf, iretory as	M d	Approximatory of the confidence of the confidenc	imata Batweer and Daeti Y FINDINGS OR TO DE CAUSE
21. SIGNATURE OF TUNERAL SERVICE. Michael B 23. PART I. Enter the diseases, or shock, or heart failure immediate or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	lankens complications the List only one ca a. Due to b. Due to c. Due to	i D at caused the use on aach	MOOS MOOS	22. H P P not anter	NAME AND AC UNTT () The mode o	M FUNCI BOX 1 of dying, auc	11- courve al 56. h as car	Home Wald diac or reap	Orf, iretory as	M d	Md. 2060 Approximative Onest a b. WERE AUTOPS AMALABLE PRO COMPLETION OF DEATH?	imata Batween and Daeth Y FINDINGS OR TO DF CAUSE
21. SIGNATURE OF TUNERAL SERVICE. 21. SIGNATURE OF TUNERAL SERVICE. Michael B 23. PART I. Enter the diseases, or ahock, or heart failure immediate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially lilet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	DUE TO DOE TO HOSPITAL:	at caused the use on each of the control of the con	MOOS MOOS MOOS MOOS MOOS MOOS MOOS MOOS	22. H 57 P not anter	NAME AND AC UNIT IN THE MODEL OF THE MODEL O	M PORESS OF FA FUNCI BOX 1 of dying, auc	Part I.	Home Wald diac or reap	Orf, iretory as	M d	Md. 2060 Approximative Onest a b. WERE AUTOPS AMALABLE PRO COMPLETION OF DEATH?	imata Batween and Daeth Y FINDINGS OR TO DE CAUSE
21. SIGNATURE OF TUNERAL SERVICE. 21. SIGNATURE OF TUNERAL SERVICE. Michael B 23. PART I. Enter the diseases, or ahock, or heart failure immediate. Immediate CAUSE (Final disease or condition resulting in death) Sequentially lilet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO DUE TO	ip of cerminal in the control of the	MOOS MOOS	22. H 57 P not anter OF): OF): OF): OF):	nderlying care	DORESS OF FA	Part I.	Home Wald diac or reap	Orf, iretory as	M C	Md. 2060 Approximative Onest a b. WERE AUTOPS AMALABLE PRO COMPLETION OF DEATH?	imata Batween and Daeth Y FINDINGS OR TO DE CAUSE
21. SIGNATURE OF TUNERAL SERVICE IS MICHAEL B 23. PART I. Enter the diseases, or ahock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST	DUE TO DOB CONTRIBUTION TO THE TO TH	at caused the use on each of the control of the caused the use on each of the caused the use on each of the caused the use on each of the caused the use of the caused the use of the caused the use of the caused the cause	MOOS MOOS	22. H 57 P not anter OF): OF): OF):	nderlying cau 26. PLACE FIRST HOME 28. INJURY WORK?	DORESS OF FA	Part I.	Home Wald diac or reap 24a, WAS AN PERFO 1 VES:	Orf, iretory as	M C	Md. 2060 Approximative Onest a b. WERE AUTOPS AMALABLE PRO COMPLETION OF DEATH?	imata Batween and Daath Y FINDINGS OR TO DEF CAUSE
21. SIGNATURE OF TUNERAL SERVICE. 21. SIGNATURE OF TUNERAL SERVICE. Michael B 23. PART I. Enter the diseases, or ahock, or heart failure immediate. Immediate CAUSE (Final disease or condition resulting in death) Sequentially lilet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO DOE TO A DOE TO C. DUE TO DOE TO A DOE TO C. DOE TO A DOE TO	of cemural and a company of the comp	MOOS MOOS MOOS MINE MOOS MINE	22. H D D D D D D D D D D D D D D D D D D	PRINCE TERM TO A COLUMN TO A C	OF OEATH (C.	Part I.	Home Wald diac or reap 24a. WAS AN PERFO 1 YES :	O T f	M C 24	Md. 2060 Approximative Onest a b. WERE AUTOPS AMALABLE PRO COMPLETION OF DEATH?	imata Batween and Daeth Y FINDINGS OR TO DF CAUSE
21. SIGNATURE OF TUNERAL SERVICE IN MICHAEL B 23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST	DUE TO DOE TO A DOE TO C. DUE TO DOE TO A DOE TO C. DOE TO A DOE TO	of cemural programme of cemura	MOOS MOOS MOOS MINE MOOS MINE	22. H D D D D D D D D D D D D D D D D D D	PRINCE TERM TO A COLUMN TO A C	OF OEATH (C.	Part I.	Home Wald diac or reap 24a. WAS AN PERFO 1 VES :	O T f	M C 24	Md. 2060 Approxintarval Onset a	imata Batween and Daeth Y FINDINGS OR TO DF CAUSE
21. SIGNAPPRE OFFUNERAL EFFICE L MICHAEL B 23. PART I. Entar tha diseases, or ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 1 Odd not be determined	DUE TO DOE TO A DOE TO C. DUE TO DOE TO A DOE TO C. DOE TO A DOE TO	of cemural properties of the control	MOOS MOOS MOOSEOUENCE MONSEOUE	OF): OF): OTHE 4 Number OF NJURY M	nderlying cates. 26. PLACE FIR: raing Home 5 26. NJURY 1 YES ctory, office	DORESS OF FA	Part I.	Home Wald diac or reap 24a. WAS AN PERFO 1 VES:	O T f	M Correct,	Md. 2060 Approxintarval Onset a	imata Batween and Daath Y FINDINGS OR TO DEF CAUSE

s of PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Larry Jenkins, Jr., 115 LaGrange Avenue., La Plata,

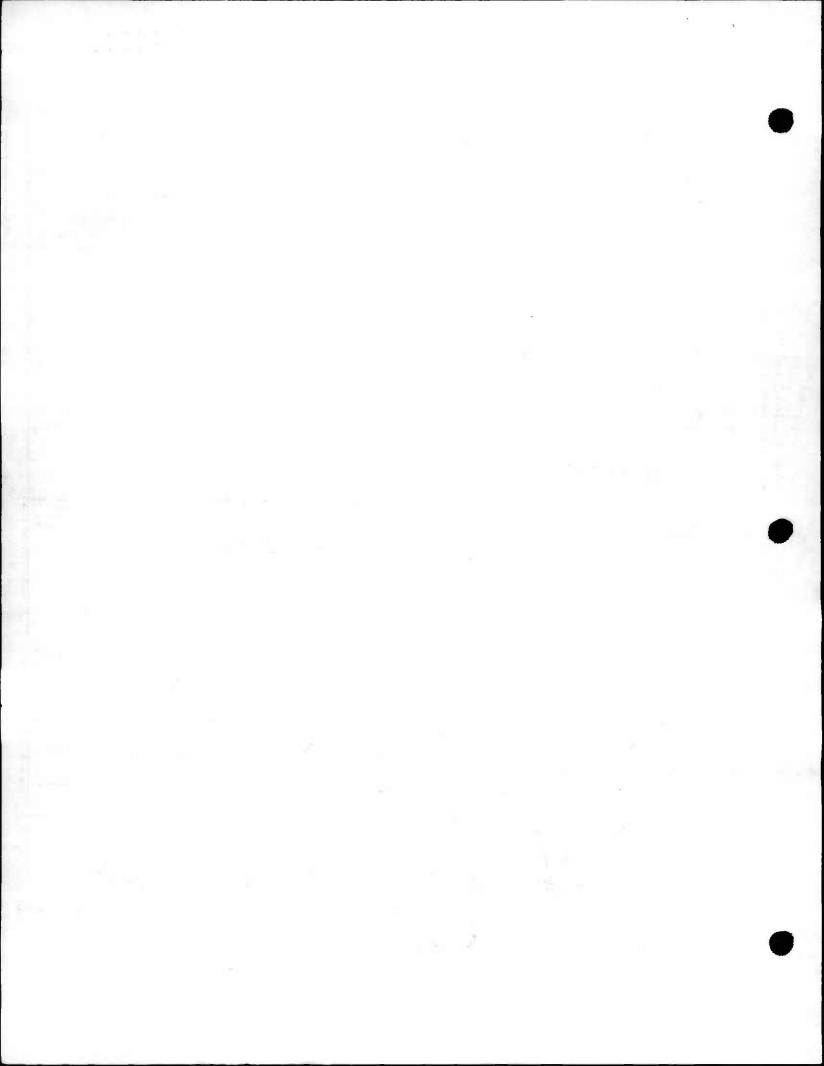
32. REGISTRAR'S SIGNATURE

Julia Saindon-Andrea

DHMH-16 Rev 1/89

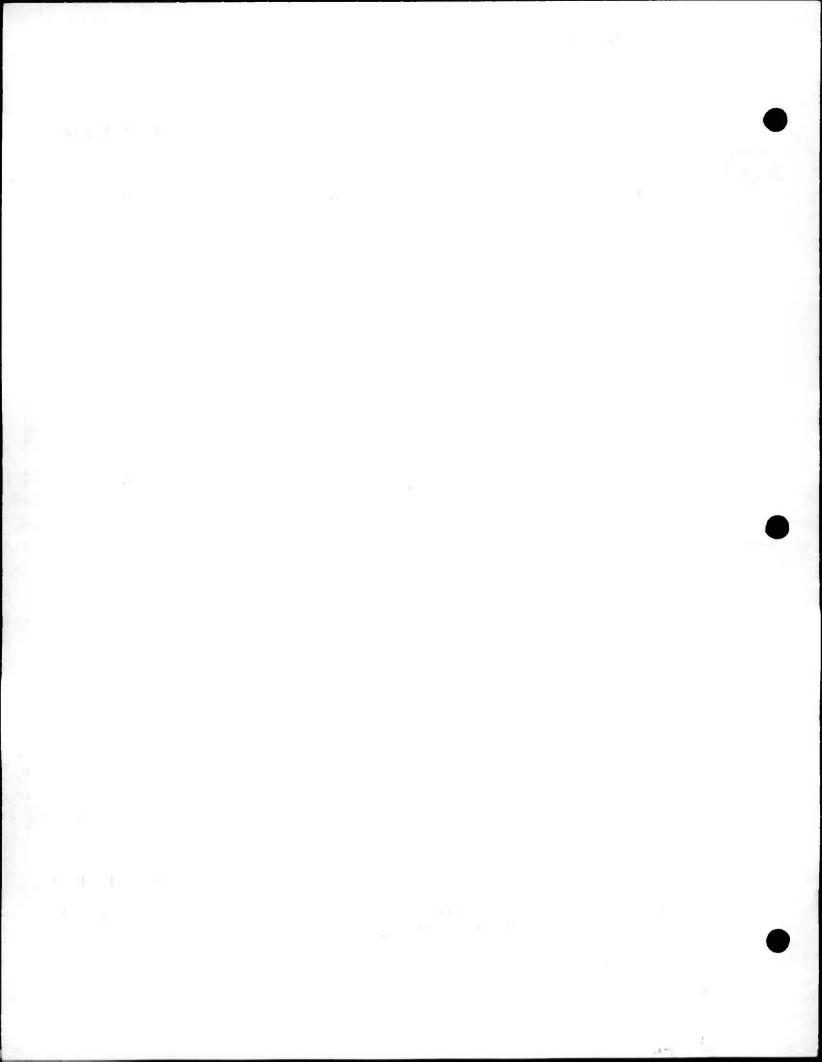
20646

Md.



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

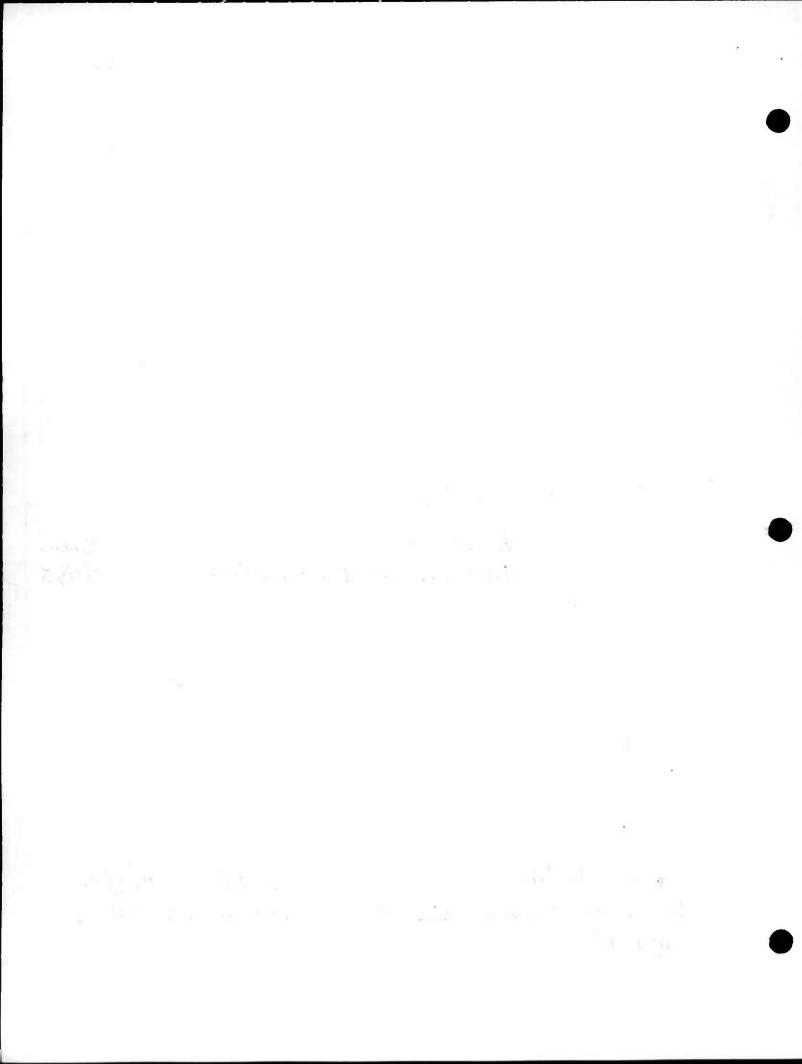
	Items: 23 p	art I, II,2 STATE OF MARY	7, 28a,b,c /LAND/DEPAR CERTIF	C,d,e,f ITMENT OF ICATE OF	per MEO HEALTH AND	G-682 Mentai	2 12/1 HYGIEN	0/91 E	182	20	
	1. DECEOENT'S NAME (First, Middle, Last) SHARON G.	KIMBROU				2. DATE MONTH	OF DEATH		YEAR	TIME OF OEATH	_
	4. SOCIAL SECURITY NUMBER 254-98-4460 9a. FACILITY NAME (if not institution, give s	6. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) If UNDER 1 YEAR IF UNDER 24 HR $254-98-4460$ 1 \square M $2 \times F$ 33 YRS. MONTHS DAYS HOURS MAY				7. DATE (Month)	OF BIRTH (, Day, Year) 2-58			ACE (State or Foreign	
DIRECTOR	9108 ALLENT	COWN ROAD		FOR	T WASHI		N	PRI		GEORGE	
	Md. Pri	nce George'		t. Was				t0e, CITIZI	1	Od. INSIDE CITY LIMITS? YES 277NO AT COUNTRY?	
BY FUNERAL	9108 Allentown 11. MARITAL STATUS X1 Never Married 2 Married 2 Widowed 4 Divorced	ROAd 12. WAS DECEOENT EVEL FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yea, s	20744 CENDENT OF HISPA	nn, Puarto R	? (Specify Yes lican, atc.)	1	USA 4. BACE -	- American Indian, White, etc.	_
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-t2) 12	CATION completed) College (1-4 or 5+)	life. Do NOT us	vork done during m	nost of working	16b.	KINO OF BUS	iness/indu		Black	
8	17. FATHER'S NAME (First, Middle, Last) Unavailable 19a. INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDRESS (Cm.)	18. MOTHER'S NA Mary and Number or Rural	O. K:	imbrou	ah			
2	Mary O. Brooks		Saı	me as 10	Da-10f.						_
	20a METHOO OF OISPOSITION **Burlal 2		ob. PLACE AND DATE of emetery, cremetory or of Par	UL C.M.	E. Cemete ND ACCRESS OF FA Old Alex	einty Le	Cra	awforderal E	d,Ala	bama	_
	23. PART Enter the diseases, or o shock, or hasrt failure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a	aach iina.	oxyphen	ode of dying, auc			atory arres	st,	Approximate interval Betwee Onset and De	
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		A CONSEQUENCE OF								
PHYSICIAN: MEDICAL C	PART II. Other significant condition Chronic Renal F Diabetes Mellit	ailure	but not resulting is	n the underlyin	ng cause given in	Part I.	24a. WAS AN / PERFORI 1 YES 2	MED?	AW CC OF	ERE AUTOPSY FINDING ALABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X XYES 2 NO 27. MANNER OF OBATH	HOSPITAL: 1 Inpatient 2 ER/Ox 28a. OATE OF INJURY (Month, Day, Year	28b, TIME	OTHER: 4 Nursing Hone OF 2 28c. IN.	LACE OF DEATH (Channe 5XX Residence JURY AT	8 🗆 Other		JURY OCCU	RED		_
B	2 Accident Sepending found 10/30/9110:27 M 1 YES 2 NO UT Suicide Suicide Young Young You						Unknown 281. Location (Street and Number or Rural Route Number, City or Town, State) 9108 Allentown Rd				
COMPLETED	MEDICAL EXAMINE	CIAN: To the best of my kno	wiedge, death occurre	d at the time, date	end place, and due death occured at the	to the caus	e(a) and manr	er as stated			
TO BE	290 SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (Type,	Print)	29c. LICENSE NUN			29d. DATE S ▶ 10	3 1	1991	
		loch		STREE	T BALT	TIMOE	RE, MA	RYLAI	ND	21201	



TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ddle, Last)		2. DATE OF DEATH

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Ferdinand Jos		TT I		MONTH DAY	9/	9;06 PM			
	4. SOCIAL SECURITY NUMBER		MONTH	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		8. Bit	RTHPLACE (State or Foreign untry)			
	9a. FACILITY NAME (If not institution, give		73 YRS.		10-24-06		ryland			
œ		eiv. HOSPITAL		Y, TOWN OR LOCATION OF		9c. COUNTY O	//			
5	RESIDENCE OF DECEDENT	Tero: Mespiral	WE	STAINSTER	110,2113/	CAR	eroll			
DIRECTOR	10e. STATE 10b. COUNT	PARRO 11	10c. CITY, TOWN		1.4.2		10d. INSIDE CITY			
	10e. STREET AND NUMBER	ARRO II	WE	STHINSTER	, Md		1 YES 2 NO			
RA	332 MARY F	Tue_		101. ZIP CODE			F WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IIS ARMED 42	WAS DECEMBERT OF HIGH	3 /		d States			
	1 Never Married 2 Merried	FORCES? 1 YES	2 (ANO	If yes, specify Cuban, Mexi		8	ACE — American Indian, lack, White, etc.			
Э ВҮ	3 Wildowed 4 Divorced			1 YES 27 NO Spec	сну:	St	white			
COMPLETED	15, DECEDENT'S EDU (Specify only highest grad	JCATION a completed)	18a. DECEDENT'S USUAL ((Give kind of work done	during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY	7			
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT use retired.)							
MO	17. FATHER'S NAME (First, Middle, Last)	2	Inspe		The second secon	rnmen	t			
Ш О	Ferdinand Jos	seph Kutile	k		NAME (First, Middle, Maiden St. anna	irname)				
00	19a. INFORMANT'S NAME (Type/Print)				al Route Number, City or Town,	State, Zip Code)				
10	Doris A. Kuti:	lek			Westminst					
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem		PLACE AND DATE OF DISPO	SITION (Name of		TION — City or				
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	Mea	idow Ridge M	<u>lemorial</u> Par	k 11/11 E1kr	idge,	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LI	'A A I La		NAME AND ADDRESS OF F						
_	Sulares	lakerty T	MINDI	Nillis	Street We	stmin	ster, MD			
	23. PART I. Enter the disesses, pr ehock, or heart fellure.	complications that chused the Liet Drily one cause on each	the Chath, Do not enter	the mode of dying, eu	ch es cerdiec pr reepira	tory errest,	Approximate			
	IMMEDIATE CAUSE (Finei disease or condition	10000	1010				Interval Between Onset and Deeth			
	resulting in death)	e. H3Y5	CONSEQUENCE OF):				Smin			
-	_	myac	CONSEQUENCE OF):	Infai	etion		Udie			
2	Sequentielly list conditions, if any, lesding to immediate	DUE TO OR AS A C	CONSEQUENCE OF):	+ 111 4	C/101)		1443			
CA	CAUSE (Disease pr injury	с,								
F	thet initieted events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):							
CERTIFICATION		d								
CAL	PART II. Other eignificent condition	ne contributing to deeth but	t not resulting in the u	nderlying ceuse given in			4b. WERE AUTOPSY FINDINGS			
					PERFORME		AWAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI							OF DEATH?			
Ä	OF 1960 0400 0			_ .						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PAO	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	theck only one)					
HYS	27. MANNEB OF DEATH	1 Impatient 2 ER/Outpat		sing Home 5 - Residence						
	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJI	URY OCCURED				
р Вү	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY -	- At home, farm, atreet, fec		26f. LOCATION (Street and	Number or Rura	if Route Number			
	4 Homicide determined	building, atc. (Specify	"		City or Town, State)					
PLE	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowled	ige, death occurred at the t	lme, date end piece, end du	a to the cause(s) and manne	r an ataled				
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the besis of examination a	and/or investigation, in my o	plnion, death occured at th	e time, data and place, and d	lue to the cause	e(s) and menner as stated.			
BE C	296 SIGNATURE AND TITLE OF CERTIFIE	Das		29c, LICENSE NU	IMBER 2	9d. DATE SIGN	ED (Morth, Day, Year)			
TO B	John Chel	1110		039	296	» 11/·	7/9/			
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print)	10	-1- 1		1			
	31. DATE FILED (Morgh, Day, Year)	J MAD	CC6H	Westm	us ges M	D 2	115/			
	1/2/9/ NOV 1	32. REGISTRAR'S SIGNAT	relia Davidson-D	D 8. 00						
	11/ / 100 1 2 9 Gina Davidson Mandalle									



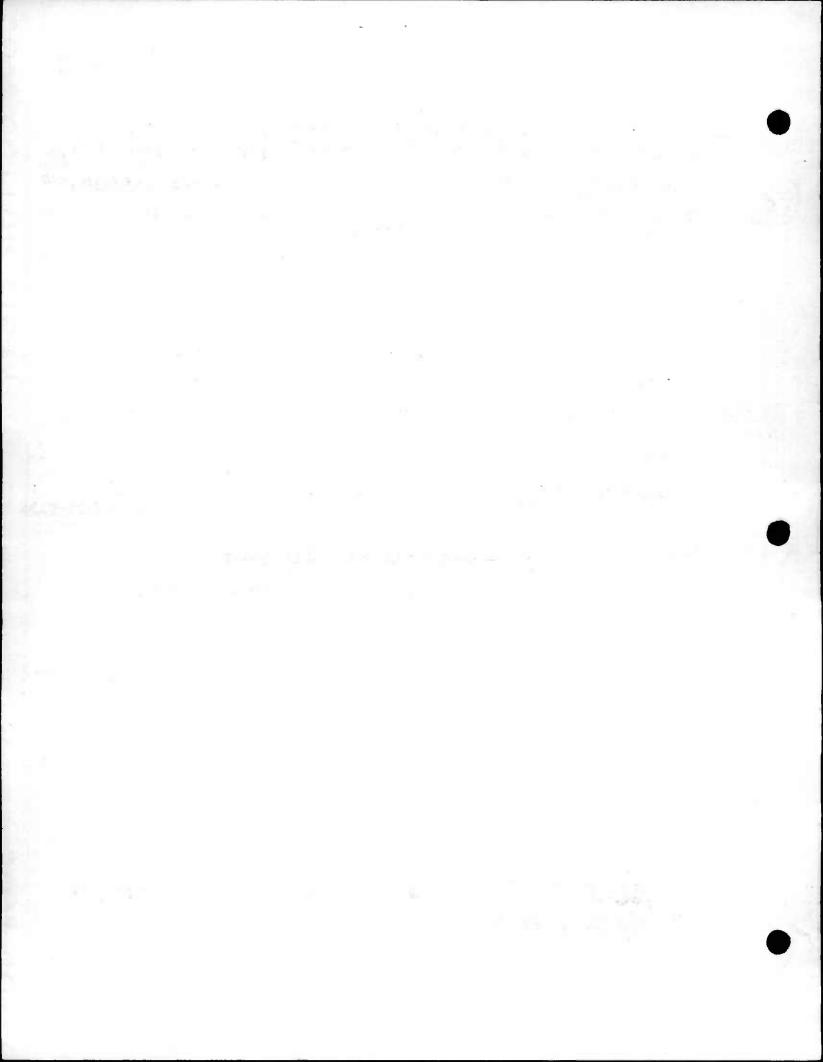
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached for	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for
r death. Page 6 may be retained by the hospital of	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or

31. OATE FILED (Month, Day, Year)

191

									91	3	1822
	FOR STATE REGISTRAR		C	ERTIFI	CATE OF			REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	Lucille	EKM	one l		EIM	M2. OATE	I D.	AY 19	7EAR 3.	6:55 pm M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. le		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTN Day, Year)	8.	BIRTNPL Country)	ACE (State or Roreign
	230-14-3549 9a. FACILITY NAME (If not institution, give s	1 M 2 F	78	YRS.	Sh CITY TOWN	OR LOCATION OF D		- 27-	13 A		OLK, UA.
TOR	BRADFORD OAKS		G CEI	UTER				LINTO		G.	
DIRECTOR	Maryland Pri	nce Geor	ges		ccokee			-			Od. INSIDE CITY LIMITS? YES 2 XNM
FUNERAL	1301 Laurel Dr	ive			1	20607				USA	AT COUNTRY?
B	11. MARITAL STATUS 1 Naver Married 2XXMarried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 K	RMED NO X	If yes, s	CENDENT OF NISPAI pecify Cuban, Mexica S 2/1/2NO Specif	n, Puarto I			Specify:	Amarican Indian, Vhite, alc.
TED	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	(0	ECEDENT'S Sive kind of we b. Do NOT us	USUAL OCCUPAT	ION lost of working	18b	. KIND OF BU	SINESS/INOUS	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)			el Cou	selor		Trav	el Co		
ш	17. FATHER'S NAME (First, Middle, Lest) Walter N. Cree	kmore				16. MOTHER'S NA	ian	B. W	est		
TO B	190. INFORMANT'S NAME (Type/Print) Shewell D. Kei	m	16			and Number or Aural el Driv					20607
	20s. METNOO OF OISPOSITION 1		20b. PLACE other p HUN	of DISPOS Vace)	remato			Wa	cation — ci ldorf	-	
	21. SIGNATURE MICHAEL B	larvensh	ip MO	0857		t Funer Box 1			orf,	Md.	20604-015
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
G	DADY II Oshoo alsoldlassa and distant	d.		tal .							
: MEDICAL									MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only o	ne)		J	
YSIC	1 TYES 2 NO	HOSPITAL:				me 8 - Raaldence					
ву Рн	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Da	y, Year)		M 1	JURY AT YORK?	28d. OE	SCRIBE NOW	INJURY OCCU	RED	
8	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF building, s	INJURY — AI h	ome, farm,	street, factory, of	ica	28f. LOC C/ty	CATION (Street or Yown, State	and Number o	r Rural Rou	ite Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN										and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		~	m		D-18	S 4	5	29d. DATE	SIGNEO (A	fonte, Day, Year)
2	P. WS STSCOP		E OF DEATH (IT	EM 27) (Type	, Print)						

32. REGISTRAR'S SIGNATURE
Achia Savidon Amballa



2	1
0	9
5	ğ
7	afte
=	ö
7	123
9	osb
A	e h
	=
~	9
A	ine
Ξ	reta
	2
8	Jay.
ō	9
Ξ	96
Ξ	å.
4	eath
BALTIMORE, MARYLAND 21215-002	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.
_	aff
	ours
	4 1
	· E :
0	#
9/	2
8	cut
$\overline{\mathbf{v}}$	S
ô	å .
$\overline{\mathbf{\omega}}$	cate
o.	1
Ž.	00 :
-	eath
S	9
2	=
Ö	tha
Ö	Se.
ш	in a
E	*
A	80
F	=
>	AN
LL.	SICI
0	HY.
Z	10
0	No.
S	TEN
5	AT
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	B 5

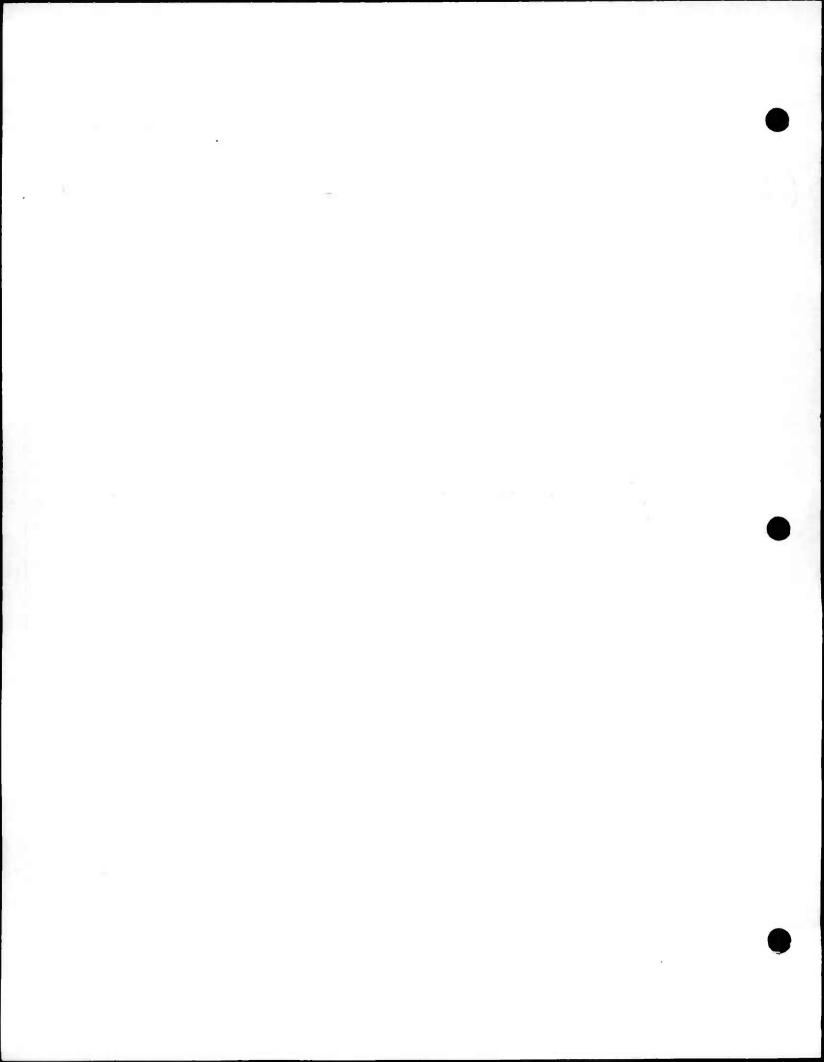
FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).			
200	1. DECEDENT'S NAME (First, Middle, Last) SOPHIA NAVAR					2. DATE OF DEATH	1991 YEAR	3. TIME OF DEATH 2:59pm M		
	4. SOCIAL SECURITY NUMBER 579-20-7181	1□M2∏F 73	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 23,	Cou	THPLACE (State or Foreign ntry) hington DC		
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) DOCTORS COMMUNITY HOSPITAL BESIDENCE OF DECEDENT ANHAM—SEABROOK						9c. COUNTY OF PRINCE	GEORGE'S CO.		
2	10a. STATE 10b. COUNTY	1	10c. CITY	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY		
L DIF	Maryland Anne	Arundel		Lothian	. ZIP CODE		1	1 X YES 2 NO		
FUNERAL	83 Edward Lane				2071		United	States		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried XXX Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	It yes, sp	ENDENT OF HISPA ocity Cuben, Maxico 2 NO Specif NO	NIC ORIGIN? (Specify Year, Puerto Ricen, atc.) in, Puerto Ricen, atc.)	Ble	CE — American Indian, lock, White, stc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION Work done during mode retired.)	ON st of working	166. KIND OF BU	SINESS/INDUSTRY			
OMPL	12th 17. FATHER'S NAME (First, Middle, Last)	4 yrs.	Teacher		40 MOTHERIO NA			ool System		
BE C	Vincent E. Nava	rro					e Dainty			
2	19s. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Tox				
	Mary E. Cole					Riverdal				
	20s. METHOD QE DISPOSITION 1 □ Buriel 2 A Cremation 3 □ Remi	Mc	PLACEAND DATE Of the story of t	tan Crem	atory 11	-6-91 Ale	examina - city or	Virginia		
	The BHATURE OF FUNDAL SERVICE UC	Sunday On		FRANCI	S GASCH	S SONS FU	NERAL HO	ME, P.A.		
	23. PART Enter the diseases, or c	omplications that caused	the death. Do n	of enter the mo	da of dulan ave	., HYATTS	VILLE, M			
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Could Crebral Vascular Alemankara Ale									
ATION	Sequentially list conditions, if any, lasding to immediate									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in death) LAST d									
EDICAL (PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Resultion of Completi									
Σ	Complete	est Blue				1 TYES	0	DF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL.			16 PL	ACE OF DEATH (Ch					
S	EXAMINER?	HOSPITAL:	# 1 D pos	OTHER:		- mentalender				
Ħ H	27. MANNER OF DEATH	28a. DATE OF INJURY	29b. TIME			6 ☐ Other (Specify) 28d. DESCRIBE HOW	N HIRV OCCURED			
BY P	1 Natural 5 Pending	(Month, Deg War)	INJU	NOW YELL			HISTORY OCCURED			
	2 Accident Investigation 3 Suicide & Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, at fy)		252 200-200 PARKED III	28f. LOCATION (Street City or Youn, State	and Number or Rural	Route Number		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of my knowle	edge, death occurred	d at the time, date	and place, and due	to the cause(s) and ma	nner as atated.	(s) and manner as stated.		
#	290. SIGNATURE AND TITLE OF CERTIFIER	Sulland	K		29c. LICENSE NUN	19322	29d. DATE SIGNE	O (Mafith, Oky, Year)		
٩	30. NAME AND ADDRESS OF PERSON WHO	WIND THE CAUSE OF DEA	(TH (ITEM 27) (Type.)	Einesdele	, YH		0738	7"		
	31. DATE FILED (Morith, Day, Year) NOV 0.5. 1991	32. REGISTRAR'S SIGNA	JURE Randa	22	11.8		/ 07			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



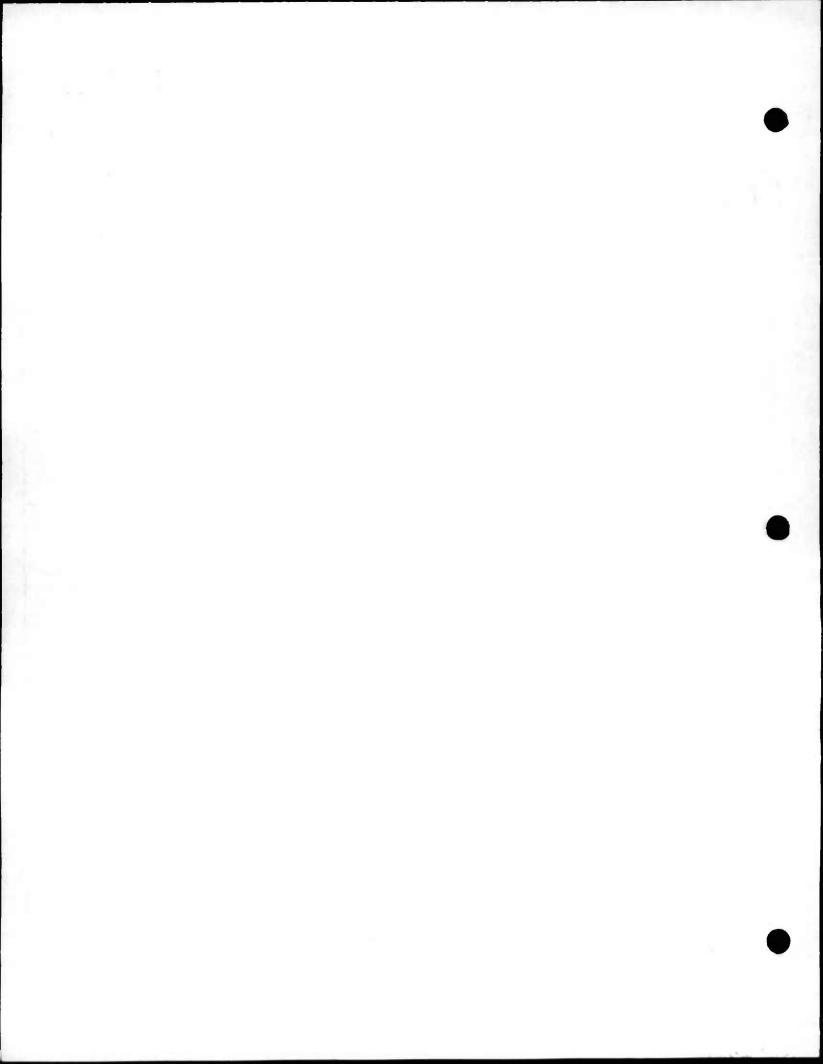
	7
	0
60,	within
687	executed
\tilde{a}	90
O. B(ertificate
S, P.	death c
ă	the
OR	that
REC(requires
	WE
TA	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 h
VISION	ATTENDING
5	DR
_	-

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEP/ CERTI	RTME	NT OF TE OF	HEALTH DEA	I AND	MEN		YGIEN EG. NO.	21	3	1824
-	1. DECEDENT'S NAME (First ROSE	, Middle, Lest) EWARF	, LEHO	nas						M	ATE OF		W	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME 214-90-02		5. SEX	8. AGE (in	yrs. last birthda Z YRS.	MONTH	DER 1 YEAR	IF UNDE	R 24 HRS.	7. 0	ATE OF E	v Want		6. BIRTH	IPLACE (State or Foreign my) amacia W.I.
	90. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. C	ITY, TOWN	OR LOCAT	TON OF D					VTY OF D	
DIRECTOR	HOLY CROSS		TAL				Silve	er Sp	rıng	j l	MD		Me	ont.	
RE	10e. STATE	10b. COUNT	Υ		10c. C	ITY, TOW	WN OR LOCATION							10d. INSIDE CITY	
	MD 10e. STREET AND NUMBER	MON	т		Silver Spring						TAGE CATATON OF				1 XYES 2 NO
FUNERAL	13934 Ald		D.I		10f. ZIP C								10g. Ciri	ZEN OF V	WNAT COUNTRY?
S	11. MARITAL STATUS	erton	12. WAS DECEDEN	IT EVER IN U	I.S. ARMED	11	3 WAS DE	2090 CENDENT		NIC OF	IGIN2 (C.	analthi Van	LILS		
	1 Never Married 2		FORCES? 1	YES	2 JNO		If yes, s	pecify Cub	en, Mexico	en, Pue	rto Ricer	, etc.)	or No-	Bieci	E — American Indian, k, White, etc.
BY	3 Wildowed 4 Divorced							2 (M)	Specif	у.				Speci	BLK
Ĕ.	15. DEC (Specify only	EDENT'S EDU	CATION completed)	10	6a. DECEDENT (Give kind o				ina	\neg	16b. KIN	D OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0 7th	1-12)	College (1-4 or 5	+)	HOUSE	use retired	1.)	out of Works			D-	maat			
SON	17. FATHER'S NAME (First, M.	iddle, Last)			1100001	WILL	<u> </u>	18. MOT	NER'S NA	ME (FI		mest , Meiden :	-	-	
BE	NOT KNOW							I	ris (Cam	pbel	1			
2	Joan R. Le				19b, MAILIP										
	200. METHOD OF DISPOSITI		<u>e</u>	D. 100					1, 5		Liver Spring Md 20906 DATE 20c. LOCATION — City or Town, State				
	1 Buriel 2 Crematio	n 3 🗆 Rame	oval from Stata	cemete	PLACE AND DATE OF DISPOSITION (Name of steeps, crematory or other place) Sate Of Heaven				1	DATE					
	21 SIGNATINE OF FUNEDAY SERVICE LICENSES														
	× 43 9	Tenka						ND ADDING	.03 01 12	CILITY	J	·B•	JENK.	LNS	FUNERAL HOM
-	0 1/						7474	Land	lover	R	l, L	ando	ver 1	Md 2	0785
	23. PART I. Enter the di shock, or he	seases, or c eart failure. I	complications tha List only one cau	t caused the	he death. Do h line.	not ent	er the me	ode of dy	ing, suc	h aa c	ardiac	or respir	ratory arre	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition					ST									Onset and Death
ŀ	resulting in death)		DUE TO (OR AS A CONSEQUENCE OF):								1 .,,,				
NO N	Sequentially list conditi	ona,					ARDIOVASCULAR DI				DISEASE				5 years
¥	if any, leading to immed cause. Enter UNDERLY	NG			AS A CONSEQUENCE OF):										
Ĕ	CAUSE (Disease or Injusthat initiated events	·	*		ONSEQUENCE	OF):									
CERTIFICATION	resulting in death) LAST	T (1												
	PART II. Other significan	nt condition	a contributing to	death but	not resulting	in the u	ınderivin	O CAUSA	olven in	Part I	240	WAS AN	UITOBEV	0.45	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL												PERFORM	MED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
										_	1	YES 27	MO		OF DEATH?
=															1 YES 2 NO
₹ I	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF D	EATN /Chr	eck onl	v one)				
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpetle	nt 3 DOA	OTHE 4 No	R:	e 5 🗆 Re				noth ()			
동	27. MANNER OF DEATH		28a, DATE OF (Month, De		28b. Ti	ME OF	28c. IN.	URY AT	-	_			JURY OCC	URED	
B		Pending nveatigation	(moral, of	ay, roary		JURY M		PRK? YES 2] NO						
	3 Suicide 6 C	Could not be	26e. PLACE Of building,	F INJURY —	At home, farm,	street, fe	ctory, offic	•		28f. L	OCATION City or Tow	(Street on	d Number	or Rural A	oute Number,
	DOS CERTIFICO	letermined													
COMPLETED	(Check only	CAL EXAMINER	CIAN: To the best of ex	my knowledg	ge, death occur nd/or investigat	red at the lon, in my	time, date	end place.	end due	to the lime, d	ceuse(s) late and p	end mann	due to the	d. ceuse(e)	and menner so stated.
	29b. SIGNATURE AND TITLE							200 1100	NCC MIN	IDCO.	_				(Month, Day, Year)
H H	Carrol	anci	MI					D	2/3	40			▶ //		- "
임	30. NAME AND APPRESS OF	PERSON WNO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Typ	e, Print)		11		, ,					
	RAYMON	O BAS.	39	41 Fe	reace	Dr.	W	heat	ر مرو	MI	2	090	6		= ;
	31. DATE FILED (Month, Day, Y	bar)	32. REGISTRAI							_					

32. REGISTRAR'S SIGNATURE
Gulia Davidson-Randall

NOV 0 7 1991

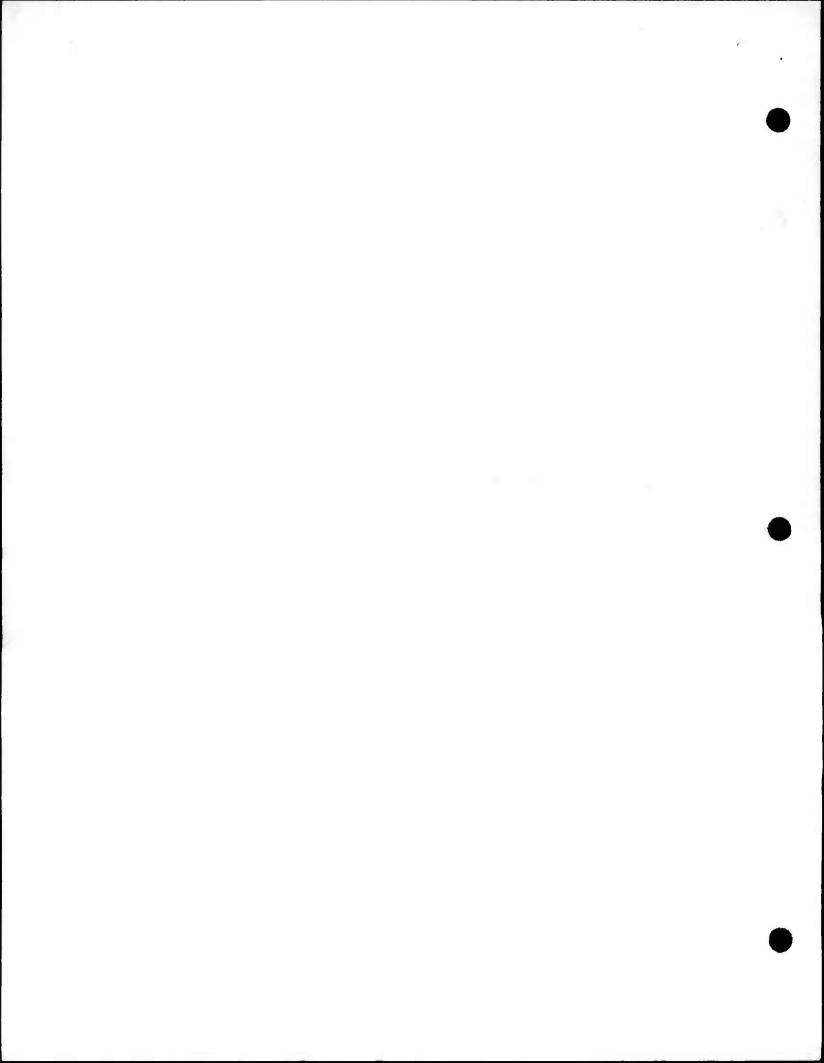
DHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG	. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) GIST , LINDA	LEE		2. DATE OF DEA MONTH	DAY	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 8.	AGE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HF	s. 7. DATE OF BIRT (Month, Day, Y	ear)	8. BIRTHPLACE (State or Foreign Country) MARYLAND		
	216-30-1270 1 □ M 2 □ F	57 YRS.		12/11/	<u> </u>			
H.	9a. FACILITY NAME (# not institution, give street and number) Greater BaltimoreMedical Ce		CITY, TOWN OR LOCATION O	F DEATH		9c. COUNTY OF OEATH		
DIRECTOR	RESIDENCE OF DECEDENT	11001	1005011		Baltimore			
Ĕ I	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.							
	MARYLAND CARROLL	TANEY				LIMITS? 1 X YES 2 NO		
FUNERAL	133 GRAND DRIVE		101. ZIP CODE 21787		USA	ZEN OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT 6 FORCES? 1 FYES, GIVE WAF		13. WAS OECENDENT OF HI If yea, specify Cuban, Mi 1 YES 2 NO S	xicen, Puerto Rican, a		14. RACE — American Indian, Black, White, atc. Specify: CAUCASIAN		
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S US	UAL OCCUPATION	16b. KIND (OF BUSINESS/IND			
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during most of working stired.)					
COMPLETED	10th	BAR MANAG	ER	PRIVE	ATE CLUB			
õ	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER	S NAME (First, Middle, A	Maiden Surname)			
BE C	JOHN WILLIAM STAMBA	UGH	HAZEL	BELLE	E DE	BERRY		
TO E	190. INFORMANT'S NAME (Type/Print) BRADFORD L. GIST		ND DRIVE TAI	VEYTOWN, N				
İ	20a. METHOD OF DISPOSITION 1 To Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	other place)	ON (Name of cometery, cremator) NION CEMETER			City or Yown, Stata MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				CAST BAL	TIMORE STREET		
	. F. Kevin Ludy	/	SKILES FUNE					
	23. PART i. Entar the diseases, or complications that canock, or heart failure. List only one cause iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (C	eaused the death. Do not no asch line. 21 pneumonia R AS A CONSEQUENCE OF):	antar the mode of dying,	auch as cardiac or	reapiratory arm	est, Approximata Interval Batwean Onset and Daath		
CERTIFICATION	Sequentially list conditions, If any, laading to immediate cause. Entar UNDERLYING CAUSE: (Disasse or injury	na of cervix ras a consequence of:						
빙	u							
EDICAL	PART II. Other algorificant conditions contributing to d	eath but not reaulting in:	tha undarlying cause giva	P	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI				'\'\	YES 2 NO	OF DEATH?		
ä								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. PLACE OF DEATH	H (Check only one)				
Si			☐ Nursing Home 5 ☐ Reside	nca 8 Other (Spec	ify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day)				HOW INJURY OC	CURED		
ED BY	Z Decorders	INJURY — At home, farm, stre c. (Specify)	et, factory, offica	281. LOCATION City or Town		or Rural Route Number,		
COMPLET	29a. CERTIFIER (Check only (Ch	y knowledge, death occurred	et the time, data and place, and	d due to the cause(a) a	ind menner as stat	ed.		
S S	one) 2 MEDICAL EXAMINER: On the basis of exa	mination and/or investigation,	in my opinion, death occured a	it the time, date and pl	eca, and due to th	e cause(a) and menner as stated.		
H	29b. SIGNATURE AND TITLE OF CEBERNIER	MP		NUMBER 0875		E SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Rudiger Breitenecker, M.D.	OF DEATH (ITEM 27) (Type, PI GBMC 6701 N.	Charles St.	Balt. MD	21204			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR							
	NOV 12'91 Julia Day	idson-Randell						
					_			



		FOR		STATE OF	MARVIA	ND / DEDAE	THENT O	F HEALTH AND	BACALTA	HIVOURNIE		
_		- STATE REGISTRAR		OHNIE OF	WINITI EN	CERTIF	ICATE (OF DEATH	MENIA	REG. NO.		
	ŀ	1. DECEDENT'S NAME (First	st, Middle, Last)						2. DATE	OF DEATH		3. TIME OF DEATH
		Leonard	I		Lock	e			1 1 _	01-91	YEAR	100 000
7		4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In	yrs. lest birthday)	IF UNDER 1 YE		7. DATE	OF BIRTN	6. BIR	TNPLACE (State or Foreign
PI	3	169-01-6		M∑M 2 ☐ F	7	4 YRS.	MONTHS DA	YE HOURS MIN.		, Day, Year) -07-17	Cou	nnsylvani
	á	9a. FACILITY NAME (If not					96. CITY, TO	WN OR LOCATION OF			9c. COUNTY OF	DEATN
2.3	3	1201 Wine	r Roa	d			Oder	ton			Anne	Arundel
	4	RESIDENCE OF DE	10b. COUNT	Υ		10c CIT	Y, TOWN OR L				minic .	
t. Page	=	MD	Anna	Arunde	. 7			SCATION				10d. INSIDE CITY LIMITS?
ermit		10e. STREET AND NUMBER		Alunde	: 1	Tude	nton	101, ZIP CODE				1 TYES X NO
asit p	2	1201 Wine	r Roa	d				21113		- 1		WHAT COUNTRY?
ise as the burial-transit permit. Page ED BY FUNERAL DIRE	5 1	11. MARITAL STATUS	- 1100	12. WAS DECEDEN	IT EVER IN U	J.S. ARMED	13. WAS	DECENDENT OF HISP	MIC OBIGIN	2 (Specific Vers	USA	CE - American Indian,
pan >	- 11	1 Never Merried 2X	_	FORCES? 1	YES T	2 NO	If yes	YES 2 X NO Spec	an, Puarto P	lican, etc.)	Bla	ick, White, alc.
as the t	- 17	3 Widowed 4 Div	orced	1943				TES EAL NO Spec	ary.		Spi	White
use a		15. DEC (Specify on	CEDENT'S EDU	CATION completed)	1	6a. DECEDENT'S	USUAL OCCUR	PATION most of working	16b.	KIND OF BUSI	NESS/INDUSTRY	
ge 5 should be detached for u e notified at once. TO BE COMPLET	:	Elementary/Secondary (0-12)	College (1-4 or 5	+)	IIIe. Do NOT us	retired.)	, most of themany				
once.		12		3		Anal	yst			Dept	of I	Defense
be det		17. FATHER'S NAME (First, A Leonard J						16. MOTNER'S N			urname)	
should b		19a. INFORMANT'S NAME (ke Sr.						taub		
5 should notified TO BI		Marie s.						set end Number or Rura				
be bade		20e. METHDO OF DISPOSIT				11201	wrner.	Road, (
must		XIXBurial 2 ☐ Cremati 4 ☐ Donalion 5 ☐ Othe	on 3 Rame	oval irom Stale	cemete	LACE AND DATE (ther place)	emorial	OATE	20c. LOCA	TION — City or	Town, State
the funeral director, val.		21. SIGNATURE OF FUNERA		ENSEE	Ine	adowr1	L 22 NAM	EMOPIAL E AND ADDRESS OF F	Park	<u> </u>	<u>orsey,</u>	MD
tuneral di		Thomas	. 1	N	12	_	Ha	rdesty F	uner	al Ho	me, P.	Α.
o val.	4	/nom	-	Llaca	esty		85	1 Annanc	lis	Road.	Gambr	ills, MD
ed in by the funeral director, pa or removal. medical examiner must b		23. PART I. Enter the dahock, or h	ilsesses, or constructions.	complications the List only one cau	t cause t	hs death. Dor h iins.	ot snter ths	mods of dying, su	ch ss card	sc or respira	tory srrest,	Approximate
filled in on, or re		IMMEDIATE CAUSE (Findisease or condition										interval Batwo
ompletely fille f, cremation, event, the		resulting in desth)	→	Conge	stiv	e card	iomyo	pa thy				Years
al,						ONSEQUENCE OF	,-					
attending physician and commatal Hygiene prior to buriat, ry, or other traumatic ev		Sequentisily list condit				artery ONSEQUENCE OF		ase				Years
attending physician trail Hygiene prior to ty, or other train CERTIFICATI		if any, issding to imme cause. Enter UNDERLY	ING	302.10	(01. 10 1 0	ONSEODENCE OF).					i
ther ther		CAUSE (Disease or injuthst initiated events	Jry 🥈 (DUE TO	(OR AS A C	ONSEQUENCE OF):					
the attending phy I Mental Hygiene is injury, or other IL CERTIFIC		resulting in desth) LAS	т	1.								j
Memta Memta		DADT II. Other circuities										
= = = 1		PART II. Other significa	on condition	s contributing to	ossth but	not reaulting I	n the underl	ying cause given ir	Part I.	24a. WAS AN AU PERFORMI		b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
C Z and										1 YES 2	CNO	COMPLETION OF CAUS
igned by the att ealth and Menta is any Injury, EDICAL CI									_			OF DEATN?
of Health and shows any In MEDICAL											`	1 YES 2 NO
seen signed by of Health and shows any MEDICA		DE WAS CASE DEFENDED Y	O MEDICAL I						_			
of Health and shows any I		25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				. PLACE OF DEATN (C	_			
certificate has been signed by the State Dept. of Health and , or Item 23 shows any I HYSICIAN: MEDICA		1 YES 2 NO	O MEDICAL	1 Inpatient 2			OTHER: 4 Nursing P	Iome 5 Residence	heck only one) (Specify)		
this certificate has been signed by with the State Dept. of Health and rided, or Item 23 shows any I PHYSICIAN: MEDICA		EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5	Pending		INJURY	ent 3 DOA	OTHER: 4 Nursing P	IOMe 5 Realdence INJURY AT WORK?	heck only one)	URY OCCURED	
this certificate has been signed by with the State Dept. of Health and rided, or Item 23 shows any I PHYSICIAN: MEDICA		EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Accident 2 Accident	Pending investigation	1 Inpatiant 2 28s. DATE OF (Month, Di	INJURY ay, Year)	28b. TIMI	OTHER: 4 Nursing P	injuny at work? YES 2 NO	heck only one 6 Other 26d. DESC	(Specify)		1 YES 2 NO
TOR. After this certificate has been signed by after death with the State Dept. of Health and 28 is marked, or Item 23 shows any ITED BY PHYSICIAN: MEDICA		EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Suicida 8	Pending	1 Inpatiant 2 28a. DATE OF (Month, Di	INJURY ay, Year)	28b. TiMi INJI	OTHER: 4 Nursing P	injuny at work? YES 2 NO	neck only one 6 Other 26d, DESC	(Specify)	URY OCCURED	1 YES 2 NO
RECTOR: After this certificate has been signed by us after death with the State Dept. of Health and m 28 Is marked, or Item 23 shows any I ETED BY PHYSICIAN: MEDICA		### 2	Pending investigation Could not be detarmined	1 Inpetiant 2 28a. DATE OF (Month, Di	INJURY ay, Year) F INJURY — etc. (Specify)	28b. TiMi INJI At home, larm, s	OTHER: 4 Nursing P OF 28c. JRY M 1 [treet, lactory, o	NJURY AT WORK? YES 2 NO	neck only one 6 Other 26d. DESC 28i. LOCA City of	(Specity) CRIBE NOW INJI FION (Street and Rown, State)	Number or Rural	1 YES 2 NO
DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or Item 23 shows any I PLETED BY PHYSICIAN: MEDICA		EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 2 Accident 3 Suleida 6 4 Nomicide 19a. CERTIFIER (Check only)	Pending investigation Could not be determined	28e. DATE OF (Month, D) 28e. PLACE Of building,	INJURY ay, Year) F INJURY — etc. (Specify) my knowled	28b. TiMi INJI At home, larm, s	OTHER: 4 Nursing P E OF 28c. JRY M 1 [treet, lactory, of	NJURY AT WORK? YES 2 NO	neck only one 6 Other 26d. DESC 28i. LOCA City on	(Specify) CRIBE NOW INJU FION (Street and Rown, State)	Number or Rural	1 YES 2 NO
DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or Item 23 shows any I PLETED BY PHYSICIAN: MEDICA		EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Sulcida 8 4 Nomicide 19a. CERTIFIER (Check only one) 2 MEO	Pending investigation Could not be determined	28e. DATE OF (Month, D) 28e. PLACE Of building,	INJURY ay, Year) F INJURY — etc. (Specify) my knowled	28b. TiMi INJI At home, larm, s	OTHER: 4 Nursing P E OF 28c. JRY M 1 [treet, lactory, of	Realdence INJURY AT WORK? YES 2 NO ffice late and place, and du n, death occured at the	6 □ Other 26d. DESC 28f. LOCA City or	(Specify) CRIBE NOW INJU FION (Street and Rown, State)	Number or Rural	1 YES 2 NO
THE FUNERAL DIRECTOR: After this certificate has been signed by filed within 72 hours after death with the State Dept. of Health and IPORTANT: If Item 28 is marked, or Item 23 shows any IBE COMPLETED BY PHYSICIAN: MEDICA		EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 2 Accident 3 Suleida 6 4 Nomicide 19a. CERTIFIER (Check only)	Pending investigation Could not be determined	28e. DATE OF (Month, D) 28e. PLACE Of building,	INJURY ay, Year) F INJURY — etc. (Specify) my knowled	28b. TiMi INJI At home, larm, s	OTHER: 4 Nursing P E OF 28c. JRY M 1 [treet, lactory, of	Realdence INJURY AT WORK? YES 2 NO ffice lete and place, and dur n, death occured at the 29c. LICENSE NU	6 □ Other 26d. DESC 26l. LOCA City or	(Specify) CRIBE NOW INJU FION (Street and Rown, State) e(e) and menne	r as stated. Support of the cause Support	1 YES 2 NO Route Number, s) and manner as stated D (Month, Day, Year)
FUNERAL DIRECTOR: After this certificate has been signed by within 72 hours after death with the State Dept. of Health and TANT: If I Item 28 is marked, or Item 23 shows any I COMPLETED BY PHYSICIAN; MEDICA		EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Suleida 8 4 Nomicide 19a. CERTIFIER (Check only one) 2 MEO	Pending investigation Could not be determined ITIFYING PNYSIC	28a. DATE OF (Month, D. 28a. PLACE Of building, ClAN: To the best of a: On the basis of a:	INJURY ay, Year) F INJURY — etc. (Specify) my knowled: camination as	At home, larm, s	OTHER: 4 Nursing N 5 OF JRY M 1 [treet, lactory, of d at the time, of n, in my opinion	Realdence INJURY AT WORK? YES 2 NO ffice late and place, and du n, death occured at the	6 □ Other 26d. DESC 26l. LOCA City or	(Specify) CRIBE NOW INJU FION (Street and Rown, State) e(e) and menne and place, end of	r as stated. Support of the cause Support	1 YES 2 NO Route Number,
THE FUNERAL DIRECTOR: After this certificate has been signed by filed within 72 hours after death with the State Dept. of Health and IPORTANT: If Item 28 is marked, or Item 23 shows any IBE COMPLETED BY PHYSICIAN: MEDICA	3	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 2 Accident 3 Sulcida 8 4 Nomicide 19a. CERTIFIER (Check only one) 2 MEO	Pending investigation Could not be detarmined TIFYING PNYSIC HCAL EXAMINER OF CERTIFIER	28a. DATE OF (Month, D) 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE Of building, 28a. PLACE OF building, 28a. P	INJURY sy, Year) F INJURY — etc. (Specify) my knowled: camination as	At home, larm, s At home, larm, s ge, death occurre ad/or investigation	OTHER: 4 Nursing N EOF RY M 1 [Ireet, lactory, of d at the time, of n, in my opinion	Realdence INJURY AT WORK? YES 2 NO ffice lete and place, and dur n, death occured at the 29c. LICENSE NU D19	6 □ Other 26d. DESC 26l. LOCA City or 1 time, data a MBER	(Specify) CRIBE NOW INJU FION (Street and Rown, State) e(e) and menne and place, end of	r se stated. fue to the cause	Route Number, (s) and manner as stated, (f) Month, Day, Year)

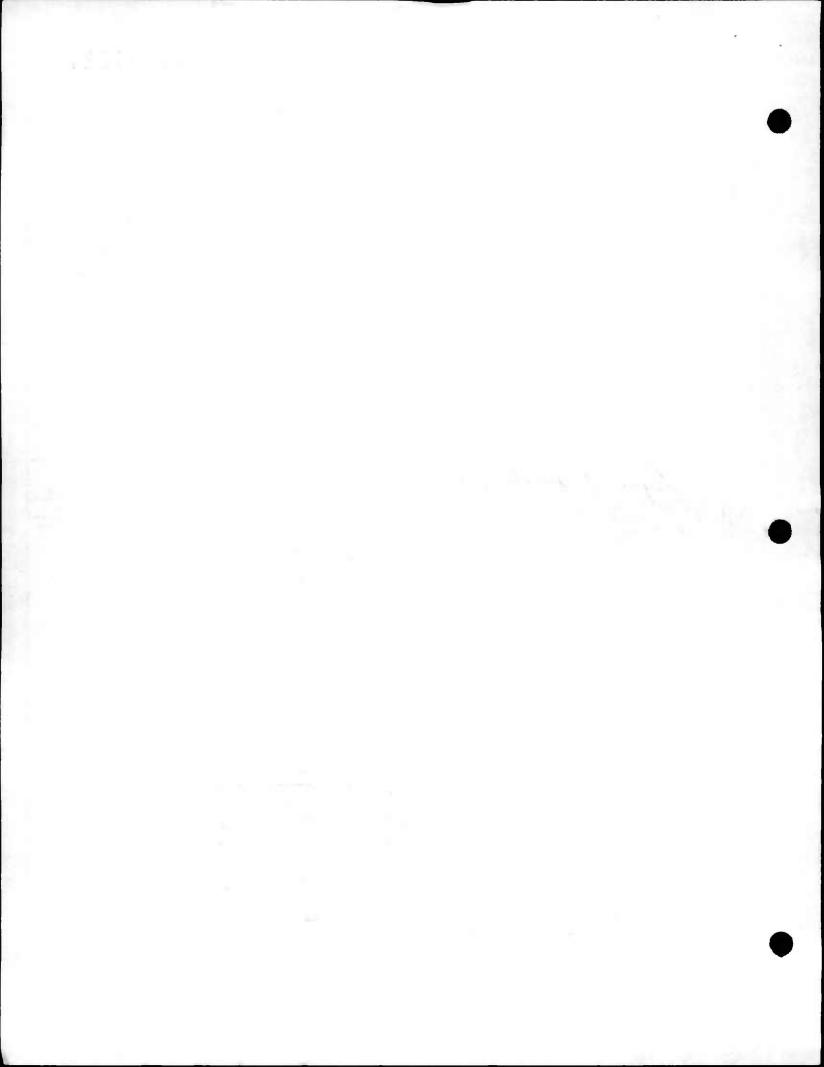
- T. G

Anton poor our point of the state of the sta

BALTIMORE, MARYLAND	after death. Page 6 may be retained by the hos	by the funeral director, page 5 should be detache smoval.	lical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

AR	STATE	OF MARYLAND / DEPARTMENT OF HEAL CERTIFICATE OF DE		
NAME (First, Middle,	Lest)		2. DATE OF DEATH	
Frances	LEE	Littleichn	MONTH	DAY

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH		NTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH			
	Frances	LEE Lit	tlejohn			Nov. 5	1991	7:40 A. M			
	4. SOCIAL SECURITY NUMBER	The second secon	1404	NOER 1 YEAR IF UNDER 2		DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign itry)			
	220-42-4315		46 YAS.		J			TH CAROLINA			
1/2	9a. FACILITY NAME (If not institution, give :			CITY, TOWN OR LOCATIO		'	9c. COUNTY OF				
DIRECTOR	Physicians Memor	iai Hospitai		LaP1ata	1		Char.	les			
1 1 1	10e. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCATION				10d. INSIDE CITY LIMITS?			
□		RLES	INDIAN				1 TYES 2 NO				
₹	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?			
	ROUTE #1 BOX 128,	/ METROPOLITA!					UNITED				
BY FUNERAL	1 Never Married 2 Married 3XXWidowed 4 Divorced	FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF If yes, specify Cuban 1 ☐ YES 2 ☒ NO	, Maxican, P			CE — American Indian, ck, White, etc. city: BLACK			
	15, DECEOENT'S EOU	JCATION	16a. DECEDENT'S USU	AL OCCUPATION	_	16b. KIND OF BUSII	NESS/INDUSTRY	DLACK			
	(Specify only highest grade Elementary/Secondary (0-12)	e completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret	fone during most of working red.)							
를	11TH GRADE	NONE	HOUSEWIFE			PRIVATE					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Maiden Si					
H	JAMES DAY					HARGROVE					
۱۹	19a. INFORMANT'S NAME (Type/Print) VIOLA LITTLEJOHN			PRESS (Street and Number of				101/0			
		2		H CONESSTO	GA, P.						
	20s. METHOD OF DISPOSITION 1 Or Department of the Computation of the C										
	21. SIGNATURE OF FUNERAL SERVICE L		/	22. NAME AND ADDRES			DICTING	KOND, ND			
	PUNDIA C. THOI	Mustal RNTON JOHNSON	N SUN	THORNTON'S	FUNE	RAL HOME,	POMONK	EY, MARYLAND			
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that cause		enter the mode of dyle	ng, auch s	a cerdiac or respire	atory errest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final A A CONTROL Onset and Death										
	disease or condition resulting in death) e. VEATAIC CARCINOMA-CESOYPAGUS										
	DIVE TO IGR AS A CONSEQUENCE OF): ON A CALADADA										
<u>8</u>	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	. R & Duch	ND-0857	10 hagea	10	Stula					
<u> </u>	CAUSE (Disesse or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):	1	0						
E	resulting in death) LAST	d									
	PART IL Other significant condition	ns contributing to deeth	but not resulting in ti	e underlying cause g	Iven in Par	rt I. 24s. WAS AN A		1b. WERE AUTOPSY FINDINGS			
Z Z	Chronico	osmohre	MILIA	Auseas	2	PERFORM 1 YES 2 [1	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI						- / / / / / /		OF DEATH?			
2						N.O.					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	400017		28. PLACE OF DE	ATH (Check	only one)					
l Sic	1 🗆 YES 2 🗗 NO	HOSPITAC:	tpetient 3 DOA 4	HER: Nursing Home 5 🗆 Rec	sidence 8 [Other (Specify)					
됩	27. MANNER OF DEATH 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	WORK?	1.56	d. DESCRIBE HOW IN	JURY OCCURED				
B	2 Accident Investigation			M 1 YES 2				18.4.4.4.			
8	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Sp	Y — At home, farm, stree ec/fy)	t, factory, office	20	City or Town, State)		r Houte Number,			
9	29e. CERTIFIER		107700000000000000000000000000000000000								
COMPLETED	(Check only	SICIAN: To the best of my kno IER: On the bests of examinati						e(a) end mannar ea stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIC	ER A		29c. LICE	NSE NUMBE	R .	29d, DATE SIGNI	ED (Month, Day, Year)			
BE (> MI	AMUR		- 1	23021		► 1(1)	591			
2	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF E	EATH (ITEM 27) (Type, Prin		JULI	100	-				
	Sanjeeb K. Mishra	, 7C Post Of	fice Rd.,	Cenna Cente	er, Wa	aldorf, Ma	ryland	20602			
	31. DATE FILED (Magnin, Cov. Your)	32. REGOSTRAR'S SIG	NATURE HANDER								
	10,001 31	- Constitution	Impos and factoring								

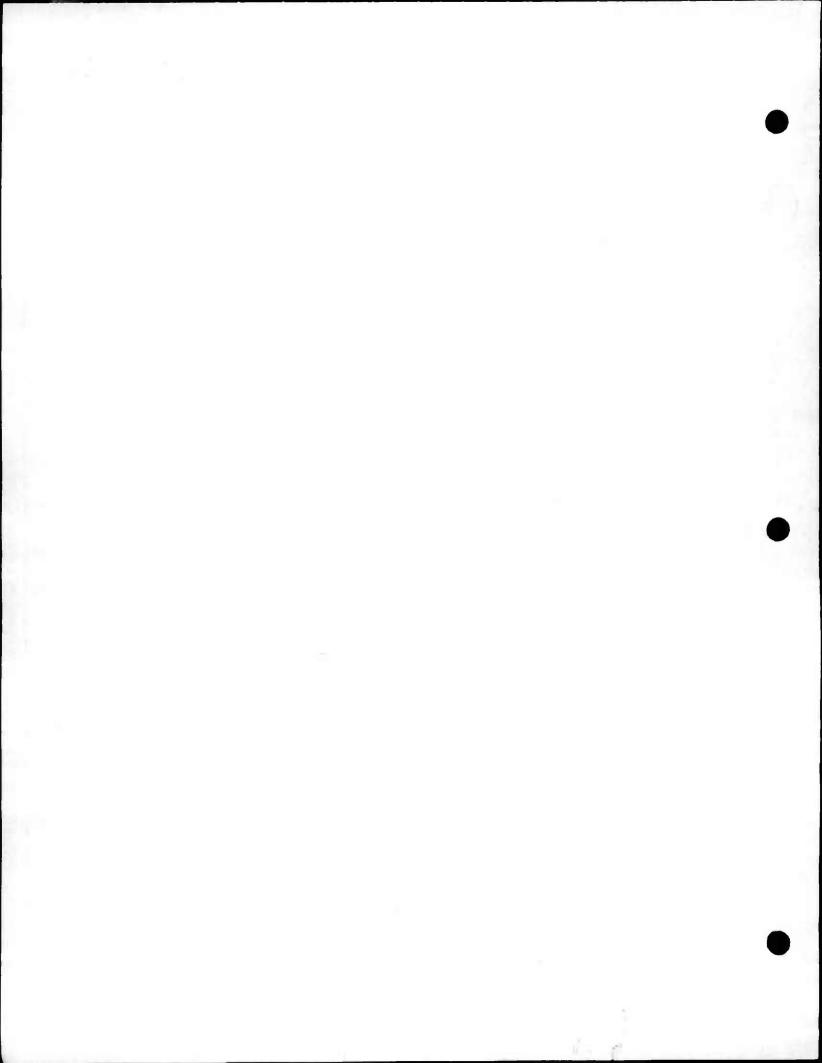


TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

				CERTIF	IOATE	. 01	DEA			REG. NO.			
1. OECEDENT'S NAME (FIRST, JOHN E.		IEL							2. DATI	OBER 2	8	YEAR 91	3. TIME OF DEATH 3:45PM M
4. SOCIAL SECURITY NUME		5, SEX	6. AGE (In vr	s. last birthday)	IF UNDER	VEAG	E INDE	na lima			.0		
225-24-5463		1 ☑ M 2 ☐ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)		Count	**
		44	68	THS.						31/23		Vir	ginia
9a. FACILITY NAME (If not in					9b. CITY,	TOWN (OR LOCATI	ON OF DE	EATN		9c. COU	NTY OF E	
PRINCE GEOR		OSPITAL	CENTER		CHE	/ERL	Y				PRI	NCF	GEORGE'S
RESIDENCE OF DEC													
10a. STATE	10b. COUNTY				Y, TOWN O								10d. INSIDE CITY LIMITS?
Maryland	Prince	e George	S	Se	at Pl	Leas	ant						1 YES 2 TO NO
10e. STREET AND NUMBER						101	. ZIP COD	E			10o. CIT	IZEN OF 1	WHAT COUNTRY?
7114 Fresn	Stre	et				20	743						tates
11. MARITAL STATUS		12. WAS OECEDEN	T 51/50 11/10		T								
1 Never Married 2 XX	Married	FORCES? 1	YES 2	□ NO	13. W	yes, sp	ecity, Cuba	OF HISPAN In, Maxica	NC ORIGI n. Puerlo	N? (Specify Yea Ricen, atc.)	or No —	14. RACI	E — American Indian, k, White, atc.
3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES				2 NO					Spec	ity:
	0.000												Black
15. OEC (Specify only	EDENT'S EOUC highest grade	CATION Completed)	184	Give kind of	USUAL OC	CUPATIO	ON -	207	16	b. KIND OF BUS	INESS/IN		
Elementery/Secondary (0	-12)	College (1-4 or 5	·)	(Give kind of life. Do NOT u.	se retired.)		7,01,01	-8					
12		2	В	udget	Analy	7st			I	ederal	Gov	ern	ent
17. FATHER'S NAME (First, M	iddle, Lest)						18. MOTI	NER'S NA		Middle, Meiden			
George Wasl	nina+a-	McDon-	0.1				_			uno, Meruen	ourneme)		
19a. INFORMANT'S NAME (7		i McDani	FT					e Jo					
										ber, City or Town			
Alma J. McI	Daniel			7114	Fresn	o S	t. S	eat	Plea	asant M	d. 2	0743	
20a. METHOD OF DISPOSITI		47-145-	20b. PLA	CEANDDATE	OF DISPOSIT	TION (Na	me of		DAT	E 20c. LOC	CATION -	City or To	own, Stata
4 Donation 5 Other	n 3 🗆 Hemo (Specify)	val from State	Competery	cramatory or o	ther placa)	Com		-	10/				
21. SIGNATURE OF FUNERAL	and the second second	ENSEE	7.50	rt Line	22 M	Cem	eter	Y OF FA	10/	31/31	Brei	nEWO	od Maryland
. =	8/	/	/		340)1 B	lade	nshu	re	RT RTP	Colu	of un	eral Home
· /	1/_	140	0 K 4						-0 -			04 1	20722
23. PART I. Enter the di	sesses, pr c	omplications the	t caused the	death Do	not enter t	he me	do of du	nn aust		Alexander 1	4.01		
SHOCK, OF THE	ant lanuid. L	lst only one cau	se on each	lina.	rot eritar t	ma mo	ua Di uyi	ing, suci	ii se cer	uiac or respir	atory ar	rest,	Approximate Interval Between
IMMEDIATE CAUSE (Fin	sl	A	Δ.			1.							Onaet and Death
disease or condition resulting in death)	→ .	. 1	denoli	anghor of the second	nd of	L YR	e Col	PM	20	RED X			2 Unclina
l date,		DUE TO	(OR AS A CO	NSEQUENCE O	F):) · ·	- 00	2000)	90	ac w			- 7 13 (C MOG)
1													
Commendation that any dist	b b	DUE 70	OR AS A COR	SEQUENCE OF	E).								
Sequantially list conditi	DITE,		(011 HO H 001	TOLOGETTOL OF	٠,٠								
It any, leading to immed	ilata	DOE TO											
It any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju-	diata NG												
It any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events	diata NG ry		(OR AS A CON	SEQUENCE OF	F):								
It any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju-	diata NG ry		(OR AS A COR	NSEQUENCE OF	F):					<u> </u>			
It any, laading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	diata NG ry	DUE TO											
It any, leading to immed cause. Entar UNDERLY! CAUSE (Disease or inju- that initiated events	diata NG ry	DUE TO				lerlyinç	3 cause ç	jiven in i	Part I.	24a. WAS AN /		24b	. WERE AUTOPSY FINDINGS
It any, laading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	diata NG ry	DUE TO				lerlyinç	3 cause ç	piven in i	Part I.	PERFOR	WED?	24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE
It any, laading to immed cause. Enter UNDERLY!! CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	diata NG ry	DUE TO				lerlyinç] cause ç	piven in i	Part I.		WED?	24b	AVAILABLE PRIOR TO
It any, laading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	diata NG ry	DUE TO				lerlying) cause ç	jiven in i	Part I.	PERFOR	WED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
It any, leading to immer cause. Enter UNDERLIG CAUSE (Disease or inju- that initiated events resulting in dasth) LAS* PART II. Other significant	diata NG ry T d	DUE TO				lerlying	g cause ç	iven in	Part I.	PERFOR	WED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
It any, leading to immed cause. Enter UNDERLY!I CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	diata NG ry T d	DUE TO			In the und	28. PL	3 cause ç			PERFOR	WED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
It any, laading to immed cause. Enter UNDERLY!! CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant causes of the cause of the cau	diata NG ry T d	DUE TO	death but n	ot resulting	In the und	28. PL	ACE OF D	EATH (Che	ock only o	PERFORI 1 YES 2	WED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
It arry, leading to Immec cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant of the cause of t	diata NG ry T d	DUE TO CONTributing to CONTributing to CONTRIBUTION CONTR	death but n	ot resulting	OTHER:	28. PL	ACE OF D	EATH (Che	eck only or	PERFORI 1 YES 2 ne)	NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
It arry, leading to Immec cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in dasth) LAST PART II. Other significant of the cause of	diata NG ry T d	DUE TO CONTributing to	death but n	ot resulting	OTHER:	28. PL: ing Nomo	ACE OF DI	EATH (Che	eck only or	PERFORI 1 YES 2	NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
It any, leading to immediate cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant causes are called the cause of the cause	dieta NG ry r d d nt conditions	DUE TO CONTributing to CONTributing to CONTRIBUTION CONTR	ER/Outpatien	ot resulting	OTHER: 4 Under Nursh	28, PL: ing Nome 88c, INJI WO 1 Y	ACE OF DI	EATH (Che	eck only or	PERFORI 1 YES 2 ne)	NED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
It any, laading to immed cause. Enter UNDERLYII CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant in the significant in	dieta NG ry d nt conditions D MEOICAL Pending investigation Could not be	DUE TO CONTributing to CONTributing to CONTRIBUTION CONTR	ER/Outpatien	ot resulting	OTHER: 4 Under Nursh	28, PL: ing Nome 88c, INJI WO 1 Y	ACE OF DI	EATH (Che	8 Other	PERFORI 1 YES 2 PROPERTY PROPERTY SCRIBE NOW IN ATION (Street a)	MED?	CURED	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
It any, laading to immed cause. Enter UNDERLYII CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significations of the cause o	ont conditions Disconding meetigation	DUE TO CONTributing to CONTributing to CONTRIBUTION CONTR	death but n ER/Outpatien INJURY ay, Year) F INJURY — A	ot resulting	OTHER: 4 Under Nursh	28, PL: ing Nome 88c, INJI WO 1 Y	ACE OF DI	EATH (Che	8 Other	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2	MED?	CURED	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
It arry, leading to immer cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant in the cause of t	ont conditions Disconding meetigation could not be letermined	DUE TO CONTRIBUTING TO CONTRIBUTION CONTRIBU	DER/Outpatien INJURY ay, Year) FINJURY — A etc. (Specify)	ot resulting	OTHER: 4 Nursin	28. PL: ing Nomo 28c. INJI WO 1 Y	ACE OF DI e 5 Re URY AT RK? (ES 2	EATH (Che	8 Other	PERFORI 1 YES 2 To (Specify) SCRIBE NOW IN ATION (Street as or Town, State)	MED? NO NO NO NO NO NO NO NO NO N	CURED or Rural F	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
It arry, leading to Immec cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant of the control of the cause of	D MEOICAL Pending meetigetion Could not be letermined	DUE TO CONTRIBUTING TO CONTRIBUTION CONTRIBU	death but n ER/Outpatien INJURY ay, Year) F INJURY — A etc. (Specify)	ot resulting	OTHER: 4 Nursh E OF URY M street, factor	28. PL: ing Nomice 28c, INJI WO 1 Y ry, office	ACE OF DI	EATH (Chesidence	sck only or school of the call to the call	PERFORI 1 YES 2 Per (Specify) SCRIBE NOW IN ATION (Street as or Town, State)	JURY Oct	or Rural F	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
It arry, leading to Immec cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant of the control of the cause of	D MEOICAL Pending meetigetion Could not be letermined	DUE TO CONTRIBUTING TO CONTRIBUTION CONTRIBU	death but n ER/Outpatien INJURY ay, Year) F INJURY — A etc. (Specify)	ot resulting	OTHER: 4 Nursh E OF URY M street, factor	28. PL: ing Nomice 28c, INJI WO 1 Y ry, office	ACE OF DI	EATH (Chesidence	sck only or school of the call to the call	PERFORI 1 YES 2 Per (Specify) SCRIBE NOW IN ATION (Street as or Town, State)	JURY Oct	or Rural F	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
It arry, leading to Immec cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant of the control of the cause of	D MECICAL Pending mestigation Could not be letermined IFYING PHYSIC CAL EXAMINER	DUE TO CONTRIBUTING TO CONTRIBUTION CONTRIBU	death but n ER/Outpatien INJURY ay, Year) F INJURY — A etc. (Specify)	ot resulting	OTHER: 4 Nursh E OF URY M street, factor	28. PL: ing Nomice 28c, INJI WO 1 Y ry, office	ACE OF DI e 5 Re UNY AT RK? (ES 2 Re end place,	EATH (Che sidence:] NO and due and st the t	28f. LOC City to the cautime, data	PERFORI 1 YES 2 Per (Specify) SCRIBE NOW IN ATION (Street as or Town, State)	JURY OCI	or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
It any, laading to immediate cause. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant cause. The control of the control of the control of the cause of th	D MECICAL Pending mestigation Could not be letermined IFYING PHYSIC CAL EXAMINER	DUE TO CONTRIBUTING TO CONTRIBUTION CONTRIBU	death but n ER/Outpatien INJURY ay, Year) F INJURY — A etc. (Specify)	ot resulting	OTHER: 4 Nursh E OF URY M street, factor	28. PL: ing Nomice 28c, INJI WO 1 Y ry, office	ACE OF DI e 5 Re UNY AT RK? (ES 2 Re end place,	EATH (Chesidence	28f. LOC City to the cautime, data	PERFORI 1 YES 2 Per (Specify) SCRIBE NOW IN ATION (Street as or Town, State)	JURY OCI	or Rural F	AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
It any, laading to immeccause. Entar UNDERLYI CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant in the significant in t	MEDICAL Pending mestigation Could not be letarmined DEFING PHYSIC CAL EXAMINER OF CERTIFIER	DUE TO CONTributing to CONTributing to CONTRIBUTION CO	ER/Outpatien INJURY ay, Year) F INJURY — A etc. (Specify) my knowledge camination and	ot resulting	OTHER: OTHER:	28. PL: ing Nomice 28c, INJI WO 1 Y ry, office	ACE OF DI e 5 Re UNY AT RK? (ES 2 Re end place,	EATH (Che sidence:] NO and due and st the t	28f. LOC City to the cautime, data	PERFORI 1 YES 2 Per (Specify) SCRIBE NOW IN ATION (Street as or Town, State)	JURY OCI	or Rural F	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
It any, laading to immediate cause. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant cause. The control of the control of the control of the cause of th	D MEDICAL Pending mestigation Could not be letermined FYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WND	DUE TO CONTRIBUTING TO CONTRIBUTION DUE TO CONTRIBUTION DUE TO CONTRIBUTION DUE TO CONTRIBUTION CONTRIBUTION DUE TO CONTRIBUTION C	ER/Outpatien INJURY ay, Year) F INJURY — A etc. (Specify) my knowledge camination and	ot resulting	OTHER: OTHER: 4 Nursh E OF UNITY M street, factor ad at the tim n, in my opi	28. PL: ing Noming Wood 1 1 your office whe, date	ACE OF DI e 5 Re URY AT RK? ES 2 and place, eath occur 29c. LICE	EATH (Chesisters) NO and dua and dua and st the thinks NUM	28d. DE: 28f. LOC City to the cautime, dete	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 3 TO YES 3 TO YES 4	JURY OCI nor as stat due to th	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)
It any, laading to Immecause. Entar UNDERLYI CAUSE. (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant signific	MEDICAL Pending mestigation Could not be letarmined DEFING PHYSIC CAL EXAMINER OF CERTIFIER	DUE TO CONTRIBUTING TO CONTRIBUTION DUE TO CONTRIBUTION DUE TO CONTRIBUTION DUE TO CONTRIBUTION CONTRIBUTION DUE TO CONTRIBUTION C	ER/Outpatien INJURY ay, Year) F INJURY — A etc. (Specify) my knowledge camination and	ot resulting	OTHER: OTHER: 4 Nursh E OF UNITY M street, factor ad at the tim n, in my opi	28. PL: ing Noming Wood 1 1 your office whe, date	ACE OF DI e 5 Re URY AT RK? ES 2 and place, eath occur 29c. LICE	EATH (Chesisters) NO and dua and dua and st the thinks NUM	28d. DE: 28f. LOC City to the cautime, dete	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 3 TO YES 3 TO YES 4	JURY OCI nor as stat due to th	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)
It any, laading to Immecause. Entar UNDERLYI CAUSE. (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant signific	D MEDICAL Pending mestigation Could not be letermined FYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WND	DUE TO CONTRIBUTING TO COMPLETED CAUS DUE TO COMPLETED CAUS COMPLETED CAUS COMPLETED CAUS COMPLETED CAUS	DER/Outpatten INJURY INJURY FINJURY etc. (Specify) my knowledge tamination and	ot resulting at 3 DOA 25b. TIM 25b. TIM it home, farm, c	OTHER: OTHER: 4 Nursh E OF UNITY M street, factor ad at the tim n, in my opi	28. PL: ing Noming Wood 1 1 your office whe, date	ACE OF DI e 5 Re URY AT RK? ES 2 and place, eath occur 29c. LICE	EATH (Chesisters) NO and dua and dua and st the thinks NUM	28d. DE: 28f. LOC City to the cautime, dete	PERFORI 1 YES 2 Per (Specify) SCRIBE NOW IN ATION (Street as or Town, State)	JURY OCI nor as stat due to th	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)
It arry, leading to Immec cause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in dasth) LAST PART II. Other significant of the control of the cause of	D MEDICAL Pending mestigation Could not be letermined FYING PHYSIC CAL EXAMINER OF CERTIFIER PERSON WND	DUE TO CONTRIBUTING TO COMPLETED CAUS DUE TO COMPLETED CAUS COMPLETED CAUS COMPLETED CAUS COMPLETED CAUS	ER/Outpatien INJURY ay, Year) F INJURY — A etc. (Specify) my knowledge camination and	ot resulting at 3 DOA 25b. TIM 25b. TIM it home, farm, c	OTHER: OTHER: 4 Nursh E OF UNITY M street, factor ad at the tim n, in my opi	28. PL: ing Noming Wood 1 1 your office whe, date	ACE OF DI e 5 Re URY AT RK? ES 2 and place, eath occur 29c. LICE	EATH (Chesisters) NO and dua and dua and st the thinks NUM	28d. DE: 28f. LOC City to the cautime, dete	PERFORI 1 YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 2 TO YES 3 TO YES 3 TO YES 4	JURY OCI nor as stat due to th	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number, and manner as stated. (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	3 in by the funeral director, page 5 should be detached for use as the bunal-transit perm or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES WILL				2. DATE OF DEATH	DAY YEA				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Yorth, Pay, Year)	991	18:09 pm 18THPLACE (State or Foreign ountry) - Rutherton	rdce		
E C	90. FACILITY NAME (If not institution, give street DOCTORS COMMUNITY			Y, TOWN OR LOCATION OF DI HAM—SEABROOK		9c. COUNTY				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	, HOSTITAL	10c, CITY, TOWN			I PRINCI	E GEORGE'S (30.		
	Washington D	, C.	C.							
FUNERAL	3800 New	Janyoshire	anypshire Ave 101. ZIP CODE 10g. CITIZEN OF W							
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)		Black, White, etc. Specify: Black					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted) (C	ECEDENT'S USUAL Carrier kind of work done Do NOT use retired.	during most of working		SINESS/INDUSTF	1.			
MPL	ves un	College (1-4 or 5+)	Govern	-	ENVIVO	mental	Protection 1	34.		
BE CO	17. FATHER'S NAME (First, Middle, Last)	UNKNO	D	18. MOTHER'S NA	WINKE (First, Middle, Malder	Sumame)				
5	190. INFORMANT'S NAME (Type/Print)	Mooney	b. MAILING ADDRES	S (Street and Number or Rural	Poute Number, City or Ton	vn, State, Zip Gode	"Md 20%	8		
	20e. METHOD OF DISPOSITION 1 ME Burlel 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)	200. PLAGE	AND DATE OF DISPO	SITION (Name of	DATE 20c. LC	OCATION — City of	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE OCEN	7 0 4	- Sprinc	NAME AND ADDRESS OF FA	OHATY	VIEST C	720 S	+		
Ц	- Sgianel	V. Gruss		Fruit	Arread Ho.	me a	prondway Strast City, N.			
	23. PART i. Entar the diseases, or con shock, or haart failure. Lis IMMEDIATE CAUSE (Final	mplicetions that causad the de st only one cause on sach line	eath. Do not ente	the mode of dying, euc	h as cardiac or resp	iratory arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Concentive Heart Failure DUE TO (00 AS A CONSEQUENCE OF):									
NO	Sequentially list conditions. attended the Heart Wisese									
ICAT	cause. Enter UNDERLYING CAUSE: Disease or injury									
CERTIFICATION	that initiated evanta resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):							
CALC	PART ii. Other algnificant conditions of	contributing to death but not	resulting in the u	nderlying cause given in	Part i. 24s, WAS AN		24b. WERE AUTOPSY FINDING	38		
MEDIC	Cardia o	wythmis	<u>~</u>		1 □ YES	- /	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N: N	Hyserton	elm	neg		-		1 NES 2 NO			
PHYSICIAN:		OSPITAL:	OTHE							
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME OF	28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED)	-		
B≼	Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho	М	1 TES 2 NO	est Location (c)			_		
ETED	4 Homicide 8 Could not be determined	building, etc. (Specify)	, term, errout, rac	ory, orace	281. LOCATION (Street City or Town, State	end Number of Hu)	rei Houte Number,			
COMPLETED		.N: To the best of my knowledge, de On the besis of exemination end/or					se(e) end menner ee stated.			
BE C										
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	2770 Thomas	Buden		Annapolis,	Rd La	, / 2	md 20	706		
	NOV 0 5 1991	32. REGISTRAR'S SIGNATURE	r-Aandell					7		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Principle of the party of the p general and the second Service of the service of TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires to TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health IMPORTANT: It Item 28 is marked, or Item 23 shows a

ted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1. Company of the funeral director, or removal.	ust be notified at once.
that the death certificate be executed within 24 hours after death, Page	ed by the attending physician and completely filled in by the funeral din the and Mental Hygiene prior to burial, cremation, or removal.	any injury, or other traumatic event, the medical examiner must be notified at once.

ps.	1 - STATE REGISTRAR	STATE OF MARYLAND /		TMENT OF		MENTA	L HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Miller	STER	MILLE	ZR	2. DATE	OF DEATH	91	YEAR 3.	TIME OF DEATH	
	251-10-3249	6. AGE (In yrs. les	st birthday) YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	04-	OF BIRTH h, Day, Year) 17-191		Country)	ACE (State or Foreign	
TOR	99. FACILITY NAME (If not institution, give stree Prince George's Gen			Chever	OR LOCATION OF D	EATH		Prince george's			
DIRECTOR	10e. STATE 10b. COUNTY	George's		r, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 [X] YES 2 \(\bigcap \) NO			
FUNERAL	100 STREET AND NUMBER 6004 Mustang Place		10f. ZIP CODE 20737					10g. CITIZEN OF WHAT COUNTRY? United States			
ВУ		2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 \square YES 2 \square I IF YES, GIVE WAR OR DATES NO	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:								
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade core Elementary/Secondary (0-12) 1 2 th 1	Creta	USUAL OCCUPATI rork done during me retired.)	ON ost of working	168	U.S. (STRY			
BE CON	17. FATHER'S NAME (First, Middle, Last) Fred K. Foster				18. MOTHER'S N. Flor		Middle, Malden :	Surname)			
TO 8	Patricia M. DeHof				and Number or Rural astle Co					d 20723	
	29a METHOD OF DISPOSITION 143 Burlal 2 ☐ Crimation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Signity)	20b. PLACE	ANDDATEC	her place) n Cemet	ery 11-6	-91	E 20c. LOC Brer	ATION — CIL	y or Town, Ma	state ryland	
	IRREDINATURE AT TUNEBAL SHIVICE LICES	Bula	Um	4739	IS GASCH BALT. AV	E., 1	YATTSY	ILLE,	MD.	, P.A. 20781	
	23. PART I. Ener the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, industrial interval Between Onset and Death of the control										
TION											
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated avents resulting in daath) LAST d	SUSE (Disease or injury at initiated avents DUE TO (OR AS A CONSEQUENCE OF):									
CAL	PART II. Other significant conditions c	ontributing to death but not r	asuiting in	n the undariyin	g cause given in	Part i.	24s. WAS AN A PERFORM 1 YES 2	MED?	CO OF	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C/	neck only on	a)			YES 2 NO	
HYSIC		OSPITAL: Inpetient 2 DER/Outpetient 3 28e. DATE OF INJURY		OTHER: 4 - Nursing Hon	se 5 🗆 Residence	6 Othe	r (Specify)				
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY — At ho	INJU	M 1 D	PRK? YES 2 NO		CRIBE HOW IN				
LETED	4 Homicide determined	building, atc. (Specify)				City	ATION (Street an or Town, State)			Number,	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, de On the basis of examination end/or i	ath occurred	d at the time, deta	and place, and due	to the ceu	se(s) and manr and place, and	due to the c	:ause(e) en	d menner ee stated.	
TO BE	THE SHOW TURE AND TITLE OF CERTIFIER	Duyung 1	M		DALLICENSE HU	3 O	8	29d. DATE S	IGNED (Mo	onth, Day, Year)	
	Husas to P. Rod	Manage MD	1 27) (Type,	9 Ray	bumc	1.Cp	San	ms;	203	248	
	NOV 0 5 1991	32. REGISTRAR'S SIGNATURE	. Pande	2		7		10000	7		

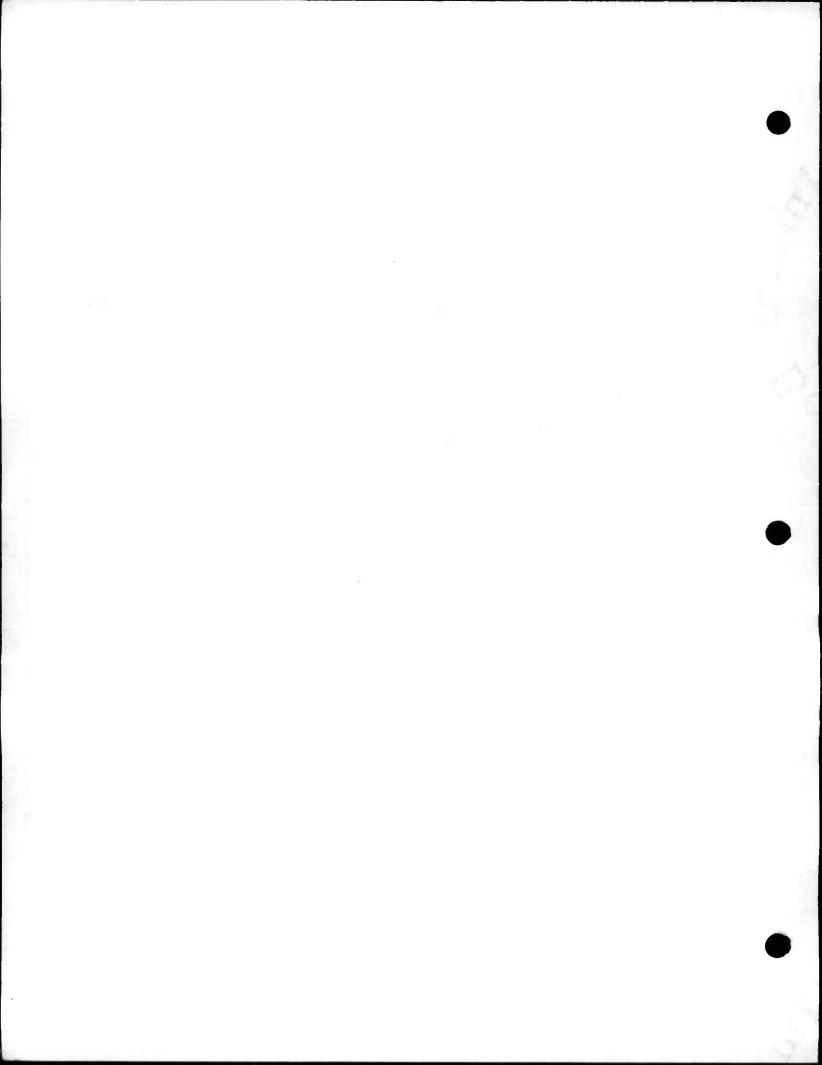


FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 1	1 - STATE REGISTRAR	OMIL OF III	CE	RTIFIC	ATE OF	DEATH		REG. NO.				
!	1. DECEDENT'S NAME (First, Middle, Last)	TER		SSA	_	71	2. DATE O	DA	. 9	YEAR 3	SOSU. M	
	4. SOCIAL SECURITY NUMBER 126-46-0802	5. SEX 1 [X] M 2 [] F	6. AGE (In yrs. less 44	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	1/10	Dey, Year)	- 1	8. BIRTHPL Country)	ACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give street and number) Beltsville Laurel Hospital Beltsville RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	10a. STATE 10b. COUNTY	gomery		10c. CITY, T	own or Loca Ver S	pring					DIA. INSIDE CITY LIMITS? VES 2 NO	
FUNERAL	3904 Greencastl	e Ridge	e Drive	e #10		1. ZIP CODE 20901				rica	AT COUNTRY?	
à											- American Indien, White, atc. Black	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	cation completed) College (1-4 or 5 +) (G.	ive kind of work . Do NOT use n		ost of working	16b.	Sale		USTRY		
Sylvester Massaquoi Adama Kamara Sylvester Massaquoi 190 MAH INC ADDRESS (Street and Number or Burgl Bouth Number City or Town Shale 7th Code) 190 MAH INC ADDRESS (Street and Number or Burgl Bouth Number or Burgl												
											aryland	
0	Gladys Massagi: 20e_METHOO OF DISPOSITION 1 ABurlal 2 Cremation 3 Remo		20b. PLACE	3904 GReencastle Ridge Dr. #102 Silver 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Family CEmetery Africa							lver Spri	
	21. SIGNATURE OF FUNERAL SERVICE LIQ	Pare	Bacon 14th S									
	23. PART I. Enter the diseases, or c shock, or heart fellure. I				enter the m	ode of dying, suc	h as card	llec Dr respi	ratory arr	est,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease Dr condition ARGE LEFT HEMIS PHERIC STROKE Onset and Death											
N	DUE TO (OR AS A CONSEQUENCE OF): MELI Q N A NT HYPERTENS(UN). Sequentially list conditions, fit any, leading to immediate											
CERTIFICATION	CAUSE (Disease or Injury C. PORTO TOT AS A CONSEQUENCE-OF):											
ERTI	that initiated events resulting in death) LAST d. RESPIRATORY FAILURS											
DICAL		SCLEROSIS PERFORMED? 1 YES 2 THO OF									MERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1												
Š	1 TYES 2 TIME	HOSPITAL:	ER/Outpatient	3 🗆 DOA 4	OTHER:	me 5 🗆 Residence	8 🗆 Othe	r (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D		28b. TIME (RY V	HJURY AT YORK? YES 2 NO	28d. DES	SCRIBE HOW	INJURY OC	CURED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural City or Town, State)								or Rurel Ac	oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE										and manner as stated.	
BE	290. DECENTIFIER SECULATION MD AHENDING D21200 11-2-1991											
5	30. NAME AND ADDRESS OF PERSON WH SHRWIVAT R-U	O COMPLETED CAU	7245	EM 27) (Typa, P	Print) OVER	PKUAY	B'C	REE	NBE	ELTI	WD 20770	
	31. DATE FILED (Month, Day, Year)		Davidson-1							*		





		7.	0170 010						
		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	TMENT (OF HEALTH AND	MENTAL HYGIEN	NE .	31832
		1. DECEDENT'S NAME (First, Middle, Last)				O. DEATH	2. DATE OF DEATH	<i>.</i>	3. TIME OF DEATH
		KAMAL		MUKHI			1 MONTH 0 3	3 199 T	11:05 A
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 Y	YEAR IF UNDER 24 HRS			THPLACE (State or Foreign
		027-48-6803	1□M2VF 48	YRS.	MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	Cou	ntry)
		9a. FACILITY NAME (If not institution, give s	A 40		Bh CITY TV	OWN OR LOCATION OF	3-15-19	9c, COUNTY OF	India
1	Œ	SHOCK TRAU				ALTIMORE			
	18	RESIDENCE OF DECEDENT						<u>Balt</u>	imore City
9	DIRECTOR	100. STATE 10b. COUNTY Howa			v, town on umbia	LOCATION			10d. INSIDE CITY LIMITS? Y Y 1 YES 2 NO
020 physician. burial-transit permit	FUNERAL	6249 Cardinal	Lane			10f. ZIP CODE	21044	India	WHAT COUNTRY?
Sicial ial-tr	5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WA	S DECENDENT OF HIS	PANIC ORIGIN? (Specify Ye	is or No — 14. RA	CE - American Indian,
Physical Phy	BY F	1 Never Married 2 M Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ES NO	It y	es, specify Cuban, Max YES 2 N NO Spe	ican, Puarto Rican, atc.)	Bia	ick, White, etc.
15-0020 ending physic as the burial-		3 Widowed 4 Divorced							Indian
2121	Ē	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCL	JPATION ing most of working	18b. KIND OF BU	JSINESS/INDUSTRY	
21 Par 1 Par		Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)				
Nospii ched	ΜĐ	12	10	Phy	siciar	1	Prince	e George	Co. Hospita
MARYLAND retained by the hospit 5 should be detached notified at once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, Maider		
d be	BE	Kalyandas Alhu	ja			Kaus	halya Parwa	ani	
MARNe retained to 5 should notified	10 E	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	itreet and Number or Rur	al Route Number, City or Tox	wn. State, Zip Code)	
, W	=	Prakash Mukhi		6249	Cardir	nal Lane C	olumbia, Ma	arvland	21044
ALTIMORE, death. Page 6 may be tuneral director, page	1	20a. METHOD OF DISPOSITION 1 ☐ Burlet 2 Å Cremetton 3 ☐ Reme		PLACE AND DATE	OF DISPOSITION			OCATION City or	
Pur	1	4 Donation 5 Other (Specify)		lery, crematory or or limore.	her place)	Cremator	v 11_5 1	aurel. M	anuland
Pag . Pag		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 1 1 1 1 1 1	22. NA	ME AND ADDRESS OF	FACILITY		
ALTIN death. Pag tuneral dir i.		11015	Venall						Home, Inc.
B ffer the loval.		atalle) h	xeager			01 Sandy S	pring Rd. I	aurel M	20707
BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran of removal. medical examiner must be notified at once.		23. PART I. Enter the diseeses, or conshock, or heart fellure.	complications that caused in List only one cause on eed	the deeth, Do n ch line,	ot enter the	e mode of dying, se	uch as csrdiac or resp	iretory arrest,	Approximats intervel Between
BALTIMORE, MARYLAND 212: Refer of the four sites of the four site		IMMEDIATE CAUSE (Final disease or condition	- A 11 C1	-		14	2 1 6		Onset and Death
with the property of the property of the property filled completely filled cremation, or event, the property of the property o		resulting in deeth)	. IN Itiple	Ming	5 M	151-com	Protons o	LOBOT	_
68760 ecuted with nd comple burial, crea			DUE TOKOR AS A C	CONSEQUENCE OF	י):	V			
D.O. BOX 68760, or certificate be executed within nding physician and completely. Hyglene prior to burial, crema or other traumatic event,	8	Sequentielly list conditions,	b						
BOX cate be ex hysician a prior to	Ĕ	if sny, leeding to immediate	DUE TO (OR AS A C	CONSEQUENCE OF	ን:				
certificate be ding physiciar lygiene prior other trau	RTIFICATION	CAUSE (Disease or Injury							
oth oth	E	that initiated events reaulting in deeth) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	ን:				
= = =	#	Todaling in dealing 2.20	1						
ORDS, P that the death hed by the atter th and Mental any injury, o	1	PART II. Other significant condition	s contributing to death but	t not resulting i	n the unde	riving ceuse given	in Part I. 24s. WAS AN	AUTOPSV 2	Ib. WERE AUTOPSY FINDINGS
RECORDS requires that the deen signed by the den to Health and Mer shows any Injury	EDICAL						PERFO		AVAILABLE PRIDE TO
RECOR requires that sen signed by of Health and shows any							1 TYES :	2 DVNO	COMPLETION OF CAUSE DF DEATH?
REC w requires been sign or. of Heal	Σ								1 TES 2 NO
>	AN	25. WAS CASE REFERRED TO MEDICAL							
一年 書 書 五	SICIAN:	EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (Check only one)		
	>	1XXES 2 □ NO	XIXtnpatient 2 - ER/Output		4 - Nursing	Homa 5 🗆 Realdenc	a 6 Other (Specify)		
OF PHYSIC this ce with th	표	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIMI	E OF 284 URY	c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED	IMPACT
ON OD DING PHYS After this death with s marked	BY	2 Accident Investigation		9915:10		□ YES 2XXNO	DRIVER	IN AUTO	
/ISION ATTENDING ECTOR: After s after death		3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Specify	At home, farm, s	treet, tactory,	office	281. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
DIVISION DR ATTENDING P DIRECTOR: After t hours after death ttem 28 is mar	ETE	4 Homicide detarmined	EXIT RAMI	=	TO R	OUTE 32	C	OLUMBIA	
DIV L DR A DIREC hours item	PL	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	dge, deeth occurre	d at the time.	, date and place, and d	us to the causa(a) and ma	Oper se stated	
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	COMPL	XX MEDICAL EXAMINE	R: On the beals of examination a	end/or investigation	n, in my opini	lon, death occured at ti	he time, data and place ar	nd due to the cause	(a) and manner as stated
HOSPI FUNER within		295 SIGNATURE AND TITLE OF CERTIFIER						1	
THE HOSPI TO THE FUNER TO THE WITHIN	BE	111010	sele MI)		29c. LICENSE N			0 (Month, Day, Year) 04 1991
6 5 3 ₹	임	MAME AND ADDRESS OF PERSON WHO	COMPLETED CARSE OF DEAT	U STEM OF CO.	0.1.0		110	-	UT 1771

DEATH (ITEM 27) (Type, Print)

111 PENN STREET

22. HEGISTRAN'S SIGNATURE
TURA DAVIDSON—Randale

BALTIMORE, MARYLAND

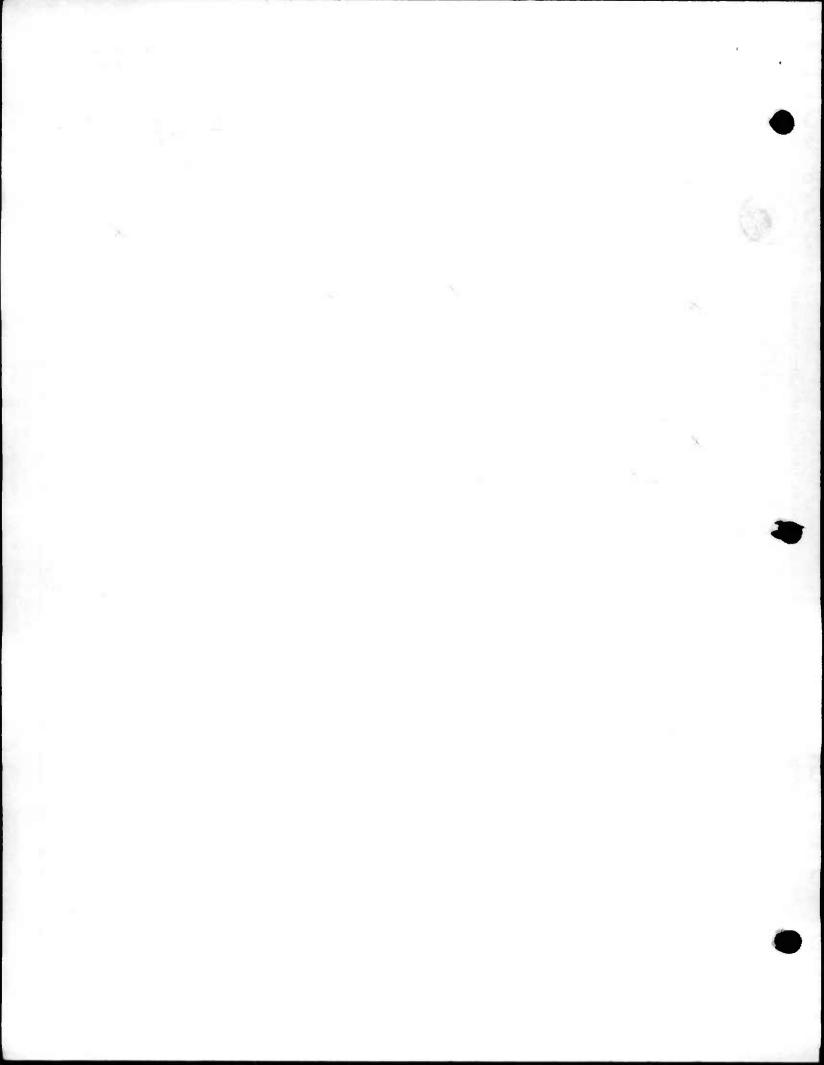


1 - 1 -1

e Sign in the Sign

ŝ		
5		
page		
s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho		
funeral		
the	Mal.	
6	remo	
-5	5	
fillec	On, (
tely	natio	
nple	Cre	
5	Tal,	
and	큠	
	22	
ysicia	prior	
듄	ene	,
ding	ΉŽ	
atte	ental	
最	ž	
à	and	
signed	Health	
een	, of	
has t	Dept	
icate	State	
ertif	the	
S	5	

	1 - STATE REGISTRAR	STATE OF M			ICATE				MENTAL HYGIEN REG. NO.	E			
	1. OECEOENT'S NAME (First, Middle, La	ist)	on S, R		TOPLI -		D		2. DATE OF OEATH			3. TIME OF DEATH	
	Robert	France, M	yers			70		2.7	11 7	3 19	9I	Q. FOAH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		DATE OF SIRTH	7	6. BIRTH	LACE (State or Foreign	
	215-16-2318 A	1 2 E	67	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	74	Country	vland	
	9a. FACILITY NAME (If not institution, g	street and number)	-		9b. CITY	, TOWN C	R LOCATIO	ON OF DE		9c. COU	NTY OF DE		
R	4740 4	48TAI	CT,		14	14 V2	1700	丁上	EAD CARROLL				
DIRECTOR	RESIDENCE OF DECEDENT	INTV		40 - 017	DV TOURI	20.1004	1011	E Prose			1		
E	Warning and the same of the sa	Carroll		10c. CI I	T.J		tead			10d. INSIDE CITY LIMITS?			
	Maryland 100. STREET AND NUMBER	Carrott				_	ZIP CODI			40- 017	7511 05 111	1 YES 2 NO	
R	4240 Crystal Co	urt Ant I	12			101		1074		10g. CITI	US		
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARI	MED	13.	WAS DEC			IC ORIGIN? (Specify Yes	or No I		- American Indian,	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 N			If yes, sp	2 NO	n, Maxicai	n, Puarto Rican, atc.)		Black Specif	, White, atc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) (Give kind of work done during most of working)													
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)													
18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) 12th grade 17. FATHER'S NAME (First, Middle, Last) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COUNSELOT 18. MOTHER'S NAME (First, Middle, Maiden Surname)													
8	17. FATHER'S NAME (First, Middle, Last)						17.15		ME (First, Middle, Maiden				
BE	Eugene R. Myer	S							M. Merry				
0	19a. INFORMANT'S NAME (Type/Print)								noute Number, City or Tow			07.000	
	Elizabeth Chri	stnili							Luthervi				
	20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 F	amoval from Stata	20b. PLACE Cother pla	(ac)			**	natory or		cation – Jonkt			
	21. SIGNATURE OF JUNERAL SERVICE	LICENSEE 7	000	- annex			O ADDRE	SS OF FAC					
	> Steve	121. 8	lia	0					Eline			Home	
	-								Street, Har	~		Ma. 21074	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximate Interval Batween Onaet and Deeth Due TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d												
	PART ii. Other aignificent condi	tione contributing to	death but not re	eauiting	in the ur	ndarlying	cauae	given in	Part I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDICAL									1 □ YES 2			COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICA		· · · · · ·			26 Pt	ACE OF D	EATH (Ch	ack only one)				
S	EXAMINER?	HOSPITAL:	ER/Outpetlant 2	□ DO A	OTHE	R:							
H	27. MANNER OF DEATH	28a. DATE OF		28b. TIR	_	26c. INJ		sidenca	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CURED		
	1 Natural 5 Pending	(Month, D	ay, Year)	IN	JURY M	WO	RK?] NO					
В В	2 Acoldent Investigati	26a. PLACE O	F INJURY — At hor	me, farm,	atreet, fact				26f. LOCATION (Street	and Number	or Rural A	oute Number,	
Ĕ	4 Homicide determine		atc. (Specify)						City or Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PI	HYSICIAN: To the best of	my knowledge, des	nth occur	red at the t	lime, data	and place	, and due	to the cause(s) and me	oner as stat	led.		
M		MNER: On the basis of a										and manner as stated.	
86	29b. SIGNATURE AND TITLE OF CERT		Dusa					ENSE NUN				(Month, Day, Year)	
10	30. NAME AND AUDRESS OF PERSON	WHO COMPLETED CAUS	SE OF DEATH (ITEM	1 27) (Type	e, Print)		4	12	WAS 21	OAIL.	787	-RB	
	31. DATE FILED (Month, Day, Year)	32, REGISTRA	E 221 IR'S SIGNATURE	VE	n	M	01	NE	CTHIN	NO	TEN	MD2157	
	NOV 1 2 '91		ida Bar	1.00									



3. TIME OF DEATN

18d. INSIDE CITY LIMITS? 1 - YES 2 1 NO

> Approximata Interval Batween Oneat and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES 21000

29d. DATE SIGNED (Month, Day, Year)

9

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

t4. RACE — American Indian, Black, White, atc. White

8. BIRTNPLACE (State or Foreign Virginia

TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dest. of Health and Mental Hydlene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
е 6 тау І	ector, pag	must be
eath. Pag	uneral dir	aminer
s after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire filed within 72 hours after death with the State Dept. of Health and Mental Hydene prior to burial, cremation, or removal.	dicai ex
24 hour	filled in	the me
d within	mpletely	event,
e execute	in and co	umatic
tificate b	g physicia	ther tra
eath cer	attendin	y, or 0
at the d	by the	/ injur
quires that	Health a	OWS an
law re	as beer Jept. of	23 sh
N: The	ficate h State [item.
YSICIA	ith the	ed, 01
HING PH	After thi	mark
TENC	after o	28 is
L 08 /	L DIRE	item
DSPITA	UNERA	ANT: H
THE A	THE F	MPORT
F	F 5	=

8

BE COMPLETED

9

3 🔲 Sulcida

4 Homicide

29b. SIGNATURE AND TITLE OF GERTIN

30. NAME AND ADDRESS OF P

31. DATE FILED (Month, Day, Year)

29a. CERTIFIER (Check only one)

8 Could not be determined

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEI	PARTMEN FIFICAT	T OF H	IEALTH DE A	AND N					
	1. DECEDENT'S NAME (First, Middle, Las	•	<u> </u>	III IOAI		DLA		2. DATE OF		AY	YEAR	3. TIME OF DE
	Robert C.	Morris						Nov.	_	1991	TEAR	12:15
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birth	"	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN			8. BIRT	NPLACE (State or
1	197-07-5358	1-7 M 2 🗆 F	83 Y	RS. MONTHS	DAYS	HOURS	MIN.	April 6,19		000	Coun	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CIT	y. TOWN C	DR LOCATI	ON OF DE				VII	ginia
Œ	Carroll Co.Gener											
I R	RESIDENCE OF DECEDENT	ar nospica.	<u> </u>	We	Stm1.	nste	r, M	<u> </u>		Car	rol	.1
DIRECTOR	10a. STATE 10b. COUN	TY	10c	CITY, TOWN	OR LOCAT	ION					_	104 INSIDE CIT
l 등	MD Correction											10d. INSIDE CIT LIMITS?
1	10e. STREET AND NUMBER			11000.0		MD.	_			T		1 TYES 2 X
2	7441 Woodbine	Pond			101					10g. CITIZ	ZEN OF	WHAT COUNTRY?
"							1797				.A.	
FUNERAL	11. MARITAL STATUS 1 Selection 2 Merried	12. WAS DECEDENT EV FORCES? 1	YES 2 THO	13.	WAS DEC	ENDENT (OF HISPANI	C ORIGIN? (S	Specify Yes	or No-	14. RAC	E - American Inc.
₽	3 Widowed 4 Divorced		IF YES, GIVE WAR OR DATES				Specify:					
		l								White		
E C	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)		NT'S USUAL O			107	18b. Kli	ND OF BU	SINESS/IND	JSTRY	
1 14	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	OT use retired.)								
. E	2 Years	None	Heavy	Z Equi	oment	t Ope	erato	r				
at once.	17. FATHER'S NAME (First, Middle, Last)	18. MOTI	NER'S NAM	E (First, Midd	tle. Maiden	Sumame)						
e	Unkn						Morr		,			
BE	19a. INFORMANT'S NAME (Type/Print)		195 MAI	LING ADDRES	e /Stmat a							
2	Harry F. Humley											
90	20a, METNOD OF DISPOSITION			Wood			, WOOC	bine,	MD	21.797		
TO BE	20a, METNOD OF DISPOSITION 1. Spurial 2 Cremetion 3 Rec 4 Donatton 5 Other (Specify)	moval from State	cemetery, crematory Annyi J.	or other place				DATE	19	cation – c		
	21. SIGNATURE OF FUNERAL SERVICE	ICENSEE /			NAME AN	D ADDRE	SS OF FAC				1	Α
E S	> WALK	15	Burrier Funeral Home									
<u> </u>	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest,											
Healc	23. PART I. Enter the diseases, or shock, or haart fallure IMMEDIATE CAUSE (Final	complications that ca List only one cause of	uaed the death, i on aach u ne.	Do not ante	tha mod	da of dyl	ng, such	sa cardiac	or reapl	ratory arre	st,	Approxin Interval E Onsat an
	disease or condition											
E	resulting in death) a. (1) Cordio Bulliumon overt DUE TO (OR AS A CONSCOVENCE OF):											
5 -	_	(2) A	1011	,.		O						
0	Sequentially list conditions,	DUE TO OR	ASM CONSEQUENC	of on-								_
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	(2)	N- Q. N.	1100	_	0	2441					
	CAUSE (Disease or Injury	DUE TO (OR	require	uw,	1	NO	nece	us n	u			
	that initiated avents	TIJ DOE 10 JOH	- III	111.	1	VÁ	N					
		a (7)	W Court	LALLE	9		717	•				
2 _	PART II. Other algoliticant condition	ns contributing to des	th but not resulti	ing in the w	derlulae		duan In D					
5 8			ur bat not rasaiti	ing in the di	uariyiiig	cause g	jiven in P	art I. 24	a. WAS AN PERFOR		246	. WERE AUTOPSY I
ā								_ 11	YES 2	NO		COMPLETION OF OF DEATH?
ME	E 1											1 YES 210
Z	ż											
X X	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF D	EATN (Chec	k only one)				
Sic	EXAMINER? 1 YES 2 YO	HOSPITAL:	Outpatient 3 1 00	OTHE	₹:							
PHYSICIAN: MEDI	27. MANNER OF DEATN	28e. DATE OF INJU		TIME OF				Other (Sc	-			
	1 Natural 5 Pending	(Month, Day, Ye	ar) 200.	INJURY	28c. INJU WOF	RK?	. [28d. DEŞCRI	BE HOW II	NJURY OCCL	JHED	

28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. DEGISTRAR'S SIGNATURE
Junia Davidson-Randelle

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated.

Ancho

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

Think the provide the first

Market Contract to Analysis and Contract to Analysis of the Contract to Analysis of th

DHMH-16 Rev 1/89

α,	=
death.	funera
after	y the
4 nours	filled in b
within 2	pletely 1
nted	50
оже	and
icate be	physician
eath certif	ittending
he d	the
hat t	3
uires t	signe(
w rec	beer
e la	has
JING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. P	After this certificate has been signed by the attending physician and completely filled in by the funeral
PHY	this
OING	After

-	FOR STATE REGISTRAR	ST	ATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL I
. (ECEDENT'S NAME (First, Middle, Last) Marvin	S.	Myera	2. DATE OF MONTH
	COCIAL SECURITY NUMBER	C 00		7404

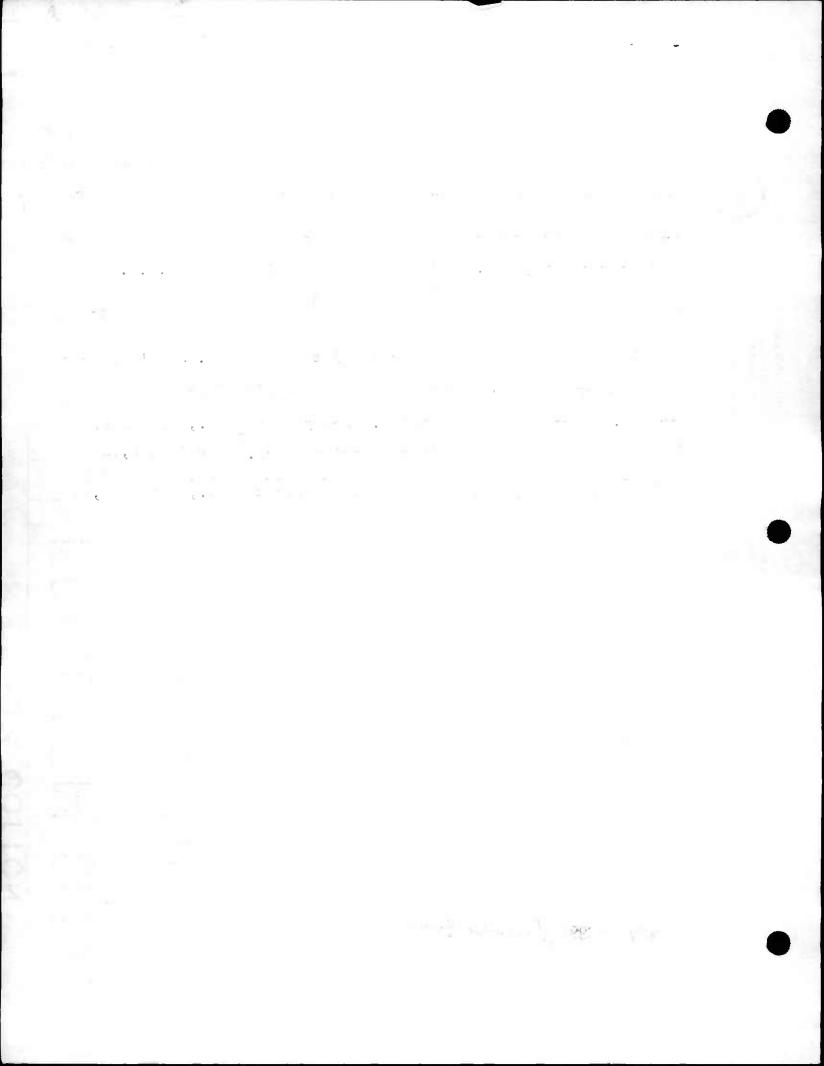
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPAR	TMENT OF	HEALTH A	AND MENTA	AL HYGIENI REG. NO.	E				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH		3. TIME OF DEATH			
	Marvin S	. Myers				MON		199				
		i. SEX 6. AGE (in yrs. lest	hirthday	IF UNDER 1 YEAR	IF UNDER 2		E OF BIRTH					
		X M 2 □ F 74	YRS.	MONTHS DAYS	HOURS	MIN. (Moi	nth, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give stree		ina.				2, 1,1		laryland			
œ		The state of the s		9b. CITY, TOWN		OF DEATH		9c. COUNTY				
ᅙ	1201 Emory Chu	rch Rd.		Upp	erco			Carroll				
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	TION				T 40 4 PHOLOG CUTY			
뛰	Md. Carro	3.7		Upper				10d. INSIDE CITY				
7	10e. STREET AND NUMBER	11			of, ZIP CODE				1 TYES 2 NO			
A I	1201 Emanu	Observate Tid						10g. CITIZEI	OF WHAT COUNTRY?			
FUNERAL DIRECTOR		Church Rd.				155			U.S.A.			
	1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 KNO	MED D	13. WAS DE If yes, a	CENDENT OF pecify Cuban,	HISPANIC ORIG Maxican, Puerto	IN? (Specify Yea Ricen, etc.)	or No- 14	. RACE — American Indian, Black, White, atc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OATES		1 🗆 YE	S 2 X NO			Specify:				
	15. DECEDENT'S EQUAT	ION 150 DEC	EDENT'S	USUAL OCCUPAT	1011	T		1	White			
E I	(Specify only highest grade con	mpleted) (Givi	e kind of a	work done during n	ost of working	10	b. KIND OF BUS	INESS/INDUS	TRY			
3	Elementary/Secondary (0-12) (Conage (1-4 or 5 +)					and the same of the same of	0 ==				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11	11 01	MECTO					tural Res.			
							Middle, Maiden S					
B	Charles (Type/Print)				0.	Live N	Coo	er				
유	Shirley Zumbru			ADDRESS (Street								
			207			Rd.			21155			
1	20a METHOD OF DISPOSITION 1. Purial 2 Cremation 3 Remova		natory or o			OA			or Town, Stata			
- 1	4 Donation 5 Other (Specify) Fmory Church Cem. Nov 11 1991 Upperco, Md.											
	1/0 50	0 \$							21102			
	H. T. Cell	liand		220	nara	Fune	ral Cl	napel				
	23. PART I. Enter the diseasea, or com-	plications that caused the dear	th. Do r	ot antar tha m	oda of dylne	, auch as ca	rdiac or raspir	atory arreat	. Approximata			
	immediate cause (Final	t only one cause on each line.							Intarval Batween			
	disease or condition	Donte	ع	M.10	cared	30	T. C	to	m 10 min			
ł	disease or condition											
2	ASCUD											
9	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	cause. Entar UNDERLYING								1			
Ē	CAUSE (Disease or injury that initiated evanta	DUE TO (OR AS A CONSEQU	JENCE OI	F):								
CERTIFICATION	resulting in death) LAST											
	DADT II Other classificant and distance											
CAL	PART II. Other aignificant conditions c	ontributing to death but not rai	aulting (n tha undarlyir	g causa giv	en in Part I.	24a. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
							1 YES 2		COMPLETION OF CAUSE OF OEATH?			
뿔									1 YES 2 NO			
ä												
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	000			LACE OF DEA	TH (Check only o	ne)					
Š		OSPITAL: Inpatient 2 ER/Outpatient 3	DOA	OTHER: 4 Nursing Hor	na 5 🗆 Reald	fenca 6 🗆 Oth	ar (Specify)					
£ 1	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c, IN	JURY AT		SCRIBE HOW IN	JURY OCCUR	ED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(MORIT, Day, 1981)	INJ		ORK? YES 2 🗍 I	10			1			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY — At home	e, farm, s	traet, factory, offi	:0	281. LO	CATION (Street an	d Number or F	Rural Route Number,			
	4 Homicide detarmined	building, etc. (Specify)				City	or Town, State)					
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the beat of my knowledge, deat		4 44 41 - 4 -	-23.5/2							
ž II	(Check only MEDICAL EXAMINER: C	On the basis of examination and/or im-	vastlestic	n in my opinion	land place, at	et the time det	ruse(a) and mann	er an stated.				
	296. SIGNATURE WAD TITLE OF CERTIFIER			o, or my opinion,			a and pieca, and	dua to the ca	use(a) and manner as stated.			
8	L. Francisco	mo.			29c LICENS	SE NUMBER		29d. DATE SI	GNED (Month, Day, Year)			
유	30. NAME AND AODRESS OF PERSON WHO CO	OMPLETED CAUSE OF GRATH (ITCA	27) /3	Print)	ردن	62			10/91			
	ZIII Hanoser Pik	Hampstead		7 210	74	7	Fever	Sho	Cfer m D			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE										
- 1	MIN I / UI	1.0 K 1 0	1 00									

. F 41 real per le relation de la vivilla de la viv

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIREC

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.					
1. OECEDENT'S NAME (First, Middle, Last)	Moore				2. DATE MONTH	OF DEATH DAY		EAR	TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 214-05-0988 90. FACILITY NAME (If not institution, give s	5. SEX 8. AGE (1	(Month	e. BIRTHPLACE (State or Foreign Country) Pale 7 North Caroli 9c. COUNTY OF DEATH								
Anne Arundel Medical Center Annapolis Anne Aru											
10a. STATE 10b. COUNTY	ne Arundel		own on Locat				10a CITIZEN	1	d. INSIDE CITY LIMITS? YES 2 1 NO		
130 Hearne Ro	ad, Apt. 1	112		2140	1		II.S.	Α.			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	rried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cub 1 YES 2 NO IF YES, GIVE WAR OR DATES						r No.— 14.	RACE — Black, W Specify: Whi	American Indian, hite, atc.		
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATION	N at of working	16b.	KIND OF BUSI	NESS/INDUS	11.4			
Elementary/Secondary (0-12)	College (1-4 or 5+)		tioni			C+		0	2.7		
17. FATHER'S NAME (First, Middle, Lest)		Necer	CIONI	18. MOTHER'S NA	ME (First, A			UO	llege		
Floyd	John	son		Sall	ie	Adams					
19e. INFORMANT'S NAME (Type/Print)			DRESS (Street e	nd Number or Rural			State, Zip Co	de)	21401		
Leroy S. Moore		212 S	Che	rry Gro	Ve.	Ave.	nnar				
20a. METHOD OF DISPOSITION 1 M Buriet 2 □ Cremetion 3 □ Rem		b. PLACE AND DATE OF	DISPOSITION	(Name	1 60	20c. LOC	ATION - City	or Town,	State		
4 Donation 5 Other (Specify)	ingto	n, V.	A								
23. SIGNATURE OF FUNERAL SERVICE LIN	Ly for			r Funer Glouces		Chapel St	L	21 01i	401 s.MD		
/23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on e	ISChemi							Approximate Interval Between Onset and Da		
DUE TO (OR AS A CONSEQUENCE OF): Sequentieity list conditions, if any, leading to immediate ceuse. Enter UNDERLYING											
CAUSE (Disease or injury that initiated events resulting in death) LAST											
PART II. Other significent condition	g cause given in	Part i.	24a. WAS AN A PERFORM	ED?	CC	PRE AUTOPSY FINDIN MILABLE PRIOR TO OMPLETION OF CAUSI F DEATH? YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (C	heck only or	10)					
1 YES 2 YO	1 Inpetient 2 - ER/Out	patient 3 DOA 4	☐ Nursing Hom	e 5 ☐ Residence	6 🗆 Othe	r (Specify)	-		1147		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJURY WORK?						28d. DESCRIBE HOW INJURY OCCURED NO				
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)											
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner as stated.											
296 SIGNATURE AND TITLE OF CERTIFIE	ouich, uv			29c. LICENSE NU			29d, DATE 9	BIGNED (M	Conth, Day, Year)		
30. NAME AND ADDRESS OF PERSON WI	OUIU, M.C	EATH (ITEM 27) (Type, Pr	im) vaukl		_	apolis l	ud.	215	tol		
31. DATE FILED (MONTH OF STREET)	Acha Dividos	MONBLEZ					-				



TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pag be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

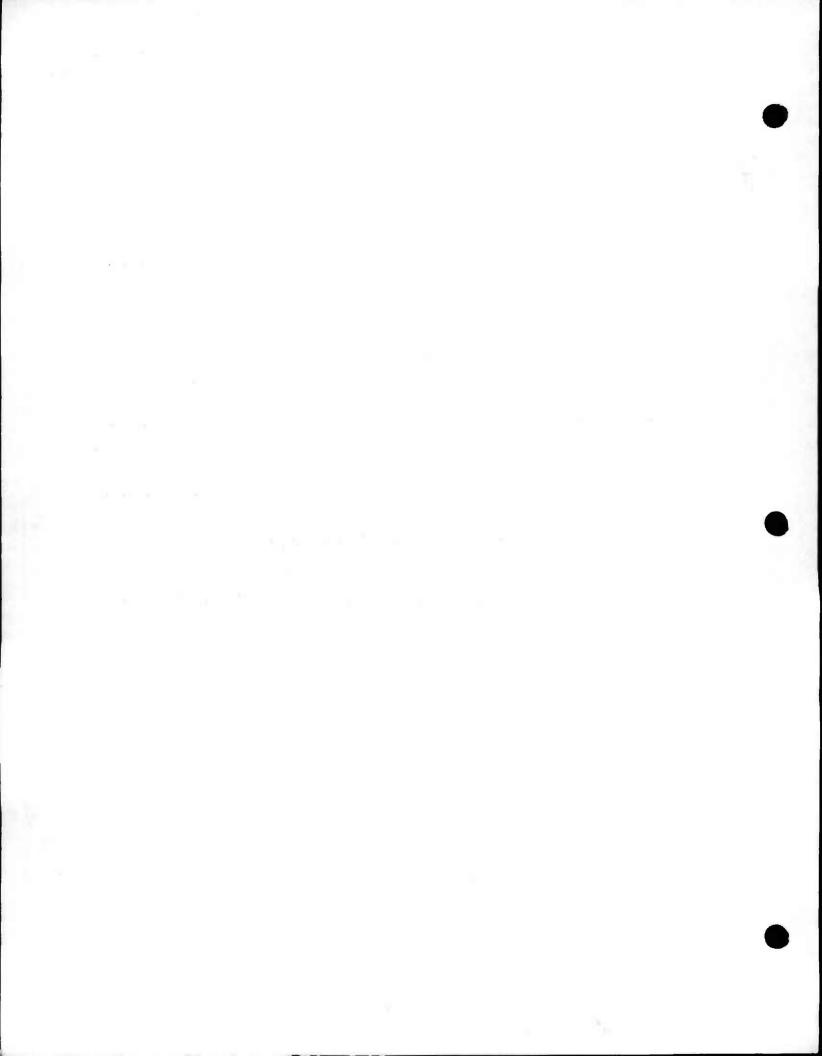
IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

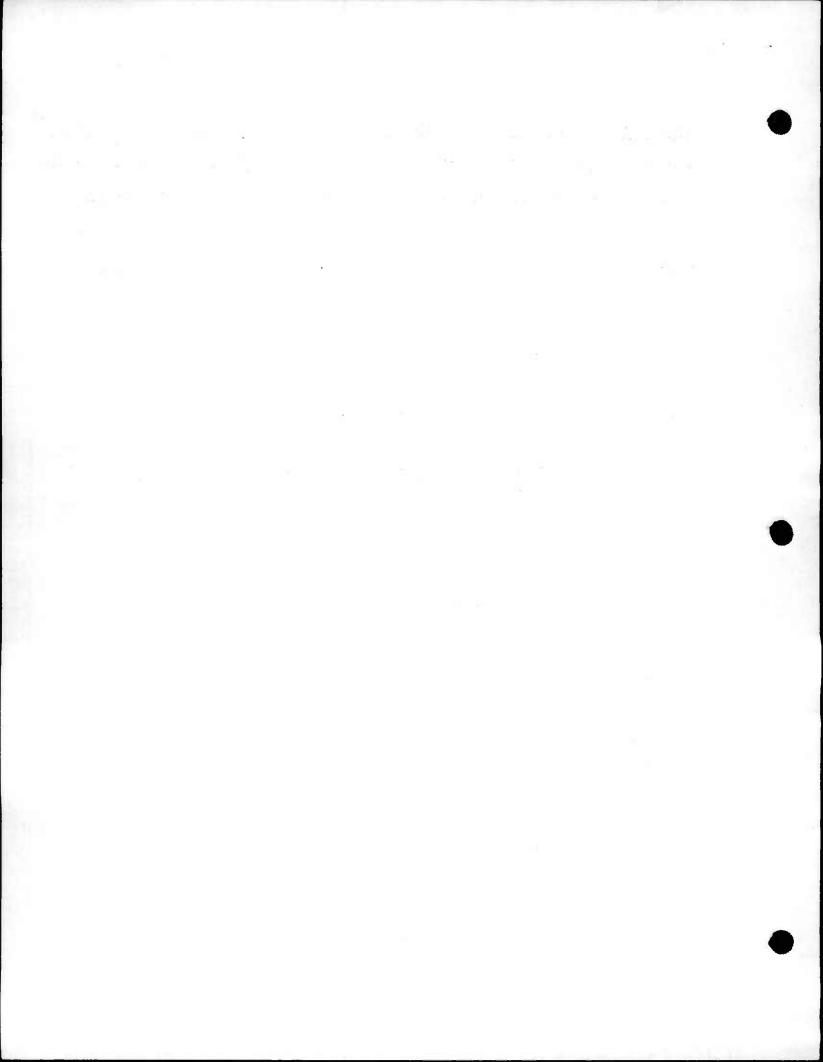
	REGISTRAR		CI	ERTIF	ICATE (F DEATH	D IVIE	REG. NO),			
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH			3. TIME OF DEATH	
1	VERNON NORWOOD							10 25	MY	91	4:25 P:M M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HE	ne 7	DATE OF BIRTH			PLACE (State or Foreign	
	579–40–3456	12∰KM 2 □ F	68	S YRS.	MONTHS DA	YS HOURS MH	N. M	(Month, Day, Year) arch 15,	1921	Country	HMOND, VA.	
	9a. FACILITY NAME (If not institution, give st	_	9b. CITY. TO	WN OR LOCATION O				INTY OF DE				
Œ	PRINCE GEORGE'S H		CENTER			VERLY	CALL					
13	RESIDENCE OF DECEDENT								PR	INCE	GEORGE'S	
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR L	CATION					10d, INSIDE CITY	
ā	MARYLAND PRINC	E GEORGE	1S		CADI	ידאו עבדר	ייריו וי				LIMITS?	
7	10e. STREET AND NUMBER	0	CAPITAL HEIGH			urr		100 CIT	IZEN OF W	HAT COUNTRY?		
EB	6703 HASTINGS D	RIVE		1			074					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13 WMS	DECENDENT OF HIS	SPANIC C	BIGIN2 (Secretor Ve			- American Indian.	
	1 Never Married 2 X Married	12. WAS DECEDENT FORCES? 1. IF YES, GIVE W	YES 2 1	10	If yes	i, specify Cuban, Ma	xican, Pt	varto Rican, etc.)	a or no-	Black	, White, alc.	
BY	3 Wildowed 4 Divorced	ii 123, Give w	IN ON DAIES		1 10	YES 2 XNO SE	becify:			Specif	BLACK	
	15. DECEDENT'S EDUC	CATION			USUAL OCCU			16b. KIND OF BU	SINESS/INI			
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us	work done durin se retired.)	most of working						
립	12th grade			17 D	ADTO D	EPATRMAN		ET ECT	TTO ATT			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			V N	AULU K			FI.F.C First, Middle, Maiden		C		
	SAMUEL NORWOOD								Sumame)			
BE	19e. INFORMANT'S NAME (Type/Print)		19/	MAILING	Annaece (C)	eet and Number or Ru	ABE:	TH FORD				
2		0.1000										
1	MRS. MELVA J. NORWOOD (WIFE) 6703 HASTINGS DRIVE CAPITAL HEIGHTS, MD. 20743											
	20a. METHOD QE DISPOSITION 1											
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
j	1 Section 1	1/2	1/1	1	ROI	LINS FUN	JFRA	I. HOME	TNC			
		TUG	KAL	7						DC	20019	
	23. PART i. Enter the diseeses, or co	omplicetions thet	ceused the de	ath. Do r	not enter the	mode of dving.	auch es	cerdiac or reep	iratory ar	· D·C	Approximate	
	anock, or naert failure, L	List only one caus	e on eech line								interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	A	i.vom		- 10 -		. 1				Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):											
_	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST Sequentially list conditions, if any leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death											
ō I	Sequentially list conditions, If any leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):											
A	If any, leeding to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST	150	los en a	6	Hor	et du	00	re.	pun	pe		
CERTIFICATION	1. Schemic Hear avsease											
EDICAL								PERFOR	. 4		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
				1 TYES 2	CHO		OF DEATH?					
2											1 ☐ YES 2XXNO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					N 405 05 05 15 15 15 15 15 15 15 15 15 15 15 15 15	101					
잃	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH						
¥ I	27. MANNER OF DEATH	1 Ninpatlant 2 -				foma 5 🗆 Rasiden	_					
	1 Natural 5 Pending	(Month, De	, Year)	28b. TIM INJ	URY	INJURY AT WORK?	280	. DESCRIBE HOW I	NJURY OC	CURED		
`	2 Accident Investigation				YES 2 NO							
	3 Suicida 8 Could not be 4 Homicide detarmined	28a, PLACE OF building, a	me, farm, s	treel, factory,	offica	281.	City or Town, State)	and Number	or Rural Ro	oute Number,		
E 1												
ᆲ	(Check only	HAN: To the best of r	ny knowledga, de	eth occurre	d at the time,	sata and place, and	dun lo Ih	e cause(a) and mar	ner as atal	ed.		
COMPLETED											and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER											
B	29c. LICENSE NUMBER 29d. DATE SIGNED (Month)									O C C		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLED	DE DEATH OFF	127 (Type, Print)					27/7			
	6132 L	anolo	VYN	RIVPO	ront)	1/ Dare	1/1	1 M	d	d 20755		
	31. DATE FILED (Month, Day, Year)	22 22000	10 010	, 4	/	nevo	1	7	1	10	(0)	
	NOV 0 4 '91	32. REGISTRAR	Davidson-1	Randel	2							
		70.00	I - Miles . I	1								





Jose	che		eš
the	deta		ű.
5	8		at
ned	pino		led
retai	5 sh		10ti
pe	age		96
шау	r, pi		st
e 6	recto		Ē
Pag	al di		ner
ath.	пеп		am
ar de	he fi	<u>100</u>	ex
afte	by t	JO C	lica
OULS	<u></u>	07 70	Tec
12	fille	оп, 0	he
hin	tely	mati	1, 1
WIE	mple	Cye	мен
urted	00	inal,	3
ехес	and	0	mat
pe	ician	101	ne.
icate	phys	le pi	er 1
ertif	Bu	gien	e e
th	tend	f	0
de	le at	Jent	E,
t the	by th	P	E
tha	ped	th a	amy
Jires	Sign	Heal	WE
regi	нее	0	sho
W.	as p	Sept.	23
E E	nte h	ate	Em
IAN:	tifica	e Si	10
YSIC	Sce	t t	ď,
H	ili.	×	arke
OING	Afte	deat	Ë
LENC	OR:	fter	8
A	5	Sa	n 2
. OR	OIR	Pour	Her
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	27	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10SP	SIS	ithic	AM
포	#	ed w	ORT
T O	10	e fil	MP
-	-	þ	-

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DI		OF HEALTH AND N	MENTAL HYGIEN		
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	MILORED HAI	MMETT NOR	RIS			5	3120 "
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last bir	rthday) IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	BIRTHPLACE (State or Foreign Country)
6	579-12-7798 1 9a. FACILITY NAME (If not institution, give atreet		YRS.	OWN OR LOCATION OF DE	03-01-0		timarismel.
DIRECTOR	CHARLOTTE HAL	LLVGTERAN'S HO	me Char	-lotte Hall		Stn	MARYS
Ä	10e. STATE 10b. COUNTY	1	Oc. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?
	MARYLAND ST. 1	MARY'S	CHAR	LOTTE HAL	L	10g. CITIZEN	1 YES Y NO OF WHAT COUNTRY?
FUNERAL	RT.#2 BOX 5			20622		II	S.A
S		2. WAS DECEDENT EVER IN U.S. ARME	D 13. WA	S DECENDENT OF HISPAN	IC ORIGIN? (Specify Ye	or No- 14.	RACE American Indian,
	1 Naver Married 2 Married	FORCES? TATE YES 2 NO		res, apecify Cuban, Maxican YES 2 NO Specify			Black, White, atc. Specify:
ВУ		WWII 1945-46	l				WHITE
TED	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted) (Give i	DENT'S USUAL OCC kind of work done dur	UPATION ing most of working	16b. KIND OF BU	SINESS/INDUST	TRY
LET		Collega (1-4 or 5+)	NOT use retired.)		WO GD T		
COMPL	17. FATHER'S NAME (First, Middle, Last)	rs.college LI	PIN	Las Mariana Mil	HOSPI ME (First, Middle, Maider		
	RICHARD THOMAS	H A MMT2TTT					
H	19a. INFORMANT'S NAME (Type/Print)		IAII ING ADDRESS /	Street and Number or Rural F	RET A. J		de)
입	HELEN W. COOKSI		O.BOX		EY POINT		
	20a. METHOO OF DISPOSITION	20b, PLACE OF		of cemetery, crematory or		CATION City	
	Burial 2 Crematton 3 Remova	other place) MARYLA	AND VET	ERANS CEM	ETERY CH	FLTENI	HAM MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN		22, NA	ME AND ADDRESS OF FA	CILITY		
	Michael	O. Lower		EHART FUN PLATA MA			
	23. PART I. Enter the diseases, or con	mplications that caused the death	. Do not anter th	ne mode of dying, auci	h es cerdiac or resp	iratory arrest	, Approximate interval Between
	IMMEDIATE CAUSE (Finel	tonly one cause on each line.					Onset and Death
	disease or condition a	SEPSIS					
		OUE TO (OR AS A CONSEQUE		•			
Z	Sequentially list conditions, b.	General mo	unutr	HION			
CERTIFICATION	If any, leeding to immediate	DUE TO (OR AS A CONSEQUE	1011	A			
일		BLADBER CA	ARCIV	omm			
Ē	that initiated events resulting in death) LAST						Ì
핑	d						
AL	PART II. Other significent conditions		uiting in the Und	erlying cause given in	Part I. 24s. WAS AI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	_ AdvanceC) Age			1 YES		COMPLETION OF CAUSE DF DEATH?
MEDIC						~~~	1 YES 2 NO
ä							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF OEATH (Ch	eck only one)		
YS!	1 TYES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatient 3 ☐		ng Home 5 🗆 Residence	8 Other (Specify)		
표	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF 2	Sc. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED
B	2 Accident Investigation		М	1 YES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home building, etc. (Specify)	ı, farm, straat, factor	y, offica	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED							
Ā	one)	AN: To the best of my knowledge, desth					
00	2 MEDICAL EXAMINER:	On the basis of examination and/or invi	estigation, in my opi	nion, death occured at the	time, data and place, a	nd due to the co	ause(a) and manner as stated.
BE (29b. SIGNATURE AND TITLE OF CONTIFIER	/\ /		290-LICENSE NUI	100		GNED (Month, Day, Year)
10	- 111	1/		1717	1/		05/4/
	Jonathan Lou	wenthal MD	(Type, Print)	ince FR	ederic	K. Y	na
	31. OATE FILED (Month, Day, Year) '91	32. REGISTRAR'S SIGNATURE	Pandelle.			,	



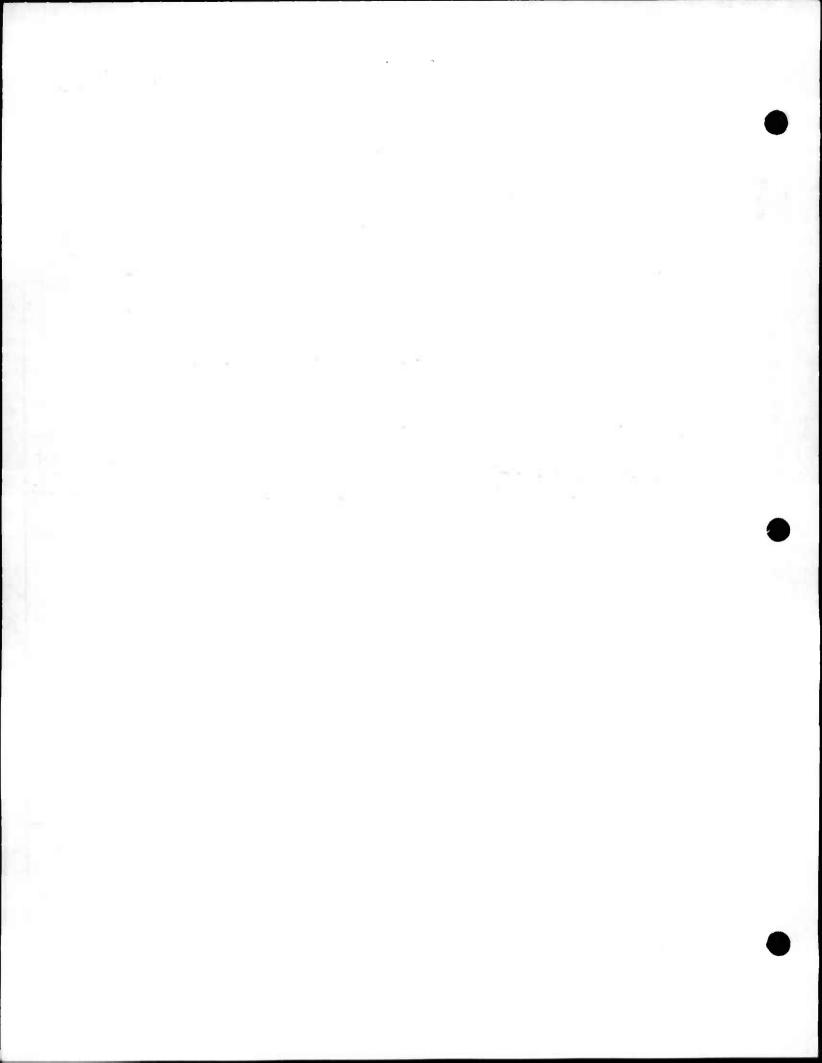
31. DATE FILED (Month, Day, Year)

NOV 1 2 91

32. REGISTRAR'S SIGNATURE
Julia Saindson Rondoll

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	te funeral director, page 5 should be detached for use as the burial-transit permit.
IMPORTANT: it Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	examiner must be notified at once.

	REGISTRAR		CI	ERTIF	CATE O	F DE	ATH	REC	S. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	MICH	EI DDOL	IACVA				2. DATE OF DE	ATM		3. TIME OF DEATH
1	1. DECEDENT'S NAME (First, Middle, Lest) Michael proh	aska	ICL PRUF	IASKA				MONTH	007	91 YEAR	2:00 a
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	JF LINE	ER 24 HRS.	7. DATE OF BIR			PLACE (State or Foreign
	578-09-9876	1 X M 2 - F	85	YRS.	MONTHS DAYS	_		4-14-1	nor)	Gounto	RGINIA
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	1001000	71011 05 05				
Œ	southern MD		Conte				TION OF DE	AIN		OUNTY OF DE	
읝	RESIDENCE OF DECEDENT	nospica.	cente	sr.	Clir	iton			P	rince	e George'
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OR LOC	ATION					10d. INSIDE CITY
ā	MARYLAND CHA	NRLES		W	HITE PL	ATNS					LIMITS?
4	10e. STREET AND NUMBER					10f. ZIP CO			100 (CITIZEN OF W	HAT COUNTRY?
8	RT. 1, BOX 333					206			log. \		HAI COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN ILS. AR	MED	12 1111 0			10.0010110.10		USA	
	1 Never Married 2 X Married	12. WAS DECEDENT FORCES? 1	YES 2	10	If yea,	specify Cu	ban, Mexicer	IC ORIGIN? (Spec	offy Yee or No- etc.)	- 14. RACE Black	- American Indian, Whita, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	IN OR DATES		1 U Y	ES 2 A N	O Specify.	:		Specif	WHITE
입	15. DECEDENT'S EDU	ICATION	16a, DE	CEDENT'S	USUAL OCCUPA	TION		185 KIND	OF BUSINESS/	MOUETRY	MILLE
E	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5 +)	(G	tve kind of w Do NOT use	nork done during	nost of wor	king	TOU. KIND	OF BUSINESS!	INDUSTRY	
7	8TH	College (1-4 of 5+)			SUPERVI	SOP		и с	W./ US	COVE	NMCNT
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		LULL	111.	JOI LIVE						KNMENT
	CHARLES THOMAS PR	UNSKA						E (First, Middle, I		,	
BE	19a. INFORMANT'S NAME (Type/Print)	MINIMA				M	AKY V	ICTORIA	MUREC	K	
임								oute Number, City			
	DOLLIE A. PROHASK			RT.	L, BOX	<u>333,</u>	WHIT	E PLAIN	S, MAR	YLAND	20695
	20g. METHOD OF DISPOSITION 1 Disposition 3 Rem	ioval from State	20b. PLACE	NODATEO	F DISPOSITION (Name of		DATE 2	Oc. LOCATION	- City or Tox	ro. State
	4 Donation 5 Other (Specify)		WASHT	NGTON	NATIO	NAL (EMETE	RY 11-1	LO. SU	ITLAND	, MARYLAND
	21. SIGNATURE OF TUNERAL SBRVIDE	COEL P			22. NAME	AND ADDR	ESS OF FAC	TUE U	UNITE E	IMEDAL	HOME, INC
	MICHAEL K. B	LANKENSHI	D MOOO	67	D O	DOV	156	INE II	UNII F	UNEKAL	HUME, INC.
					P.U.	BUX	150.	, WALDUK	r, MAK	YLAND	20604-015
	23. PART i. Enter the diseeses, or shock, or heart failure.	List only one ceus	e on each line	8th. Do no	ot enter the n	ode of d	ying, such	ss cardisc or	respiratory	errest.	Approximate Interval Between
	IMMEDIATE CAUSE (Final	7	1.				1	^			Onset and Deat
	disease or condition resulting in death)	8.	roba	ge,	2-1	-	1/2	ess			
	0	DUE TO (OR AS A CONSEC	NENCE OF	k		Λ Ι				
Z	Commentation that are any services	b. A	cullo	1	2000	2	da	(/-	- of 11	6	4
CERTIFICATION	Sequentially fist conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	UENCE OF	:/	affic Copper	V.V.	1	- Jun	aya	1
S	CAUSE (Disease or Injury	C.		6							
드	that initieted events	DUE TO (OR AS A CONSEC	UENCE OF):						
E	resulting in desth) LAST	4									1
		•									+
EDICAL	PART II. Other significant condition	s contributing to c	leath but not re	esuiting in	the underlyl	ng cause	given in P		AS AN AUTOPS		WERE AUTOPSY FINDINGS
8	_ laner	1 03/0	stelm	-	- c	OFA	9		ES 2 NO	1 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	- 13,000 C	Wante	1		211	,		_	C3 2 NO		OF DEATH?
		7		10	/ N			_			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28.1	N ACE OF	DEATH (Chec	16 14 1			
S	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:						
¥	27. MANNER OF DEATH	1 Inpetient 2 I						Other (Specif			
	1 Natural 5 Pending	(Month, Day		28b. TIME INJU	RY W	JURY AT	1	28d. DESCRIBE	OW INJURY O	CCURED	
BY	2 Accident Investigation					YES 2	□ NO				
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF building, at	INJURY — At hor c. (Specify)	ne, farm, st	reet, fectory, off	ce		281. LOCATION (S City or Town,	Street and Numb	per or Rural Ro	ute Number,
E	Tomoto Comming							, , , , , , , , , , , , , , , , , , , ,			
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, des	th occurred	at the time, dat	a and plac	a and due to	n the cause(s) as	Madion		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beels of exa	mination and/or in	veatigation	, in my opinion	desth per	ared at the st	me date and nie	co. and due to	the assectation	
\times 1				-					ce, and dua to	THE CHUSO(A)	erru manner ae stated.
	29b. SIGNATURE AND TITLE OF CONTINUE										
BE (296. SIGNATURE AND TITLE OF CERTIFIER					29c. LIC	ENSE NUME	BER	29d. D	ATE SIGNED (Month, Day, Year)
BE	K Mgan)			29c. LIC	25	G Y	29d. Di	ATE SIGNED (Month, Day, Year)
	296. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WHI		OF DEATH (ITEM	27) (Type, F	Print)	29c. LIC	25	G Y	29d. D.	ATE SIGNED (Month, Day, Year)



68760, BALTIMORE, MARYLAND 21215-0020	xecuted within 24 hours after death. Page 6 may be retained by the hospital or attendin and completely filled in by the funeral director, page 5 should be detached for use as the burdal completely.	bound, crematout, or removal. satic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriak-tribe filled within 79 hours after death with the Gran Board of Abardal Husiana prior to buriak removaling to physician and completely filled in by the funeral director, page 5 should be detached for use as the buriak-tribe death with the Gran Board of Abardal Husiana prior to buriak removal.	be incomming those are been with the State beyt, or result and welled those prior to broke, the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

bunal-transit permit. Pages 1, 2,

physician.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
WILLIAM T	ODD	PAULUS			MONTH	DAY	YEAR	0
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR			199.		P. M
	. 63		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTN Country	PLACE (State or Foreign
216-92-6186	1 I T	2 YRS.			Jan.6,1	979	Ma:	ryland
Se. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATN	9c. COL	INTY OF D	EATN
2238 Mulherry	Hill Roa	۵ ا	Anna	polis		An	a	rundel
2238 Mulberry		.(1	4411110	POLIS		Tr.III	16 W	runder
10a. STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY
Maryland Ann	e Arundel	Α.	nnapol	io				LIMITS?
10e. STREET AND NUMBER	The state of the s			I. ZIP CODE		10a C17	TIZEN OF W	HAT COUNTRY?
2238 Mulberry	Hall book					log. Cri		
11. MARITAL STATUS				21401				S.A
1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DEC	ENDENT OF NISPAN ecify Cuban, Maxica	IC ORIGIN? (Specify	Yes or No-	14. RACE	— American Indian, , White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES		2 NO Specify		,	Specif	
							Whi	ite
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION	ON set of working	16b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	at or working				
7		Sti	ident					
17. FATNER'S NAME (First, Middle, Lest)				18. MOTHED'S NA	ME (First, Middle, Mail	dan Current		
William Jay P	2117119							
19a. INFORMANT'S NAME (Type/Print)	aurus				ed C. M			
				nd Number or Rural F				21401
Mildred Gray		2238 N	ulber	ry Hill	Road.	Annap	olis	MD
20a. METNOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Remo	7.400.20	20b. PLACE AND DATE OF	DISPOSITION /Na			LOCATION -	-	
4 Donation 5 Other (Specify)	oval from Stata	cemetery, crematory or other etropolit	er place)		07/5	A 7		TY A
21. SIGNATURE OF FUNERAL SERVICE NO	ENSEE	eriopoiti	22 NAME AN	D ADDRESS OF FAC	TT/21	итеха	nari	a, VA
111	4.1		Tavlo	or Fune	ral Cha	nel		21401
Muchal X.	New Tu			louces				
23. PART I. Enter the dieeesea, or o	omplications that ceur	sed the deeth. Do no	t enter the mo	de of dylan aval	ter bt.	A IIII d	POTI	
shock, or heert fellure.	Liet only one ceuee or	eech line.	Contor the mo	de or dying, add	as cerdiac or re	spiratory ar	reat,	Approximate intervel Between
IMMEDIATE CAUSE (Final	1	4 >	_					Onset and Death
diseese or condition reaulting in death)	DUE TO (OR A) DUE TO (OR A)	tation (LUTTU	en- Do	IN CAM	a		15 mm
	DUE TO (OR A	S A CONSEQUENCE OF):		1-100	00000			1,57.10
	E 11711	an 100	6	a. 11	1-00	,		12 Vrc
Sequentially liet conditions, if any, leeding to immediate	DUE TO (OR A	SA CONSEQUENCE OF):		8	-0000			7/2
cause. Enter UNDERLYING								j
CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):						
reaulting in death) LAST	, , , , , , , , , , , , , , , , , , , ,							
	1							
PART II. Other eignificent condition	s contributing to deeth	but not resulting in	the underlying	s course gives in i	Seed I Gas was	AN AUTOPSY		
		. wat not resulting its	me underlying	ceuse given in	PERI	ORMED?	- 0	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 🗆 YES	2 NO		CDMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
					_			
25. WAS CASE REFERRED TO MEDICAL			26 01	ACE OF DEATH CO.				
EXAMINER?	HOSPITAL:	10	OTHER:	ACE OF DEATH (Che	uk only one)			
1 TYES 2 THE	T / I Innettent 2 CD/O.			e 5 Residence	Other (Specify)			
1 TYES 2 NO						AL 101 H 101 10	CHACD	
27. MANNER OF DEATN	28a. DATE OF INJUR (Month, Day, Year				28d. DESCRIBE HO	M INJUNY OC	COMED	
27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJUR		TY WO		28d. DEŞCRIBE HO	W INJUNY OC	COMED	
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	r) INJUF	M 1 V	RK? 'ES 2 NO	281. LOCATION (Stre	et and Number		oute Number
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	r) INJUF	M 1 V	RK? 'ES 2 NO	28d. DESCRIBE HO 28t. LOCATION (Stree City or Town, Ste	et and Number		oute Number,
27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datarmined	28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU- building, atc. (S)	r) INJUF	M 1 1 v	RK? /ES 2 NO	26t. LOCATION (Stree City or Town, Sta	et and Number ate)	or Rural Ro	oute Number,
27. MANNER OF DEATN 1	28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU- building, atc. (S)	RY — At home, ferm, stropecify) owledge, death occurred	WO 1 V	RK? (ES 2 NO	261. LOCATION (Streetly or Town, State of the cause(a) and re-	et and Number ate)	or Rural Ro	
27. MANNER OF DEATN 1	28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU- building, atc. (S)	RY — At home, ferm, stropecify) owledge, death occurred	WO 1 V	RK? (ES 2 NO	261. LOCATION (Streetly or Town, State of the cause(a) and re-	et and Number ate)	or Rural Ro	
27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, atc. (S) CIAN: To the best of my knothing	RY — At home, ferm, stropecify) owledge, death occurred	WO 1 V	PRES 2 NO	28t. LOCATION (Street, City or Town, St.	et and Number ite) nanner as stat and dua to th	or Rural Ro	and manner as stated.
27. MANNER OF DEATN 1	28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, atc. (S) CIAN: To the best of my knothing	RY — At home, ferm, stropecify) owledge, death occurred	WO 1 V	RK? (ES 2 NO	28t. LOCATION (Street, City or Town, St.	et and Number ite) nanner as stat and dua to th	or Rural Ro	
27. MANNER OF DEATN 1	28a. DATE OF INJUR (Month, Day, Year Month, Day, Year 28a. PLACE OF INJUR building, atc. (S)	(f) INJUF	M 1 V V V V V V V V V V V V V V V V V V	PRES 2 NO	28t. LOCATION (Street, City or Town, St.	et and Number ite) nanner as stat and dua to th	or Rural Ro	and manner as stated.
27. MANNER OF DEATN 1	28a. DATE OF INJUR (Month, Day, Year Month, Day, Year 28a. PLACE OF INJUR building, atc. (S)	RY — At home, ferm, stropecify) owledge, death occurred	M 1 V V V V V V V V V V V V V V V V V V	end place, and due to the following the second at the second 29c. LICENSE NUM	281. LOCATION (Street, Street,	nanner as state and due to the 29d. DAT	or Rural Ro	and manner as stated. Month, Day, Year)
27. MANNER OF DEATN 1 Natural	28a. DATE OF INJUR (Month, Day, Year Month, Day, Year 28a. PLACE OF INJUR building, atc. (S)	(f) INJUF	M 1 V V V V V V V V V V V V V V V V V V	end place, and due to the following the second at the second 29c. LICENSE NUM	281. LOCATION (Street, Street,	nanner as state and due to the 29d. DAT	or Rural Ro	and manner as stated. Month, Day, Year)
27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE! 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	28a. DATE OF INJUR (Month, Day, Year Month, Day, Year 28a. PLACE OF INJUR building, atc. (S) CIAN: To the best of my known of the basis of axaminate of the basis of the basis of axaminate of the basis of the basi	INJURY — At home, farm, stripecity) owledge, death occurred tion and/or investigation, DEATH (ITEM 27) (Type, Programme) Construint	M 1 V V V V V V V V V V V V V V V V V V	end place, and due to the following the second at the second 29c. LICENSE NUM	281. LOCATION (Street, Street,	nanner as state and due to the 29d. DAT	or Rural Ro	and manner as stated.
27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be datarmined 29a. CERTIFIER (Check only 2 MEDICAL EXAMINE) 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	28a. DATE OF INJUR (Month, Day, Year Month, Day, Year 28a. PLACE OF INJUR building, atc. (S) CIAN: To the best of my known of the basis of axaminate of the basis of the basis of axaminate of the basis of the basi	IRY — At home, farm, stripecity) owledge, death occurred that and/or investigation, DEATH (ITEM 27) (Type, Pr.)	M 1 V V V V V V V V V V V V V V V V V V	end place, and due to the following the second at the second 29c. LICENSE NUM	281. LOCATION (Street, Street,	nanner as state and due to the	or Rural Ro	and manner as stated. Month, Day, Year)

= x x 9

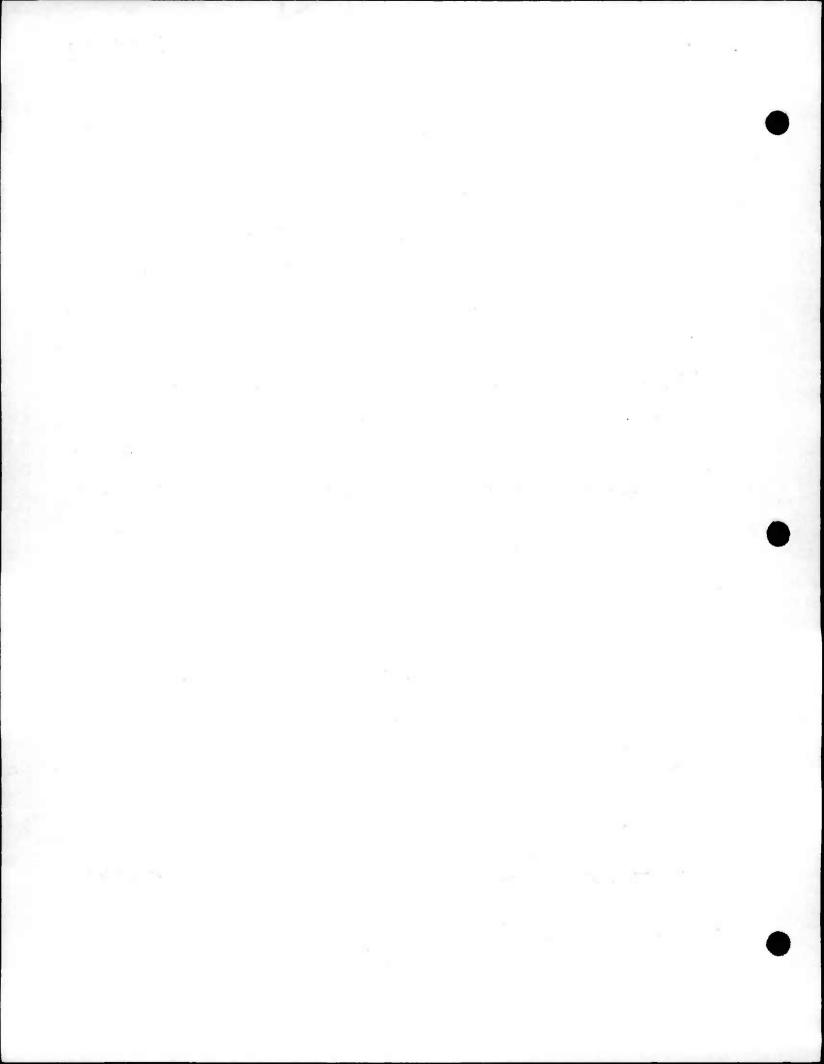
	sages	- 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5 fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Pages is the burial-transit permit Pagiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
h. Pag	eral dir	niner
deat	e fun	exal
after	by th	dical
riours	ed in	med
F2 UF	ely fill	the,
d with	mplet, cren	even
xecute	and co	atic
be ea	ician i	raum
tificate	phys ene pr	her
th cer	ending I Hygi	0 10
e dear	the att	jun,
that th	d by	ny in
uires	signe	WE 3
w req	pt. of	3 sho
The la	ate De	em 2
CIAN:	ertifica	07
PHYSI	with 1	rked,
DING	After	ВШ
TEN	after after	28 1
L OR ATTENO	Mours	Hem
PITAL	ERAL in 72	五二
E HO	E FUN	RTAN
10 11	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPO

31. DATE FILED (Month, Day,

1 19**9**1

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR	STATE OF MARY						
1. DECEDENT'S NAME (First, Middle, Lest) Charles	Wesley	PACHILIS			MONTH	DAM	year 3. TIME OF DEATH 1050 A M
4. SOCIAL SECURITY NUMBER 219-22-9825	1 2 M 2 □ F 6	3 YRS. MO	HTHS DAYS		June 18	, 1928	s. BIRTHPLACE (State or Foreign Country) Pennsylvania
	and a second of				ATH		Garrett
RESIDENCE OF DECEDENT							10d. INSIDE CITY
MD	Garrett	Kitz		HIDSE.	(13)		1 YES 2 NO
			101.				EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO	If yes, spec	NDENT OF NISPAN	n, Puerto Ricen,	cify Yas or No- 1	14. RACE — American Indien, Black, White, etc. Specity: White
		(Give kind of work	done durina mos	N t of working	18b. KIND	OF BUSINESS/INDU	
Elementary/Secondery (0-12) 7th	College (1-4 or 5+)	3.40					
John	Pachili			Elizab	eth	Ethel	(Unknown)
							^{Code)} 21538
20e. METNOD OF DISPOSITION	20	IL PLACE OF DISPOSITION	ON /Name of cem-			20c. LOCATION — C	
4 Donetion 8 Other (Specify)		Oakland Ce				Oakland	, Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	Comple A		Stew	art Fund	eral Ho		MD 21550
shock, or heart fellure.			antar tha mod	la of dying, auci	h aa cardlac d	or reapiratory arre	at, Approximate interval Batwaan Onset and Daeth
disease or condition resulting in death)							Days
	Loual						Days
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):	-				Days
CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in death) LAST	a theu	monia					Days
		/ /-		cause given in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		L
1 TYES 2 NO	HOSPITAL: Inpatient 2 - ER/Ou			5 🗆 Residence	8 Other (Spe	city)	
Netural 5 Pending			Y WOF	RK?	28d. DESCRIB	E HOW INJURY OCC	URED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, stre lecify)	et, factory, office	4			or Rural Route Number,
cond.	ER: On the best of my kno						d. cause(e) end menner as stated.
(Check only	ER: On the Pasie of examinat				time, date end (place, end due to the	
The same of the sa	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Charles 4. SOCIAL SECURITY NUMBER 2 19-22-9825 9- FACILITY NAME (If not institution, give is Garrett County Me RESIDENCE OF DECEDENT 10- STATE 10- COUNT MD 10- STREET AND NUMBER P.O. BOX 705 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondery (0-12) 7 th 17. FATNER'S NAME (First, Middle, Last) JOhn 19- INFORMANT'S NAME (Type/Print) Delores Rites 20- METNOD OF OISPOSITION 1 X Buriel 2 Cremetion 3 Rem 4 Donetion 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI MEDIATE CAUSE (Final diseases or condition resulting in death) Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 19 Notural 5 Pending investigation 19 Notural	1. DECEDENT'S NAME (First, Middle, Leat) Charles Wesley 4. SOCIAL SECURITY NUMBER 2 19-22-9825 9e. FACILITY NAME (if not institution, give street and number) Garrett County Memorial Hospi Garrett County Memorial Hospi Garrett County Memorial Hospi Garrett County Memorial Hospi Garrett Ounty Memorial Hospi Garrett Ounty Memorial Hospi Garrett Ounty Memorial Hospi Garrett Ounty Memorial Hospi Garrett 10e. STATE 10b. COUNTY MD Garrett 110e. STATE 10b. COUNTY MD Garrett 110e. STREET AND NUMBER P. O. Box 705 11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 To Yes IF YES, GIVE WAR OR	1. DECEDENT'S NAME (First, Middle, Leat) Charles Wesley PACHILIS 4. SOCIAL SECURITY NUMBER 5. SEX 2. 19-22-9825 1	1. DECEDENT'S NAME (Pirst, Mickide, Last) Charles Wesley PACHILIS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs, last birthday) F MODER LYZAR 219-22-9825 1	STATE REGISTRAR CENTIFICATE OF DEATH Deceded the state of the state	1. STATE REGISTRAR CRIST, Mindelle, Leat) Charles Wesley PACHILIS 4. SOCIAL SECURITY NUMBER 5. SEX 6. ADE on you. and portuday. 19219-22-9825 1 1 2 M 2 F 63	1. DECORN'S NAME (*Pist, Modes, Last) Charles Wesley PACHILIS Charles Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Wesley Charles Wesley, Pachilis Wesley, Pa



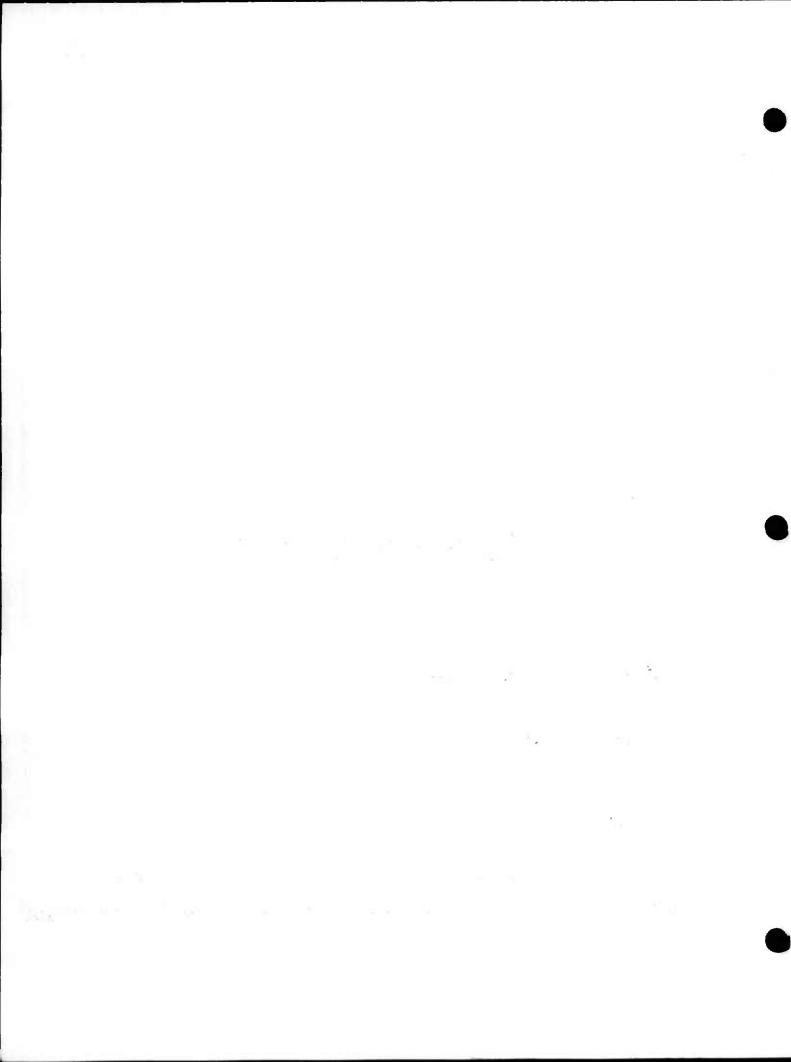
_	1 - STATE REGISTRAR	STATE OF M	ARYLANI	D / DEPAR CERTIF	ICATE	OF HE	ALTH AN DEATH	ID MENT		IENE . NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			OBEDM	CONT				TE OF DEA	TH DAY	YEAR	3. TIME OF DEATH
	JOHNNIE 4. SOCIAL SECURITY NUMBER	VERNON 5. sex		ROBERT					vembe		91	1:30 a W
		1 Q M 2 G F		s. last birthday) YRS.	MONTHS 1		HOURS ME	/9.4	TE OF BIRT		8. BIRTH Country	PLACE (State or Foreign y)
	240-56-9963 9e. FACILITY NAME (If not Institution, give	Α .	57_	rns.	01 O/T/				2-17-		N.C	
RO			ra1			anhai	LOCATION O	F DEATH			NTY OF D	
стов	Doctors Commun RESIDENCE OF DECEDENT 10a, STATE 10b, COUN		Lai							TELLI	ice c	George's
DIRE				_	Y, TOWN OF							10d. INSIDE CITY LIMITS?
	MD P.G 100. STREET AND NUMBER				rgo,	-	2077	2		10c CITI	ZEN OF W	1 NO
FUNERAL	10055 Campus Wa	337					20772					MAI COONTHY?
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	. ARMED	13. W	AS DECEN	NDENT OF HIS	SPANIC ORI	GIN? (Speci	ty Yes or No	14, RACE	- American Indian,
BY F	1 Selected 1 Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA			"	yes, spec	Ify Cuban, Ma	exican, Puari	lo Rican, et	2.)	Specia	White, etc.
ED	15. DECEDENT'S EDI	JCATION	100	. DECEDENT'S	LIBUAL OCC	O IBATION		_		1		
13	(Specify only highest grad	completed) College (1-4 or 5+)		(Give kind of life. Do NOT u.	work done du			,	86. KIND O	F BUSINESS/INC	USTRY	
립	12th	conege (I-4 dr 3+)		INTEN	PLOYE	T)			N/A			
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	S NAME (Firs		aiden Surname)		
BE (James W. Robert	son					Agath	na Ma	angum			
5	19a. INFORMANT'S NAME (Type/Print)									r Town, State, Zip	Code)	
	Delores R. Kirk			10055	Camp	ous V	Way, I	argo	Md	20772		
	20a. METHOD OF DISPOSITION 1	noval from State		ce and date of control of the contro			e of	1		c. LOCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	JOakw	1000a Ce			ADDRESS OF		L-9	Salisbu	ry,	N.C.
	Samlery	C BSI	MA	0								UNERAL HOME
										dover M		785
	23. PART I. Enter the diseases, pr abock, or heart failure.	List Dnly Dne caus	e on each i	ilna.	not enter t	he mode	of dying,	auch aa ci	rdiac or i	espiratory arr	est,	Approximata Interval Betwaan
	IMMEDIATE CAUSE (Final disease or condition	Cara	1,001	ulm.								Onset and Death
	reaulting in death)	a. Cara	OR AS A CON	ISEQUENCE OF	F):	y	ar	resi				
Z	Commentally the comments	b										
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CON	SEQUENCE OF	F):							
IC.	CAUSE (Disease or Injury	C. DUE TO (C	ND 46 4 COM	OFFICE OF								
RTIF	that initiated events resulting in death) LAST	DOE 10 (C	OH AS A CON	ISEOUENCE O	F):							
CE		d										
DICAL	PART II. Other algnificant condition	na contributing to d	eath but no	ot reaulting	n the und	erlying o	ause given	in Part I.		S AN AUTOPSY RFORMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă	Renal 1	nsuffi	au	ney					1.00	S 2 NO		COMPLETION OF CAUSE OF DEATH?
. ME		00										1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER?	HOSPITAL:			OTHER:		E OF DEATH					
PHY	27. MANNER OF DEATH	1 V Inpatient 2 - 8		28b, TIM		esc. INJUR	5 Realden			OW INJURY OCC	11050	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)		URY M	WORK	7 D NO	200. 0	ESCHIBE N	OW INJUNY OCC	UHED	
DB	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF building, at	INJURY - At	home, farm, s	treet, factor			281. LC	CATION (SI	reet and Number	or Rural Ro	oute Number,
ETE	4 Nomicide determined		ic. (Specify)					Cit	ly or Town, S	State)		
ᆲ	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge,	death occurre	d at the tim	e, data an	d place, and	due to the c	ause(a) and	manner as state	ıd.	
COM	one) 2 MEDICAL EXAMINE	R: On the basis of exer	mination and/	or investigation	n, in my opi	nion, deat	th occured at	the time, da	te and plac	e, and due to the	cause(a)	and manner as stated.
w II	296. SIGNATURE AND THELE OF CERTIFIE	R					9c. LICENSE			29d, DATE	SIGNED	(Month, Day, Year)
0 8	CX.(SX	ardy	m)						→ /	11-4	1-91
-	30. NAME AND ADDRESS OF PERSON WITH ROCHELLE 5	O COMPLETED CAUSE	OF DEATH (I	TEM 27) (Type,	Print)	1.	14.	1.	,	1		11 6 1 11 1
	Vacience 2	rargi	У	102	14	40	Ke	HYBO	or h	ay #20	02 1	Vitchellyil



0 6 1991

32. REGISTRAR'S SIGNATURE
Guha Davidson-Randelle

Lake Arbor Way #202 Mitchellville



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	5y tt	bed		at o
	ped 1	pine		pe
	etair	She		otifi
•	be r	0e 5		6 7
	nay	. Da		9 22
	9	ector		Ē
	Page	din		Je
	ath.	nera		ami
	er de	he ft	Je.	ex
	afte	3	emon	flea
	JOU.	u p	OF 10	Med
	24	fille.	ion.	the
	Ithin	letely	remai	Ħ,
	ted w	comp	al, C	ev.
	хесп	and	Pud	atle
	be e	lan	07 70	M/M
	ate	hysic	price :	ır tr
	artific	9	Diene	othe
	th Ce	ipue	H	10
	deal	e att	enta	λ.
	the	y th	N Pu	ᆵ
	that	per t	Ith a	any
	uires	Sign	Hea	SMC
	req	been	t. of	sho
	e law	has	Dep	1 23
	N T	cate	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Iten
	ICIAI	ertif	the	ō
	HAS	his (with	Ked
	NG F	fter t	ath	mar
	Q	R: A	er de	8
	ATTE	000	s afti	28
	98	DIRE	hours	tem
	TAL	AL	2	
	OSP	UNE	ithin	
	H H	년 분	w pa	E
	5	10	JE 90	M
	-	-	D	-1

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
91-6409-033 FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	Rene .	М.	Roman			10 30		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		
	264-58-8465	1√2 M 2 □ F	51 YRS.	MONTHS DAYS	HOURS MIN.	Sep 13 19	40	ountry) Cuba
~	9a. FACILITY NAME (If not institution, give :	street end number)		9b. CITY, TOWN C	OR LOCATION OF O	EATN	9c. COUNTY O	F DEATH
FUNERAL DIRECTOR	8409 Belle Vis			Ft. Wa	shingt	o n	Princ	e Georges
2	10e. STATE 10b. COUNT			, TOWN OR LOCAT				10d. INSIDE CITY
רם	Maryland Prin	ce Georges	F	ort Was	hington			1 YES 2 NO
IERA	8409 Bella Vist	a Terr.		101	20744		U.S.	OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF NISPAI	NC ORIGIN? (Specify Yes		ACE — American Indian, Black, White, etc.
В	1 Never Merried 2 Neverted 3 Widowed 4 Divorced	FORCES? 1 YES	DATES	1 X YES	2 NO Specifi	n, Puerto Ricen, atc.) Cuban	S	Specify: Cauc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEOENT'S ((Give kind of w	ork done during mo	ON st of working	18b. KIND OF BUS	SINESS/INDUSTR	ny .
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)		On in the 1	77 - 4 -	n n
№	17. FATNER'S NAME (First, Middle, Last)		L Policem	an	18 MOTHER'S NA	Capito1		P.D.
BE C	Rene M. Roman Sr					d Torres-	,	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street a		Poute Number, City or Town)
۴	Sharon A. Roman		8409	Bella V	ista Ter	r. Ft. Was	hington	,MD 20744
	20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State 20	b. PLACE AND DATE O	F DISPOSITION (Na	me of	OATE 20c. LO	CATION — City of	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE /	Resurrec	tion C	emetery	11/4 Cli	nton, M	lary1and
	Aut.		7			Funeral H	ome	
_	Maano	Tend 1	2	9013	Annapo1	is Rd. La	nham, M	D 20706
	IMMEDIATE CAUSE (Finel	e. WLTPL DUE TO (OR AS	eech line.				ratory arreet,	Approximata interval Between Onset and Death
		DUE TO (OR AS	A CONSEQUENCE OF					
CERTIFICATION	Sequantieily list conditions, if sny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:				
CA	csuse. Enter UNDERLYING CAUSE (Disease or injury	с						
H	thet initieted events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	:				
E I		d						
7	PART ii. Other eignificent condition	e contributing to deeth	but not resulting in	the underlying	ceuse given in	Part i, 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC							U NO	OF DEATH?
ä								. 20120 1 0 110
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (Chi	ick only one)		-
S	1X YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER: 4 🗀 Nursing Home	5 XReeldence	6 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU			28d. DESCRIBE HOW IN	JURY OCCURED	
B	1 Natural 5 Pending 2 Accident Investigation	10 30 19	91 9:57	PM IDY	ES 2 NO	Subject :	Shot	
	3 Suicide 8 Could not be 4 Nomicide dstermined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, farm, ste city)	reet, factory, office		281, LOCATION (Street at City or Town, State)	nd Number or Run	al Route Number,
E		inside	dwellin	Q			e Vist	a Terrace
립	29e. CERTIFIER (Check only one)	CIAN: To the best of my know	viedge, daath occurred	at the time, date	end place, end due	to the cause(s) end mend	ner ee stated.	
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of examination	on end/or investigation	, in my opinion, de	sth occured at the	lime, date end piece, end	due to the caus	e(e) end menner es stated.
BE	201 IIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER	29d. DATE SIGN	IED (Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON	W M	2		O.C.M.F		10 3	31 1991
	30. NAME AND AGORESS OF PERSON WHO							
	Margarita A. Ko 31. DATE FILED (Month, Day, Year)	rell. Md.	III Pen	n Stre	et. Bal	timore M	arylar	nd 21201
	NOV 0 6 1991	32. REGISTRAR'S SIGN	son-Randall					
- 16	V V 1	1/1						



Force our manager School in 1992, in the Fed di-

	١
	,
760,	
BOX 68760	
8	
9	
\times	
0	
$\mathbf{\alpha}$	
P.0	
۵	
10	
Ö	
~	
\overline{c}	
Ö	
RECORDS,	
α	
⋖	
>	
L	
0	
7	
\overline{C}	
DIVISIO	
S	
2	

B

BE COMPLETED

9

TO THE HOSPITAL OR ATTENDING PHYSICIAM: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	
TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the buriat-mark?	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

31. DATE FILED (Mapth, Day, Year)

									J. 1	J	10	44
	1 - STATE REGISTRAR	STATE OF			RTMENT				MENTAL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	garet Gi							11	11	91	2:20 P
	215-01-0373	1 □ M 2 1 F	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 23	.190	Coun	
TOR	9a. FACILITY NAME (If not institution, give : Carroll Courses of Decement		. Hosp				inst		ATH	9c. COL	NTY OF	
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN C							10d. INSIDE CITY LIMITS?
1	Md (arroll			Ham		ead ZIP CODI				_	1 TES 2 NO
FUNERAL	1422 No.3 BI						210	074				WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Never Married 4 Divorced	FORCES?	IT EVER IN U.S. AR	RMED NO	1 '	f yes, spe	ENDENT O	n, Mexica	IC ORtGIN? (Specify 1 7, Puarto Rican, etc.)	lea or No-	14. RAC Blac Spec	E — American Indian, ck, Whita, atc. city: White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DE	CEDENT'S	USUAL OC	CUPATIO	N of wests		16b. KIND OF B	USINESS/IN	OUSTRY	WILLDE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done of se retired.)		st or worsen	rg	В	ank		
ŏ	17. FATHER'S NAME (First, Middle, Last)		2.0		2000		18. MOTH	IER'S NAI	ME (First, Middle, Maide	n Sumame)		
BE (Edward A	braham	Cullin	gs				Vio	la May	Hare		
0	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	loute Number, City or To	wn, State, Zij	o Code)	-
F	Vernon L. Red	lding, S	sr.	2122	2 Wa	1sh	Dr.	. We	stminst	er, 1	Md.	21157
	20a METHOD OF OISPOSITION 1 Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	ovat from State	20b. PLACE / cemetery, cre	matan, as a	thee sleepl			rk 1		OCATION -		own, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	llad	_		22.1 E	ckh	ardt	Fu Fu	neral C	hape:	1	21102
	23. PART i. Enter the diseases, or a shock or haert fellure.	complications the	t ceused the de	ath. Do r	not entar	the mod	de of dyl	ng, auch	as cerdiac or rea	Manc plratory ar	nest reat,	Approximete Intervel Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. Chron	vie Ob	stru	chue.	+	Puln	none	u Disec	ree.		Onset and Deat
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Cong	(OR AS A CONSEC	DUENCE OF	F): cut F):	fo	ùlv.	re	y Disec			
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
PHYSICIAN: MEDICAL (PART II. Other significant condition	a contributing to	deeth but not re	eaulting	in the un	derlying	ceuse g	lven in i		N AUTOPSY ORMED? 2 NO	248	D. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä												
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:			OTHER		ACE OF DE	EATH (Che	ck only one)			
ΙΥS	1 YES 2 NO	1 Inpatient 2			4 🗆 Nurs	ing Home		aldence (Other (Specify)			
古	27. MANNER OF OEATH	26a. OATE OF (Month, D		26b. TIM	E OF URY	26c. INJU WOF	RY AT		28d. DESCRIBE HOW	INJURY OC	CURED	

1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER:
4 | Nursing Home 5 | Realdence 6 | Other (Specify) 26a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK7 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicida 4 Homicide

29a. CERTIFIER
(Check only one)

2 IMEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

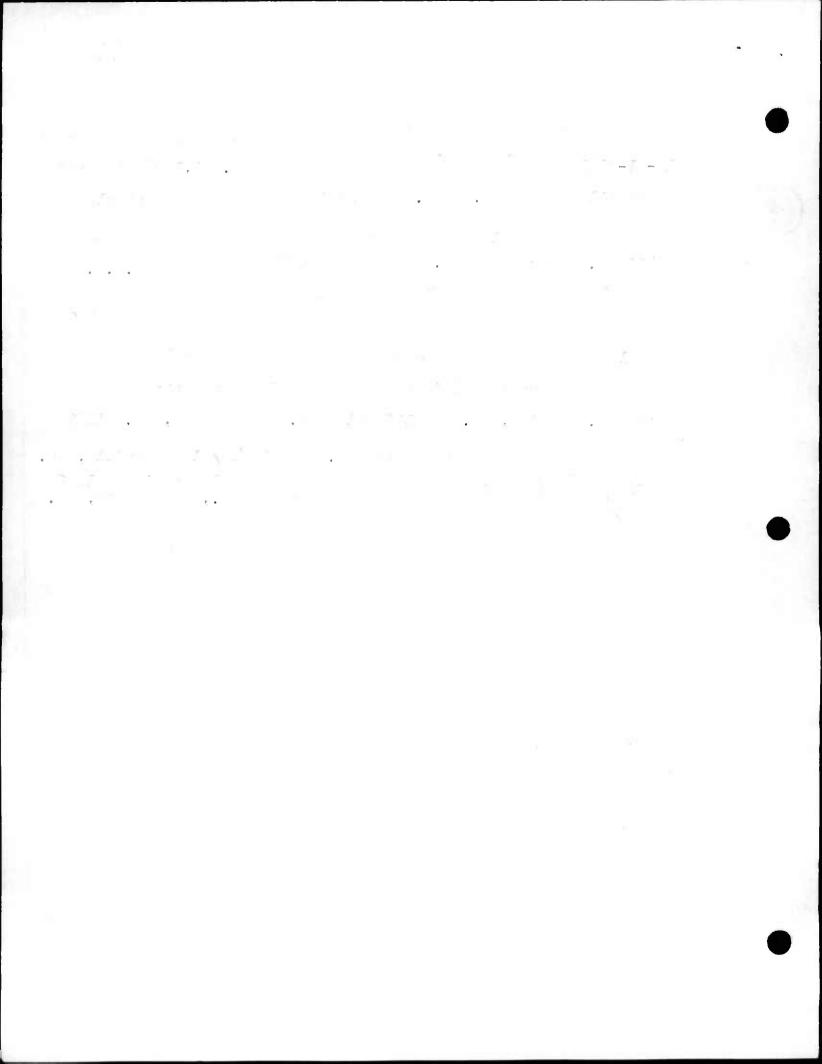
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

040223

MO PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Rebecc 4500 Goedeke

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randala



•	1
	4
	i
	į
	i
	1
	į
Na	7
E	414
7	3
2	
, crematio	4
E	4
CL	-
	4
to buria	4
9	į
10,	and the second facilities of the second position of the second se
D	ì
ene	į
tygie	
-	•
ent	į
Σ	i
and	-
Health and Mental	ě
lea	1
of	3
5	6
a	ċ
tate	or item 22 obour
(1)	1 10
the	3

Ivet

				•		1	91 3	81845
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN	NT OF HEALTH	AND MEN	TAL HYGIENE REG. NO.		
285	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5.	el Rymin	hael Ry	nne	2. D	ATE OF DEATH DAY	Q YEA	3. TIME OF DEATH
		SEX 8. A Selin yrs. las	YRS. MONTH		MIN. (A	ATE OF BIRTH fonth, Day, Year)	10.3	HTHPLACE (State or Foreign
TOR	146 (2-74)	Howard County General Hospit		ty, town on Location	Columbi	a	9c. COUNTY O	
FUNERAL DIRECTOR	Maryland Howard	d	Woodbi					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
VERAL	100. STREET AND NUMBER 1200 Round Gate Co	urt		101. ZIP CODE 2179			U.S.	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 K YES 2 1 IF YES, GIVE WAR OR DATES W.W. II	RMED 1:	3. WAS DECENDENT O If yes, specify Cuba 1 YES 2 NO	n, Mexican, Pue	IGIN? (Specify Yea o rto Rican, etc.)	r No- 14. A	ACE — American Indian, lack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ION 16a. DE (G (G) (G) (Illie (1-4 or 5 +)		e during most of workin	g	18b. KIND OF BUSI	NESS/INDUSTR	Υ
	17. FATHER'S NAME (First, Middle, Last) John Rynne		Selfyemp	18. MOTH	_	Restau:		
TO BE	198. INFORMANT'S NAME (Type/Print) Nora C. Rynne	19		ss (Street and Number d Gate Ct	or Rural Route N			
	20n. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PLACE	AND DATE OF DISPO	OSITION (Name of		DATE 20c. LOCA	TION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENS HARLY HAR	1. With For	22	HARRY H.	WITZKE	FUNERAL	HOME	City, Md. 2164
	23. PART i. Enter the diseases, or com ahock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	acute n	eath. Do not anto	er tha mode of dyli	ng, auch aa d	ardiac or reapira	tory arreat,	Approximate interval Between Onset and Death
ERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	OUENCE OF):					
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions of	ontributing to death but not r	reaulting in the u	underlying cause g	lven in Part i	24s. WAS AN AL PERFORM 1 YES 2	ED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:		OSP!TAL:	ОТНЕ					
ву РНУ	27. MANNER OF DEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d.	ther (Specify) DESCRIBE HOW INJ	URY OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, fa	ctory, office	28f. L	OCATION (Street and lity or Town, State)	Number or Run	el Route Number,
COMPLET		e: To the beat of my knowledge, de in the beals of examination and/or i						e(a) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER WHAT AND ADDRESS OF PERSON WHO CO	ousmo		29c_LICE	NSE NUMBER	09	9d. DATE SIGN	Ph/C

that initisted events resulting in death) LAST	d.	DUENCE OF):				
PART ii. Other significant condition	na contributing to death but not r	eaulting in the u	inderiying cause given in	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck anly or	ne)	
EXAMINER? 1 YES 2 HO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu				
27. MANNER OF DEATH 1	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK?	26d. DES	SCRIBE HOW INJURY OCCU	RED
3 Suicide 6 Could not be	28e. PLACE OF INJURY At hor	me, farm, street, fac	ctory, office	28f. LOC	ATION (Street and Number of	Rural Route Number,

DEATH (ITEM 27) (Type, Print)

011

'91

College and the second

_ 01	
$\overline{}$	
10	
w	
Dec.	
1-	
-	
œ	
4.0	
w.	
_	
~	
-	
c ı	
$\overline{}$	
~~	
-	
,	
_	
()	
$\overline{}$	
•	
ш.	
- 20	
10	
U /	
-	
-	
00	
ш.	
_	
$\overline{}$	
\sim	
\sim	
<u></u>	
Щ	
Ĭ	
REC	
RECORDS, P.O. BOX 68760,	
REC	
L REC	
L REC	
AL REC	
AL RE	
AL REC	
TAL REC	
TAL RE(i
ITAL REC	
ITAL REC	
VITAL REC	
VITAL REC	
VITAL REC	
F VITAL REC	
F VITAL REC	
JE VITAL REC	
OF VITAL REC	
OF VITAL REC	
OF VITAL REC	
OF VITAL REC	
OF VITAL	
OF VITAL	
OF VITAL	
OF VITAL	
OF VITAL	
OF VITAL	
OF VITAL	
OF VITAL	
SION OF VITAL	
SION OF VITAL	
SION OF VITAL	
SION OF VITAL	
SION OF VITAL	
SION OF VITAL	The state of the s
OF VITAL	

	1. DECEDENT'S NAME (FIN	n	B. RO	√ Sa	CERTIF alem G.					2. DATE OF MONTH	DEATH DA	š _ (3	TIME OF DEATH
1	4. SOCIAL SECURITY NUM 209-28-75.	53	5. SEX 1 M 2 D F	6. AGE (In y	yrs. last birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF (Month, D	lay, Year)	W	Country)	ACE (State or Foreign
TOR	Washington	a Adver		pital					on of DEA			9c. COUNT Mon	tgom	
DIRECTOR	Maryland	Howa				TY, TOWN OF		17.7						Dd. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 2984 NOT	R			152	TICOL	101.	ZIP CODE					EN OF WH	YES 2 NO
B	11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Dis	Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W W . W .	YES 2	2 NO		AS DEC	ENDENT O	F HISPANI	C ORIGIN? (5 , Puarto Rica	Specify Yea an, atc.)	or No — 1		American Indian, White, etc.
1111	15. DE (Specify or Elementery/Secondary	CEDENT'S EDU nly highest grad (0-12)	UCATION le completed) College (1-4 or 5 +		Sa. DECEDENT'S (Give kind of the Do NOT us	work done du se retired.)	uring mos		g	18b. Kil	ND OF BUS	INESS/INDU	STRY	MILCO
BE COMPLE	17. FATHER'S NAME (First, Georg	Middle, Last)			Truck	Driv	er			E (First, Midd		Surname)		
2	19a. INFORMANT'S NAME Beulah Roy	,				Norm	and	y Dr	or Rural Ro	ute Number,	City or Town	y, Md.		043
	20a. METHOO OF DISPOSI X Burlal 2 Cremell 4 Donation 5 Other 21. SIGNATURE OF FUNER.	lon 3 🗆 Ran er (Specify)		20b. PL. cemeter GO	ACE AND DATE OF 17, cremetory or o	of DISPOSIT ther place) pherd	Cer	meter		DATE		ation — cit		
-	23. PART I. Enter the capacity or I	diseases, or	complications that	3 Re	na death. Do r	22, N. H. 4	ARR	01d	WITZ	KE FU	NERA	L HOM	cott	210 City,Md
NOI	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi	diseases, or near fallure.	complications that List only one days a. DUE TO	Coused the se on each	na death. Do r	22. N/ H 4. not entar ti	ARRY 112	Y H. Old	WITZ	KE FU mbia as cardisc	NERA	RITH	cott	210 City,Md Approximeta
ENTIFICATION	IMMEDIATE CAUSE (FI disease or condition resulting in death)	diseases, or near failure. Itions, ediata ring ury	complications that List only one days a. DUE TO (COR AS A CO	na death. Do r	22. N. H. 4	ARRY 112	Y H. Old	WITZ Colu	KE FU mbia as cardisc	NERA	RITH	cott	210 City,Md Approximata Interval Betw
MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi if any, leading to immediate. CAUSE (Disease or Inj that initiated events	diseases, or near failure. Itions, ediata ring ury	complications that List only one days a. DUE TO (DUE TO (DUE TO (d.	Cosused the se on each (OR AS A CO)	onsequence of	22. N. H. 4. 105 + 6	ARRY 112 ha moo	Y H. Old da of dyir	WITZ Colu ng, such)	KE FU imbia as cardisc	NERA	, Ellicatory srress	24b. WE AM	210 City, Md Approximate interval Betw Onset and Date of the Conset
MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi if any, leading to immediate. CAUSE (Disease or Inj that initiated events resulting in death) LAS	diseases, or near failure. Inal itions, ediata //ING ury	complications that List only one day. a. Meta DUE TO (b. DUE TO (d	Coused the se on each start (OR AS A CO) (OR AS A CO) death but r	ONSEQUENCE OF	22. N. H. 4. not enter ti (05 to F):	ARR' 112 ha moc	Y H. Old da of dyin cause gi	WITZ Colu ng, such) wiven in Pa	art i. 244	NERAI Pike or respin	, Ellicatory srress	24b. WE AM	210 City, Md Approximata interval Betw Onset and Do Constant Do Approximata
	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Cause Enter UNDERLY CAUSE (Oisease or injusted initiated events resulting in death) LAST PART II. Other signification of the cause o	diseases, or near failure. Inal itions, ediata //ING ury	complications that List only one day. a. Meta DUE TO (DUE TO (DUE TO (d	Cosused the se on each	DINSEQUENCE OF	22, Ni H 4. not entar ti (0 \$ + 0 F): OTHER: 4 Nursin	ARR' 112 ha moc	Cause gl	WITZ Colu ng, such) Wivan in Pa EATH (Check aldenca 8	art i. 244	DNERAI Pike or respire • was an a Perform yes 2	, Ellicatory srress	24b. WE AM	210 City, Md Approximate interval Betwood and D Onset and D Approximate and D Approx
ED BY PRISICIAN: MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condition if any, leading to immediate the cause. Enter UNDERLY CAUSE (Oisease or injusted initiated events resulting in death) LAST PART II. Other signification of the cause of the cau	diseases, or hear failure. Inal titions, ediata fing ury ST ant condition	complications that List only one day a.	Cosused the se on each of the	DINSEQUENCE OF	22, N, H 4, not entar ti (0 \$ + 6 F): F): OTHER: 4 Nursin	ARR' 112 ha moco tel ariying 26. PL/ word word 1 Yi	Cause gl	WITZ Colu ng, such) Wivan in Pa EATH (Check aldenca 8	art i. 244 art i. 244 long one) Other (Sp. 288. Location 188. Location	. WAS AN A PERFORM YES 2	WITOPSY AED? XNO	24b. WE AM CC OF 1	210 City, Md Approximate interval Betwood Onset and D Onset and D ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
MPLETED BY PRISICIAN: MEDICAL	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Last cause. Enter UNDERLY CAUSE (Disease or Injury Intel initiated events resulting in death) Last resulting in death) Last resulting in death) Last resulting in death) Last resulting in death) Last resulting in death) Last resulting in death) Last resulting in death) Last resulting in death (Disease or Injury) 25. WAS CASE REFERRED TEXAMINER? 1	diseases, or hear failure. Interest of the conditions, ediata // ING ury ST Condition of the condition of th	complications that List only one day. a. DUE TO (b. DUE TO (d.	Coursed the se on each	ONSEQUENCE OF DI	22. N. H. 4. not enter ti O S TO F): OTHER: 4 Nursin OTHER: 4 Nursin Market, factory	ARR' 112 ha moc t 26. PL/ vg Home 8c. iNJU WOR 1	Cause gi	WITZ Colu ng, such) Wivan in Pr ATH (Check aldenca 8	Brt I. 244 A conty one) Other (Sp. 28d. DESCRIPTOR To The Califor To The Cause (a. 1).	o. WAS AN A PERFORM YES 2 (Occity) BE HOW IN. On (Street an win, State)	LUTOPSY AED? ANO JURY OCCUR OF Resisted.	24b. WE AM COP 1 (210 City, Md Approximata interval Betw Onset and D Constant D Approximata interval Betw Onset and D Approximata
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death to the condition of	diseases, or hear failure. Interest of the second s	complications that List only one day. a. Meta DUE TO (b. DUE TO (d	Coursed the se on each	DINSEQUENCE OF DINSEQ	22. N. H. 4. not enter ti O S TO F): OTHER: 4 Nursin OTHER: 4 Nursin Market, factory	ARR' 112 ha moc t 26. PL/ vg Home 8c. iNJU WOR 1	Cause gl	WITZ Colu ng, such) Wivan in Pr ATH (Check aldenca 8	art i. 244 art i. 244	e. WAS AN AN PERFORM VES 2 [Secily] BE HOW IN. State) a) and mann place, end	JURY OCCUR	24b. WE AM COP 1 [I]	210 City, Md Approximata interval Betw Onset and D ERE AUTOPSY FINDI ALL ABLE PRIOR TO DEATH? YES 2 NO

Mr. in and Mr.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

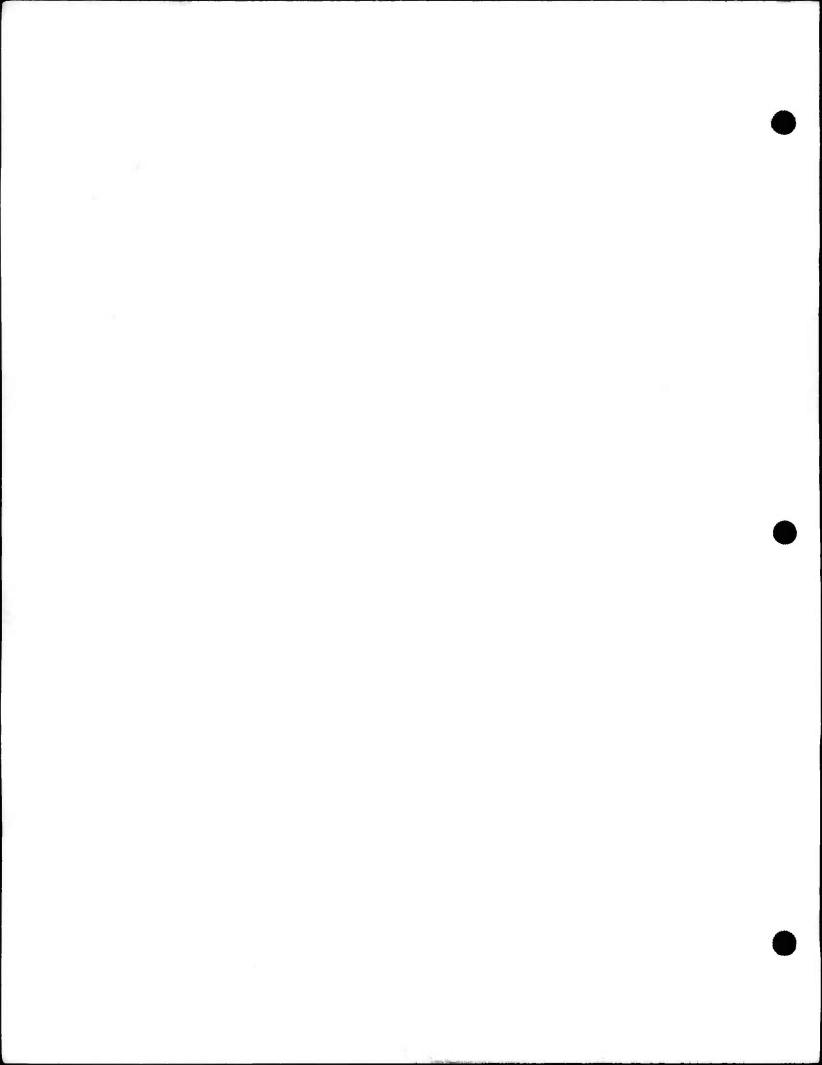
91 31847

			REGISTRAR		CERTIFIC	ATE O	F DEATH	RE	G. NO.		0.0	8
	- [1. DECEDENT'S NAME (First, Middle, Last)		22.7			2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH	
$\mathbf{\mathcal{L}}$		t= 1=1	Azalean Rocc						/2/91	TEAN	1947	M
		779	AZALGAN ROCS			UNDER 1 YEAR		7. DATE OF BI (Month, Day)	RTH Year)	6. BIRTH Country	IPLACE (State or Foreign	
- /	D		213 44 2569	¹□ M 2 □ F x X X 6	5 YRS.	WING CAR	HOUNS MIN.		0/26		Carolina	
(P	1	9a. FACILITY NAME (If not institution, give s	treet and number)	91	L CITY, TOWN	OR LOCATION OF OE	HTA	9c. COL	JNTY OF DI	EATH	
,	9	TOP	Washington Ad	ventist Ho	spital	Takor	na Park.	Mary:	land 1	lont	gomery	
.4.	S80	200	Mostri ond De			OWN OR LOC		-			10d. INSIDE CITY LIMITS?	
	#	D		ince Georg	e A	delph					1 YES 2 NO	
	prysician. burial-transit permit	₹ I	10e. STREET AND NUMBER				10!. ZIP CODE		10g. CIT	IZEN OF W	WHAT COUNTRY?	
	In.	UNER		venue			20783			,		
ဖ	attending priyaician, se as the burial-trai	5	11. MARITAL STATUS 1 Never Married 2 Describe	12. WAS DECEDENT EVER II FORCES? 1 YES	2 XNO		ECENDENT OF HISPAN specify Cuben, Mexical			14, RACE Black	E — American Indien, k, White, etc.	
21203-3146	p de p	À	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 Y	ES 2 NO Specify	•		Speci		
3-3	as the	8	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US			16b. KINC	OF BUSINESS/IN	_	ack	_
5	or a	15 H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during : stired.)	most of working					
	spital led fo	립	Q+h	conege (1-4 of 5 1)	House wi	fe		Dom	estic			
N.	the nospital detached for once.	COMPLE	17. FATHER'S NAME (First, Middle, Last)		THOUSE WI		18. MOTHER'S NA					
5	2	BE C	Elzie Foster				Rosetta	Dawki	ns			
MARYLAND	s retained by the nospital or attention. 5 should be detached for use notified at once.	TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	et and Number or Rural F			ip Code)		
Σ		۲	Elovd Ross		8112	19th	Pl. Ade	elphi	Md. 207	83		
IMORE, I	r, page	ı	20s. METHOD OF DISPOSITION 1X BurigL_2 Cremation 3 Rem	20f	b. PLACE OF DISPOSITI				20c, LOCATION -		wn, State	
Ö 3	rector, present		4 🖾 Definetion 5 🗆 Other (Specify)	N	Maryland N				Laurel	, Mar	yland	
2	e funeral dir funeral dir examiner	ł	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0	22. NAME	AND ADDRESS OF FAC	J.B	.Jenkin	s Fur	neral Home	,
BALTIMORE	ter oearn, rage to may be the funeral director, page yeal,		Summy 6.	Meal	Dr.	7474	Landover	Rd. La	ndover 1	Md 2	20785	
4	5 3 6 B		23. DART I. Enter the diseases, or	complications that cause	d the death. Do not						Approximate	
	3 5 5	f	shock, or Neert feilure.	List only-one cause on e	each line.						Interval Between Onset and De	
	the till	ı	disease or condition	(and)	ac as	VE5					Ina	1
6	executed within 24 in and completely filled o burial, cremation, in matic event, the i	i	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):						1.110	-
13146,	and com burial,	z		Myret	elisive	(au	COURSE	lan	1):50	be	1000	1
	e be executed sician and confident to burian transfer tra	유	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF): CLUSTIVE A CONSEQUENCE OF): LT TS	1 2.	0.11	+ 10			DMAN	1
ВОХ	8 8 9	S	cause. Enter UNDERLYING CAUSE (Disease or injury	a laus.	end 45	nella	- all	rul			O Model	'
	nding phy Hygiene py or other	뛜	that initisted events resulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):							
P.0	E == =	CERTIFICATION	resolving in deadily EAST	d								
Ś	Me he		PART II. Other significant condition	ns contributing to death I	but not resulting in	ths underly	ing cause given in	Part I. 24e.	WAS AN AUTOPSY	24b	. WERE AUTOPSY FINDIN	4GS
2	를 하는 등	EDICAL						10	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS	E
	es ad es							_ ''	1123 2 110		OF DEATH?	
REC	e law requires tr has been signed Dept. of Heaith	Σ						_				
7	PHYSICIAN: The law requirence this certificate has been signified the State Dept. of Hicked, or Item 23 show	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Ch	ack only one)				_
VITAL	NY: The ficate h State I	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		THER:	ome 5 🗆 Residence	8 Other (Spi	ncify)			
1	certiff the the d, or	РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME (INJURY AT	28d. DESCRIE	E HOW INJURY O	CCURED		_
	frer this ceath with marked,	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUN		WORK?					
6	After death		3 Suicide 6 Codid not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, stre	et, factory, o	ffica	281. LOCATION City or Tox	(Street and Numb	er or Rural i	Route Number,	
DIVISION	OR ATTENDING DIRECTOR: After hours after death tem 28 is ma	ETE	4 Homicide determined	, , , , , , , , , , , , , , , , , , , ,	,,,,			Oily or los	vii, Olaloy			
		2	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of my know	wiedge, death occurred	at the time, d	late and place, and due	to the cause(s)	and menner as at	lated.		
	ERAL In 72	COMPL	1	ER: On the basis of examination	on and/or investigation,	in my opinior	n, death occured at the	time, data end	place, and dua to	the cause(a) and menner as state	d.
	THE HOSPITAL OR AT THE FUNERAL DIRECT filed within 72 hours a PORTANT: If Item 2	- 1	29b. SIGNATURE AND TITLE OF CERTIFIE	R) /			29c. ZIÇENSE NUI	ABER	29d. DA	TE SIGNET	D (Month), Day, Year)	
	불분필입	B		/www	1 hop		D-30	921	•	11/0	4/91	
	₽₽2.₹	2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	rint)	1 =	413	1 01	120.	Carina	
	- 1		UKi Ku	IONITID	1104	- 51	wing 5	. #2	01,521	レン	Finza	10
			31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIG	NATURE Wason-Rando	00						
			NOV 0 6 19	y guna No	wason-Norton							

31. DATE FILED (Morith, Day, Year)

NOV 0 6 1991

32. REGISTRAP



	TOO	P	ю	Ě
	24	file.	OI.	he
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	supportant: if here 28 is marked or liets 23 shows any injury or other traumatic event. the me
ó	¥.	nple	CLB	Ven
1	rted	00	la i	9 3
2	Xec	and	2	lati
<	be e	Jan	or to	Вип
5	ate	ysic	Ĕ	1
	tific	d d	ene	the
Ö	9	Dip	Š	1 0
7,	eath	atter	la.	0
ñ	e de	the	Mer	- S
ڎ	##	3	and	-
Ę	#	Dec	€	3
3	Jires	Sign	Hea	3
Ä	red	ееп	ō	cho
-	W.P.	as b	ept.	23
Ŧ	The The	e h	te O	E
	Z	ficat	Sta	=
>	CIA	erti	the	è
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	HS	nis (¥.	pes
7	G P	er ti	the state	חשבו
5	NO	Att	de	8
n	E	8	after	28
>	AA	REC	5	E
5	0	5	ĕ	å
	ITA	RA	22	- 1
	100	UNE	ithi.	LN 8
	H	E F	3	TO
	王	王	file	ADO
	2	2	20	

31. DATE FILED (Month, Day, Year)

NOV 4 1991

NOV

		FOR 1 - STATE REGISTRAR	STATE OF M			TMENT (NTAL HYGIEN REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Last) THEODORE NATHANIE 4. SOCIAL SECURITY NUMBER	EL REEVES						1	DATE OF DEATH DATE OF DATE	199	YEAR	IME OF DEATH
					nst birthday) YRS.	MONTHS C		OURS 2	MIN,	(Month, Day, Year)	1000	8. BIRTHPLAC Country)	E (State or Foreign
-		079 01 1813 9e. FACILITY NAME (If not Institution, give si		84	9b. CITY, TOWN OR LOCATION O				JLY 2, 190		South (Carolina	
-	·	North Arundel Hos				Glen			N OF DEAL	n		Co	
	CTOR	RESIDENCE OF DECEDENT	Sprvar			gren	Dari	116			7121		
Statute of	H	10a. STATE 10b. COUNTY			1114.6	Y, TOWN OR		N .				10d	INSIDE CITY LIMITS?
	۵	MD AAC)		Mil.	lersvi	_						YES 2)(2)(NO
	FUNERAL	10s. STREET AND NUMBER						P CODE				ZEN OF WHAT	COUNTRY?
	NE	1614 Sinclair	Lane 12. WAS DECEDENT	F FWFO IN U.S. A	DATES	I an um	21		· menana	OPIONIO (P 44 - V-		SA	
	- 11	1 Never Married 2 Married	FORCES? 1	YES 2 3		Hy	es, specif	ly Cuban	, Mexican, I	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No-	Black, Wh	
	B	X Widowed 4 □ Divorced	IF YES, GIVE W	AR OR DATES		'') 1E3 2	[]Mo	Specify:			Specify:	Black
		15. DECEDENT'S EDUC (Specify only highest grade		16a. C	ECEDENT'S	USUAL OCC	JPATION ing most o	of working	,	16b. KIND OF BU	SINESS/INC	DUSTRY	
		Elementary/Secondary (0-12)	College (1-4 or 5 +)		work done dur se retired.)			•	047	T		
ej.	COMPL	12		Li	Laborer Steel 1						istry		
at once.	- u	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Melden Surname) Mariah								
	8	William Henry Ree	9b. MAILING	ADDRESS (itmet and			ta Number City or Tow	n State Zir		known)		
notified	2	198. INFORMANT'S NAME (Type/Print) 199. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print)											
t be		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or 20c. LOCATION								CATION —	City or Town,	State	
E		XX Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A DONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								re	Md		
niner		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE)	1 7						YTL			oolis Dd
ехап		Mom is	Hay	eles to	,			_		al Home P	H OD	i Amnaj	polis ka.
other traumatic event, the medical examiner must be		23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line.									rest,	Approximeta	
E		IMMEDIATE CAUSE (Final										Onset and Deeth	
t, the		disease or condition											
even	Ì	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									0 110 -		
natic	NO NO	Sequentially liet conditions, Due TO (OR AS A CONSEQUENCE OF): A **TEN'O Sell ratio Heart Dislage Due TO (OR AS A CONSEQUENCE OF):										4 gravs	
maeu	AT	cause. Enter UNDERLYING										5 years	
her	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST								5 -	4		
or 01	FI												
	T CE	PART II. Other significant condition	as contributing to	deeth but not	resulting	in the unde	erivina c	ause o	iven in Pr	ert I. 24a WBS AN	ALITOPSY	24b WE	RE AUTOPSY FINDINGS
shows any injury,		Sei zure	_				,			PERFO	MED?	AVA	ILABLE PRIOR TO VPLETION OF CAUSE
ws any in	MEDICA	Jergane	ni y a rac	4						1 YES :	XNO		DEATH?
										-		'-] 1E3 2 NO
п 23	AM	25. WAS CASE REFERRED TO MEDICAL					26. PLAC	E OF DE	EATH (Check	only one)			*
or item	PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	g Home	5 🗆 Rei	sidence 8	Other (Specify)			
ed, or	H	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TW	E OF 2	Bc. INJUR WORK		2	8d. DESCRIBE HOW	NJURY OC	CURED	
is marked,	ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 YE	S 2	NO NO				
	ED I	3 Suicide 6 Could not be 4 Homicide determined		F INJURY — At atc. (Specify)	home, farm,	street, factor	y, office		2	est. LOCATION (Street City or Town, State,		r or Rural Route	Number,
Item 28													
It Ite	4	cool only								the cause(a) and me			
	COMPLET	2 MEDICAL EXAMINE		xamination and/o	or investigation	on, in my opi				ne, date and place, a			
MPORTANT:	BE (29b. SIGNATURE AND TITLE OF CERTIFIE	B				2	PC. LICE	NSE NUMB	ER C	29d. DAT	TE SIGNED (Mo	nth, Day, Year)
IMP	2	36 NAME AND ADDRESS OF BERCON WA	10 COMPLETED CAND	RE OF BEATU #	TEM 270 /5-	Delet		L	14	120	/	1-1-	
-		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) TSU-Chun Lin MD. 377-B Gambrills Rd. Gasubrills MD. 21054											
		Tsu-Chun	Lin MD	277-1	Gan	wholl	18.	RI	Gan	live P.	LID	Sin 6-	· (C

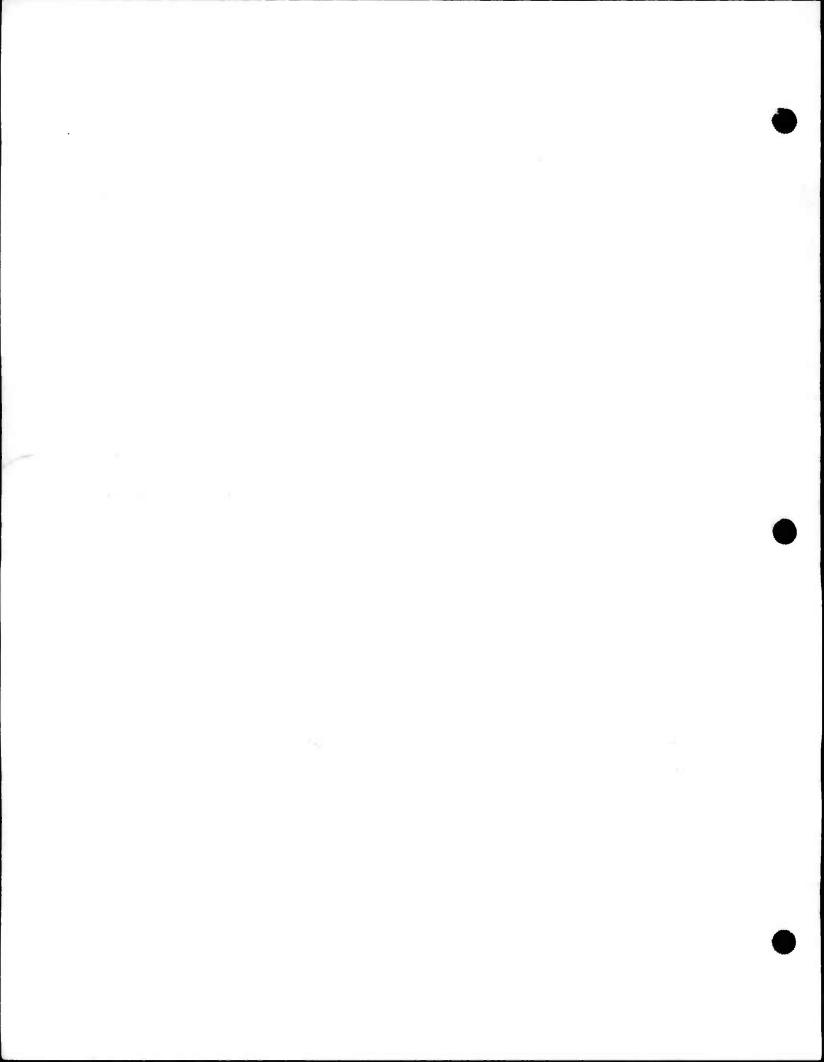
				•
	8			
				•

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, F.	requires that the death	een signed by the atter
LALI	YSICIAN: The law	s certificate has been sig ith the State Dept. of Hea
DIVISION	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	THE FUNERAL DIRECTOR: After this certificate has been signed by the atter lied within 72 hours after death with the State Dept. of Health and Mental lied
	THE HOSPIT	THE FUNERAL INC. 19 1

	1. 0	DECEDENT'S NAME (First, Middle, Last)	SAUNCKERS		CATE OF DEA	2. DATE O	DAY	9/ 3.1	TIME OF DEATH
		SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDE	ER 24 HRS. 7. DATE O			CE (State or Foreign
		085-24-2133	1 XM 2 🗆 F	60 YRS.	MONTHS DAYS HOURS	MIN. (Month, 4-2	Day, Year) 23–1931	New Y	ork
10R		FACILITY NAME (If not institution, give s 3200 Curtis	Dr #104	4	96. CITY, TOWN OR LOCAT		9c. COU	Prin	ce Georg
DIRECTOR		STATE 10b. COUNT Maryland Pri	nce George'		Temple Hill	ls			I. INSIDE CITY LIMITS? YES 2 X NO
ERAL	100	3200 Curtis Dri	ve Apt. 104		10f. ZIP COI	20748	10g. CIT	U.S	
BY FUNER	11	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O 1953— 19	R IN U.S. ARMED ES 2 NO R DATES	13. WAS DECENDENT	OF HISPANIC ORIGIN? oan, Mexican, Puerto R		14. RACE — Black, Wi Specify:	American Indian,
LETED		15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during most of work he retired.)	16b.	KIND OF BUSINESS/IN	DUSTRY	
AP .			3 yrs.	Sten	ographer		Mili	tary_	
E COMP	17,	FATHER'S NAME (First, Middle, Last) Willi	am Jones		18. MO	THER'S NAME (First, M		Saunde	rs
TO B	19a	. INFORMANT'S NAME (Type/Print) Belle Saunders		19b. MAILING 6310	ADDRESS (Street and Numb Maxwell Dr.	er or Rural Route Number Apt. 3	er, City or Town, State, Zi Camp Spri	ngs, M	ld. 20746
an ienu	1 🗆	a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ram Donation / 5 Other (Specify)	noval from Stale	other place)	itan Cremato	*	20c. LOCATION —		Stata Virgini
SAAIIIIIGE		SIGNATURE OF FUNERAL SERVICE LI	GENSEE	1)	22. NAME AND ADDR George F	ess of facility P. Kalas H	Funeral Ho	me	
מפווול ווופ ווופחורפו	1M di:	BEANT Enter the diseases, Dr shock or heart feilure. IMEDIATE CAUSE (Final sease or condition sulting in deeth)	Liet only one ceuse o	n each line.	not enter the mode of desired Dear				Approximete interval Betwee Onset end De
					-014				
TIFICATION	If cs C/ th	equentielly list conditions, eny, leeding to immediate tuse. Enter UNDERLYING AUSE (Disesse or injury at initiated events suiting in deeth) LAST	DUE TO (OR /	AS A CONSEQUENCE OF	F):	Mozako	Durge	2	
CERTIFICATION	If cs C/	eny, leeding to immediate buse. Enter UNDERLYING AUSE (Disesse or injury at initiated events	c	AS A CONSEQUENCE OF	F): In the underlying cause		24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WE	ERE AUTOPSY FINDIN AILABLE PRIOR TO IMPLETION OF CAUS OEATH?
CERTIFICATION	If cs CJ th re	eny, leeding to immediate suse. Enter UNDERLYING AUSE (Disesse or injury at initiated events suiting in deeth) LAST	c	AS A CONSEQUENCE OF	F): In the underlying cause	p given in Part I. DEATH (Check only one	24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☐ NO	24b. WE	AILABLE PRIOR TO OMPLETION OF CAUS DEATH?
CERTIFICATION	If cs CJ th re PJ	eny, leeding to immediate suse. Enter UNDERLYING AUSE (Disease or Injury at initiated events suiting in deeth) LAST ART II. Other significent condition. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR / DUE TO (OR / d. ns contributing to deel HOSPITAL: 1 inpatient 2 ER/ 28e. DATE OF INJU (Month, Day, Ye	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	F): In the underlying cause 28. PLACE OF OTHER: 4 Nursing Home 5 IE OF 28c. INJURY AT WORK? M 1 YES 2	DEATH (Check only on Residence 8 Other	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 YNO e) (Specify) CRIBE HOW INJURY OF	24b. WE AM AM AM AM AM AM AM AM AM AM AM AM AM	AILABLE PRIOR TO OMPLETION OF CAUS
CERTIFICATION	If css CA the real state of th	was case referred to medical investigations. ART II. Other significent conditions are also as a condition of the condition of	DUE TO (OR / DUE TO (OR / d. ns contributing to deel HOSPITAL: 1 Inpatient 2 ER/ 28s. DATE OF INJU 28s. PLACE OF INJ	AS A CONSEQUENCE OF THE PROPERTY OF THE PROPER	F): In the underlying cause 28. PLACE OF OTHER: 4 Nursing Home 5 IE OF 28c. INJURY AT WORK? M 1 YES 2	DEATH (Check only one Residence 8 Other 28d. DES	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 9)	24b. WE AM AM AM AM AM AM AM AM AM AM AM AM AM	AILABLE PRIOR TO MPLETION OF CAUS
ED BY PHYSICIAN: MEDICAL CERTIFICATION	If css CA the real state of th	was case referred to Medical Examines auting in deeth) LAST Was Case referred to Medical Examines auting in deeth) LAST ART II. Other significent conditions are also and a	DUE TO (OR A DUE TO (OR A d. ns contributing to deel HOSPITAL: 1 Inpatient 2 ER/ 28s. DATE OF INJU (Month, Day, Ye 26s. PLACE OF INJU building, atc. (AS A CONSEQUENCE OF The but not resulting the but not resulting the but not resulting the but not resulting to but not resulting the but not resulting to bu	F): In the underlying cause 28. PLACE OF OTHER: 4 Nursing Home 5 IE OF 28c. INJURY AT WORK? M 1 YES 2	DEATH (Check only one Residence 8 Other 28d. DES NO 28f. LOCK	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO e) r (Specify) CRIBE HOW INJURY Of ATION (Street and Number Fown, State)	24b. WE AM CC DF 1 (ALLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO

D17162 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) upper more/buro MD 9556 CRA,
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale Linp A Hwy MD CRAIN



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

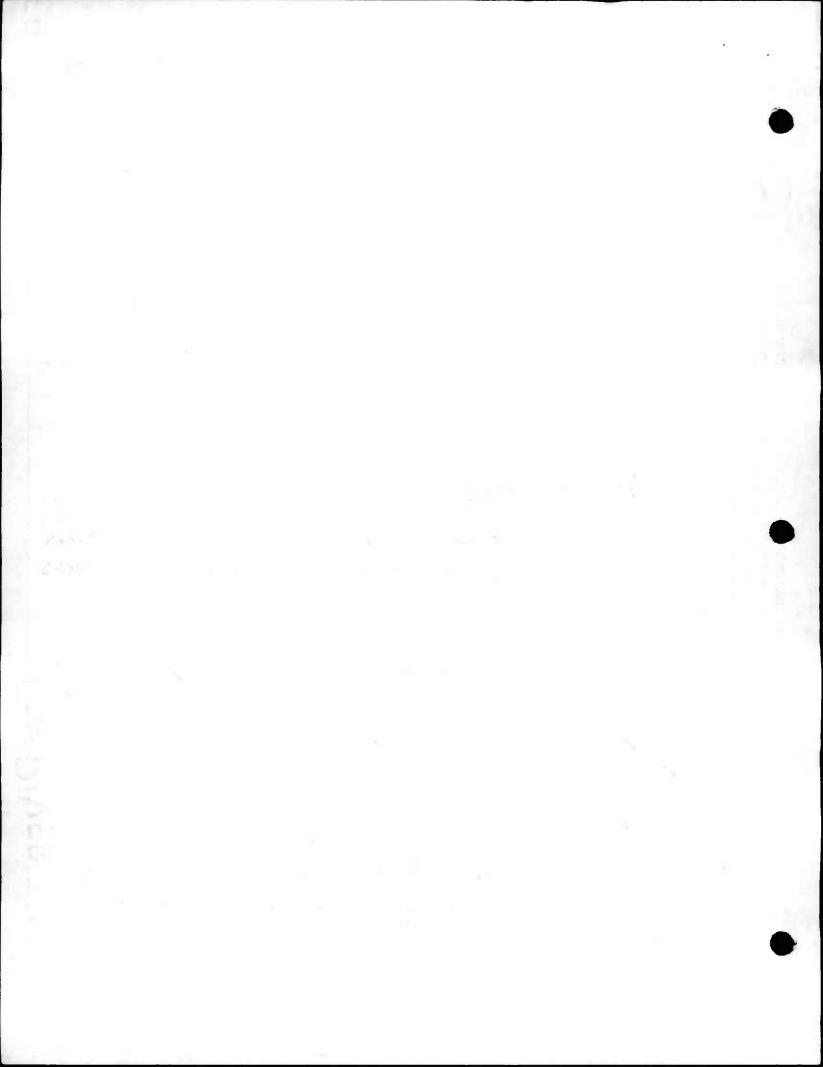
1 - STATE REGISTRAR		OIAIL OI (III	C			F DEATH	REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF DEATH			TIME OF DEATH
Geo	rge Co	nrad Schm	idt.				11 9 B	" 1991 "	EAR 1	0:30 P. M
4. SOCIAL SECURITY NUME			S. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.		ACE (State or Foreign
216 10 03		X ¹	92	YRS.	MONTHS DAY	rs HOURS MIN.	67307189	9	Country)	
9a. FACILITY NAME (If not in Sykesvil		er Care C	enter			WN OR LOCATION OF DI Kesville	EATH	9c. COUNTY		гн
RESIDENCE OF DEC										
Md.	10b. COUNTY	roll			TOWN OR LO					INSIDE CITY LIMITS? VES 2 NO
10e. STREET AND NUMBER 7309 Secon						10f. ZIP CODE 21784		10g. CITIZE	N OF WHA	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	RMED NO	If yes	DECENDENT OF HISPAI I, apacify Cuban, Maxica YES 2 NO Specifi	NIC ORIGIN? (Specify Ye in, Puarto Rican, atc.) y:		Specify:	American Indian, Vhila, atc.
15. DEC	EDENT'S EDU	CATION	16a. D	ECEDENT'S U	ISUAL OCCUP	PATION	16b. KIND OF BL	SINESS/INDUS	TRY	
Elementary/Secondary (6	y highest grade 0-12)	College (1-4 or 5+)		ie. Do NOT use Mecha	retired.)	g most of working	Mainten	Aaca		
17. FATHER'S NAME (First, M	fletette (e et)			riecric	mile					
John Micha		midt					ME (First, Middle, Maide) Bentrup	i Surname)		
19a. INFORMANT'S NAME (1	Type/Print)		1	19b. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or To	vn, State, Zip C	ode)	
Aaron Schm							estminster			
20a. METHOD OF DISPOSIT 1 □ Burlel 2 □ Cremetic 4 □ Donation 5 □ Other	on 3 🗆 Rem	oval from State		Oaklar			11/12 Sy	cation — ch kesvil	-	
21. SIGNATURE OF FUNERA	AL SERVICE LIG	ENSEE	11.		22. NAM	E AND ADDRESS OF FA	ight Funer	al Hom	e	
Hau	y 71	Hay	ht				sville, Md			
iMMEDIATE CAUSE (Flo	éert fallure.	List Drily one caus	PERC	na.		mode of dying, aud	ch aa cardiec or reap	iretory arrea	ıt,	Approximate interval Between Onset and Death
resulting in deeth)		DUE TO (C	OR AS A CONS			PARATHYR	ALM SIM			YEARS
Sequentially list condit if any, leeding to imme	diete	b. DUE TO (C	OR AS A CONS			1 MICATILLY	W 101 310			1-47
cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events		cDUE TO (OR AS A CONS	EOUENCE OF):					
resulting in deeth) LAS	т	d								
PART ii. Other aignifica	ant condition	a contributing to a	leath but no	requiting in	the under	tving cause given in	Part I. 24s. WAS A	VARITORY	245 W	ERE AUTOPSY FINDINGS
		ND DIAB		-				RMED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
										☐ YES 2 MNO
25. WAS CASE REFERRED 1	IO MEDICAL					S DI ACE CE BEATH	heat anti-sect			
EXAMINER?	medical	HOSPITAL:	ED/Octobel	2 🗆 001	OTHER:	6. PLACE OF DEATH (C				
27. MANNER OF DEATH		1 Inpetient 2 I	NJURY	28b. TIME	OF 280	Home 5 Residence	8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCU	RED	
1 Netural 5 _	Pending Investigation	(Month, Day	y, Year)	INJU	JRY M 1	WORK?				
a Deutstein —	Could not be determined	28e. PLACE OF building, e	INJURY — A1 itc. (Specify)	home, farm, st	treet, factory,	office	28f. LOCATION (Stree City or Town, State	and Number or	Aural Aou	ite Number,
000)							a to the cause(a) and m			and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	"MMM"E	(M.	D.	29c. LICENSE NU	The state of the s	29d. DATE	SIGNED (A	Aonth, Day, Year)
30. NAME AND ADDRESS O	C EV D		BOY	TEM 27) (Type,		SYNESVILL	2 MD	21-	184	
31. DATE FILED (Month, Day,	91	32 REGISTING	TA AVENATUR	andelle						

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

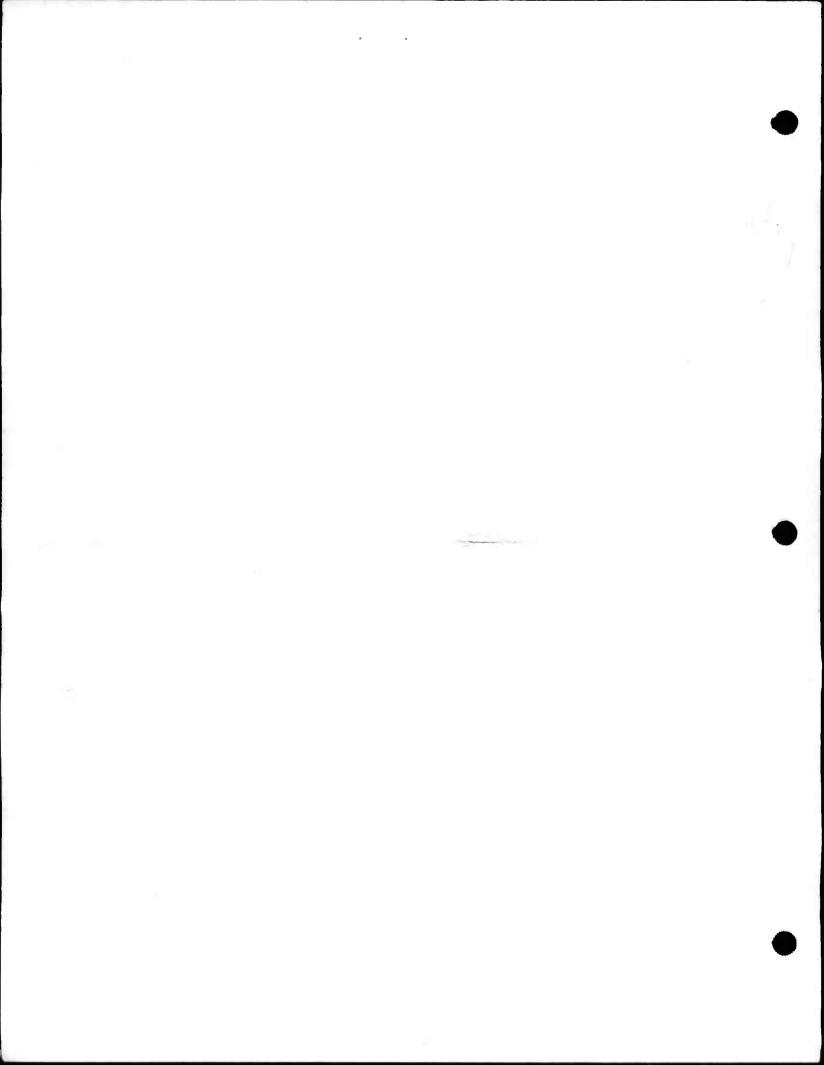
- STATE REGISTRAR	011112 01 11	CE	RTIFIC				MENIAL	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH		3	3. TIME OF DEATH
ALICE JEANET	TTE SIMM	íS.					NOV.	9.	1991	YEAR	10A.M. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1		NOER 24 HRS.	7. DATE OF			6. BIRTH Countr	PLACE (State or Foreign
578-44-2226	1 🗆 M 2 💢 F	59	YRS.	IONTHS I	DAYS HOL	RS MIN.	FEB.	15.	1932	WAS	HINGTON, D
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, T	OWN OR LO	CATION OF D				NTY OF D	
BOX 253D SUN	VALLEY	DRIVE		WA	LDOF	F				CHAR	RLES
10s. STATE 10b. COUNTY	Υ	-	10c. CITY,	TOWN OR	LOCATION						10d. INSIDE CITY
MARYLAND	CHARLES			WAI	DORE	1					1 TES XX NO
10e. STREET AND NUMBER					101. ZIP	CODE	-		10g. CIT	IZEN OF V	WHAT COUNTRY?
	VALLEY				2	0603				U.S	.A.
11, MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED IO				NIC ORIGIN?		s or No-	14. RACE Black	— American Indian, r, White, atc.
1 Never Marriad 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				NO Speci				Speci	WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a, DE	CEDENT'S U	SUAL OCC	UPATION	vorkina	16b. K	IND OF BU	JSINESS/IN	DUSTRY	
Elamentary/Secondary (0-12)	College (1-4 or 5 +	Illin	Do NOT use	retired.)							
H.S.GRAD.			HOM	EMAK	ŒR			OWN	HOM	E	
17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA	AME (First, Mic	ldle, Maide	n Surname)		
HARRY JOSEPH (CAPUTO				E	LIZA	BETH	LEE	ROM	INGE	IR
19a. INFORMANT'S NAME (Type/Print)		ľ					Route Number	-			
JANET LOVELESS	3		T.3				G GEC	T			
20a. METHOD OF DISPOSITION 1 N Burial 2 Commation 3 Rem	oval from State	other pla	aca)			crematory or			OCATION —		
4 Donation 5 Other (Specify)		_ CEDA	R HI		CEMET			SU	ITLA	ND, N	IARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0	/	ARE	EHARI		ERAL				
23. PART I. Enter the diseases, or	O. N	gmo	rel				LA P				0646
ahock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	1	(OR AS A CONSE	Me	tas	tax.	c 4 ecta	deno	care	inom	! G	Interval Between Oneet and Deeth
Sequentially flat conditions, if eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	C	(OR AS A CONSEC									
resulting in deeth) LAST	4										
	u										
PART II. Other elgnificent condition	e contributing to	deeth but not r	reaulting in	the und	erlying ce	use given ir			N AUTOPSY ORMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES
25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATH (C	heck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpetlant 3		OTHER:		22. 1	67.			_	
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME		8c. INJURY		8 Other (INJURY O	CCURED	
Natural 5 Pending 2 Accident Investigation	(Month, D	ay, Year)	INJU		WORK?	2 NO					
3 Suicida 6 Could not be determined		F INJURY AI ho alc. (Specify)	ome, farm, at	reat, factor	y, offica		28f. LOCAT City or	ION (Street Town, State	t and Numbe 9)	er or Rural i	Route Number,
29a. CERTIFIER (Check only	ICIAN: To the best of	my knowledge, de	eath occurred	d at the tim	e, data and	place, and du	a to the cause	e(s) and m	anner as st	ated.	
one) 2 MEDICAL EXAMINI											a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	6/10				290	LICENSE NU	IMBER)	29d. DA	TE SIGNE	(Month Day, Your)
30. NAME AND ADDRESS OF PERSON WI	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)	16	120	50 2		7/	///	1/1/
MARVEY Z. K	9 Ter	MIS	8	926	Woo	MRD	Rol	-	BNT	01	111)
31. DATÉ FILED (Month, Day, Year) NUV 1 2 '91	32. REGISTRA	AR'S SIGNATURE	- Pand	100							

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transful be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

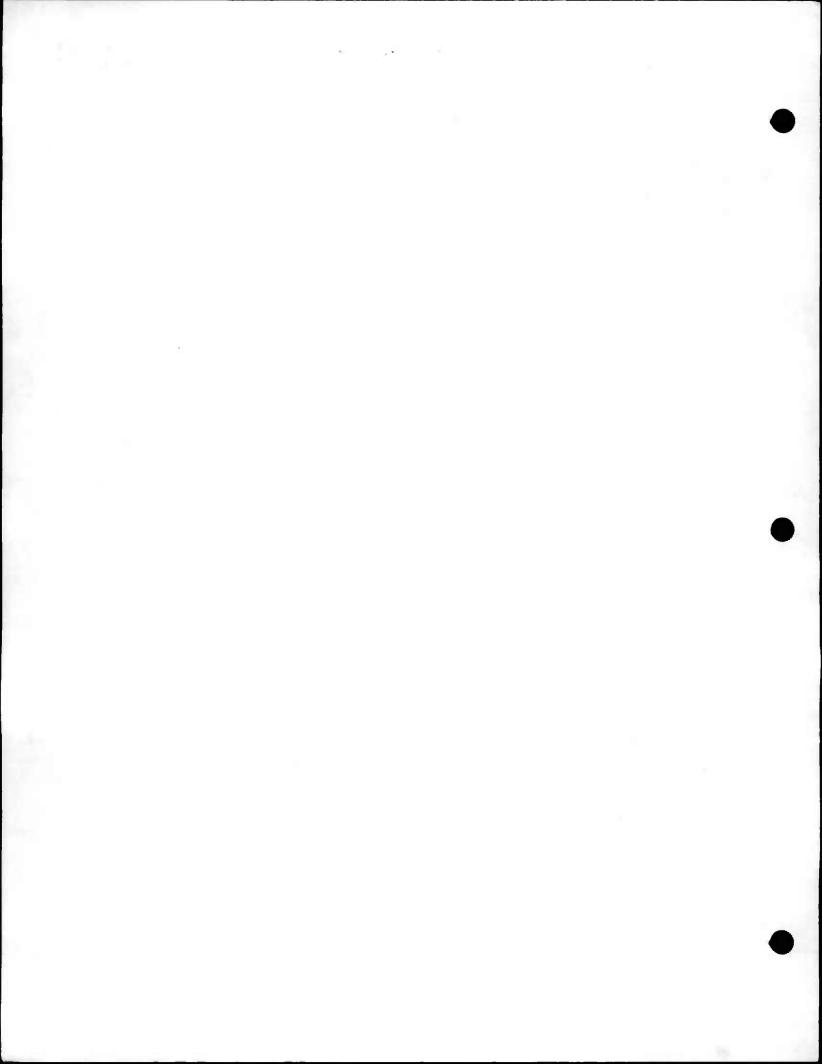
DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

a. FACILITY NAME (If not institution, give street and Howard County General Dear Total County General Dear Total County General Dear Total County Dear STATE 10b. COUNTY Dear STATE 10b. COUNTY Dear STREET AND NUMBER 10b. STREET AND NUMBER 10b. STREET AND NUMBER 10b. STREET AND NUMBER 11b. December 15b. Decembe	eneral Hord Couty and	In yrs. last birthday) 3 YRS. DSpital 10c. CITY, Ell NU.S. ARMED 2 DNO ATES 16a. DECEDENT'S U (Give kind of we kind of we kind of we kind of we kind of we kind of we kind bo Norf use Home ma	13. WAS 14. WAS 15. WAS 16 yet 1 1 15. WAS 16 yet 1 1 16. WAS 17. WAS 18. WAS 18. WAS 18. WAS 19. NAM	AN IF UNDER 2: WYN OR LOCATION COlumb OCATION IO. ZIP CODE 210 OECENDENT OF a, specify Cuban, YES INNO PATION 18. MOTHE Ama reet and Number of I and F of cemetery, crems Cemet Cemet Ellic	HRS. MIN. NOF DEA: Dia Ty HSPANIC Mexican, Specify: TRIST NAMI M	TO DATE OF BIRTH (Month, Day, Year) 08-15-1 TH C ORIGIN? (Specify Y Puerto Rican, etc.) 16b. KIND OF B OWN E (First, Middle, Meide, Tusing State Number, City or Rican, etc.) 17 10/29 LITY Slace City,	B98 9c. COUNTY HOW 109. CITIZEN US. 988 or No 14 US. 98 or No 14 US. 109. CITIZEN US. 109. CIT	10d. INSIGE LIMITS? 1 VES 2 N OF WHAT COUNTR A I. RACE — American Black, White, etc. Specify: Whit STRY Ode) ty, MD 2 Ny or Town, Stata cott Ci Leral Ho and 210 st, Appro	nty city indien, e
a. FACILITY NAME (If not institution, give street and HOWARD COUNTY General Property of the Street and HOWARD COUNTY General Property of the Street and HOWARD COUNTY Maryland Howard Ho	d 2 CF d number) eneral Ho d Couty as Decedent EVER IN ORCES? 1 VES VES, GIVE WAR OR DA decitions that cause only ona cause on a	NU.S. ARMED 2 NO ATES 10c. CITY, E] 10c. CITY, E] NU.S. ARMED 2 NO ATES 10c. DECEDENT'S U (Give Mind of we fills. Do NOT use H OME ma 19b. MAILING A 4680 2 PLACE OF DISPOSI OTHER Place! OOD 535 d tha death. Do no sech line.	sb. CITY, TOWN OR LO	WN OR LOCATION COlumb Columb OCATION O	MIN. N OF DEATO LY HISPANIC Mexican, Specify: Randa Road Road Roy or tery S OF FACE Cott	(Month, Day, Year) 08-15-1 TH CORIGIN? (Specify Y Puarto Rican, etc.) 16b. KIND OF B OWN E (First, Middle, Meide Tusing to Number, City or R 1, Ellico 7 10/29 LITY Slace City,	998 9c. COUNTY HOW 109. CITIZER US. 98 or No. 14 US. 98 or No.	Country) Virgini Virgini Vor DEATH ard Cou 10d. INSIGE LIMITS? 1 VES 2 N OF WHAT COUNTR B. RACE — American Black, White, etc. Specify: Whit STRY Ode) ty, ND 2 N or Town, Stata Cott Ci Leral Ho and 210 st. Appro	nty city indien, e 1042 ty,M me 43
Howard County Ge ESIDENCE OF DECEDENT a. STATE 10b. COUNTY Maryland Howar 10b. COUNTY Maryland Howar 10b. COUNTY Maryland Howar 12c. Wildowar 15c. DECEDENT'S EDUCATION (Specify only highest grade comple Unknown FATHER'S NAME (First, Middle, Lest) Joseph Silvius a. INFORMANT'S NAME (Type/Print) Mala M. Johns METHOD OF DISPOSITION Durist 2 Cremetion 3 Removal from the county of the count	eneral Ho	In U.S. ARMED 2 MNO ATES 16e. DECEDENT'S U (Give kind of we iffe. De NOT use Home ma 19b. MAILING A 4680 2 MO 535 d the death. Do not sech line.	13. WAS 14. WAS 15. WAS 16 yet 1 1 15. WAS 16 yet 1 1 16. WAS 17. WAS 18. WAS 18. WAS 18. WAS 19. NAM	COLUMN OCATION OCTO OCCENDENT OF a, specify Cuban, YES ATDRO 18. MOTHE Ama reet and Number of land F of cometery, crems I Ceme of ME AND ADDRESS Ellic	HISPANICA Mexican, Specify: ER'S NAMMA and a cor Rural Road and a correct ry soft factor or tery soft factor to the control of the control o	C ORIGIN? (Specify Y Puarto Rican, etc.) 16b. KIND OF B OWN E (First, Middle, Meiddle, Tusing out Number, City or R 1, Ellico 20c. 1 29 LITY Slace Gity,	How. 109. CITIZEN US. US. USINESS/INDUS Home on Surname) Cover, State, Zip Co Octt Ci Occation – Cir Elli ck Fun Maryl	10d. INSIGE LIMITS? 1 VES 2 N OF WHAT COUNTR A I. RACE — American Black, White, etc. Specify: Whit STRY Ode) ty, MD 2 Ny or Town, Stata cott Ci Leral Ho and 210 st, Appro	Indien, e 1042 ty, Nome
ASTATE IOB. COUNTY Maryland Howar STREET AND NUMBER 4680 Woodland RC MARITAL STATUS Never Married 2 Married Widowed 4 Divorced IS. DECEDENT'S EDUCATION (Specify only highest grade comple Elamentary/Secondary (0-12) Coll. UNKNOWN FATHER'S NAME (First, Middle, Lest) JOSEPH SILVIUS INFORMANT'S NAME (Type/Print) ULA M. JOHNS METHOD OF DISPOSITION Durial 2 Cremetion 3 Removel fr Donation 5 Other (Specify) SEGNATIVE OF FUNERA SERVICE LICENSES ALLE OF SUMBER (First SERVICE LICENSES METHOD OF DISPOSITION Durial 2 Cremetion 3 Removel fr Donation 5 Other (Specify) SEGNATIVE OF FUNERA SERVICE LICENSES ALLE OF SUMBER (First SERVICE LICENSES ALLE OF SUMBER (First SERVICE LICENSES ALLE OF SUMBER (First SERVICE LICENSES METHOD OF DISPOSITION DONAL SERVICE LICENSES ALLE OF SUMBER (First SERVICE LICENSES ALLE OF SUMBER (FIRST SERVICE LICENSES ALL	om State Cations that cause only one cause on a	N.U.S. ARMED 2 MNO ATES 16e. DECEDENT'S U (Rive kind of we file. Do NOT use HOME MS 19b. MAILING A 4680 2 MO 535 d the death. Do not sech line.	13. WAS If yet 1	101. ZIP CODE 210 OECENDENT OF a, specify Cuban, YES ATTNO PATION PATION A Market and Number of land F of cemetery, crems Cemet Ellic	HISPANIC Mexican, Specify: ER'S NAMI and a or Rural Ro Road andy or tery s of Faci	Puerto Rican, etc.) 16b. KIND OF B OWN E (First. Middle, Meide Tusing oute Number, City or Te 1, Ellico 20c. 10 29 LITY Slace City,	US. USINESS/INDUS HOME on Surname) Surn, State, Zip Ca ott Ci Occation - Cir Elli ck Fun Maryl	ILIMITS? I VES 2 N OF WHAT COUNTR A. RACE — American Black, White, etc. Specify: Whit STRY Ode) ty, MD 2 ty or Town, Stata cott Ci eral Ho and 210 st, Appro	Indian, e
A STREET AND NUMBER 4680 Woodland RC MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade comple Elamentary/Secondary (0-12) UNIX JOSEPH SILVIUS INFORMANT'S NAME (First, Middle, Leat) JOSEPH SILVIUS INFORMANT'S NAME (First, Middle, Leat) BUILD 2 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 2 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 2 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 3 Removel fr Donation 5 Other (Specify) BUILD 3 Removel fr Donation 5 Other (Specify) BUILD 4 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 5 Other (Specify) BUILD 5 Other (Specify) BUILD 6 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 6 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 7 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 3 Removel fr Donation 5 Other (Specify) BUILD 8 Cremetion 5 Complete fr Donation 5 Other (Specify) BUILD 8 Cremetion 5 Complete fr Donation 5 Other (Specify) BUILD 8 Cremetion 5 Complete fr Donation 6 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUILD 8 Complete fr BUIL	om State Cations that cause only one cause on a	N.U.S. ARMED 2 DNO ATES 16e. DECEDENT'S U (Give kind of we ifth. Do NOT use HOME MS 19b. MAILING A 4680 D. PLACE OF DISPOSI OOD Sheep MO0535 d tha death. Do no sach line.	t3. WAS If yet I purpose to the desire of the control of the con	10f. ZIP CODE 210 0ECENDENT OF a, specify Cuban, YES TENO PATION 18. MOTHE Ama reet and Number of 11 and F of cemetery, creme 1 Cemet AE AND ADDRESS Ellic	HISPANIC Mexican, Specify: ER'S NAMI and a or Rural Ro Road andy or tery s of Faci	Puerto Rican, etc.) 16b. KIND OF B OWN E (First. Middle, Meide Tusing oute Number, City or Te 1, Ellico 20c. 10 29 LITY Slace City,	US. USINESS/INDUS HOME on Surname) Surn, State, Zip Ca ott Ci Occation - Cir Elli ck Fun Maryl	A. RACE - American Black, White, etc. Specify: Whit tarry ode) ty, MD 2 ty or Town, Stata cott Ci.eral Ho.and 210 st, Appro	ty, N
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify) only highest grade comple Elamentary/Secondary (0-12) UNKN WN FATHER'S NAME (First, Middle, Leat) JOSEPH Silvius INFORMANT'S NAME (Type/Print) Ula M. Johns METHOD OF DISPOSITION Durial 2 Cremation 3 Removal tr Donation 5 Other (Specify) SIGNATURE OF UNERAL SERVICE LICENSES A PART I. Enter tha diseases, of comple shock, or heart tradum. List of MEDIATE CAUSE (Final sease or condition southing in death) a	AS DECEDENT EVER IN ORCES? 1 YES ORCES? 1 YES YES, GIVE WAR OR DA DROWN Stell Cations that caused on a	2 MNO ATES 16a. DECEDENT'S U (Give kind of we life. Do NOT use H OME MAILING A 4680 D. PLACE OF DISPOSI OOD Shep WOO535 d the death. Do not use hilms.	SUAL OCCUPOR done during retired.) ACCORDING TO THE CONTROL OF THE CONTROL OCCUPOR DESCRIPTION (Name of the Control Occupant) 22. NAM ot antar tha	DECENDENT OF a, apocity Cuban, YES 2000 PATION 18. MOTHE Ama reet and Number of I Land For Commetery, crems Commetery, Crems Commeters, Ellicand Ellicand Ellicand Ellicand Ellicand Ellicand Ellicand Ellicand Ellicand	HISPANICA Mexican, Specify: ER'S NAME and a confliction or tery or tery so of fact	Puerto Rican, etc.) 16b. KIND OF B OWN E (First. Middle, Meide Tusing oute Number, City or Te 1, Ellico 20c. 10 29 LITY Slace City,	USINESS/INDUS Home on Surname) Surn, State, Zip Ca ott Ci ocation - Cir Elli ck Fun Maryl	ARACE — American Black, White, etc. Specify: Whit tarry oode) ty, MD 2 ty or Town, Stata cott Ci.eral Ho.and 210 st, Approx	ty, N
(Specify only highest grade comple Elamentary/Secondary (0-12)	om State 20b	Give kind of we file. Do NOT use Homema 19b. Malling A 4680 D. PLACE OF DISPOSI OOD Sher	ACORESS (ST WOOD ITION (Name of pher d) 22. NAM	ts. MOTHE Ama reet and Number of land F of cemetery, crems I Ceme	er's name and a r Rural Ro Ro Ro Ro Ro Ro Ro Ro Ro Ro Ro Ro Ro R	Own E (First, Middle, Meidde, Meidde, Tusing Tusin	Home on Surneme) Surne, State, Zip Ca Ott Ci Ocation - Cir Elli Ck Fun Maryl	ty, MD 2 ty or Town, Stata cott Ci eral Ho and 210	ty,I me 43
Joseph Silvius INFORMANT'S NAME (Type/Print) ula M. Johns INFORMANT'S NAME (Type/Print) ula M. Johns INFORMANT'S NAME (Type/Print) ula M. Johns INFORMANT'S NAME (Type/Print) ula M. Johns INFORMANT'S NAME (Type/Print) INFORMANT'S NAME (Typ	om State 20b Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct Ct	MO0535 d the death. Do not cach line.	Wood pherd 22. NAM ot enter the	Ama reet and Number of land I of cometery, crema Ceme Ellic	anda Road Mony or tery s of faci	Tusing Tusing	own, State, Zip Co ott Ci ocation - Cir Elli ck Fun Maryl	ty, MD 2 Ny or Town, Stata cott Ci eral Ho and 210 st. Approx	ty,I me 43
METHOD OF DISPOSITION Burlal 2 Cremetion 3 Removal tr Donation 5 Other (Specify) BIOLINE OF BUNERAL SERVICE LICENSES PART I. Enter the diseases, or complessory of the comples	ications that cause on a	MO0535 d the death. Do not cach line.	Wood pherd 22. NAM ot enter the	lland For commentary, creme to Ceme to	Road tery s of faci	10/29 10/29 Lury Slace	ott Ci cocation - ch Elli ck Fun Maryl	ty, MD 2 Ny or Town, Stata cott Ci eral Ho and 210 st. Approx	ty,I me 43
Denation 3 Removel from the continuous of th	ications that cause on a	MO0535 d the death. Do no lect line.	pherd 22. NAM ot anter the	Cemerand Address Ellic	tery s of FACI cott	10/29 Slac City,	Elli k Fun Maryl	cott Ci eral Ho and 210	me 43
sny, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events	1/1/2000	i Gi	ME	こりん	1G-				ximste al Batwa i snd Das
d	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A			hic	CAT	VCER			
RT II. Other significant conditions con	stributing to death b	out not resulting in	n tha undar	rlying cause gi	iven in P	PERF	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOP AMAILABLE P COMPLETION OF DEATH? 1 YES 2	RIOR TO
WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		OTHER:	26. PLACE OF OE	ATH (Chec	ck only one)			
	Inpetient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 28b. TIME INJU	OF 280 URY	c. INJURY AT WORK?		Other (Specify) 28d. DESCRIBE HOY	V INJURY OCCU	PRED	
Accident Investigation	28a. PLACE OF INJURY building, etc. (Spec	Y — At home, farm, at		YES 2	_	281. LOCATION (Stree City or Town, Sta		r Rural Route Number,	
1. CERTIFIER (Check only one) 2									r as stated
b. SIGNATURE AND TITLE OF CERTIFIER	im			29c. LICE				SIGNED (Month, Day,	
L NAME AND ADDRESS OF PERSON WITO CONTROL OF TEBREY & WITO CONTROL OF TEBREY & WEST OF THE TERROR OF	CAUSE OF OF	EATH (ITEM 27) (Type,						-sec , 17d	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



91 31853

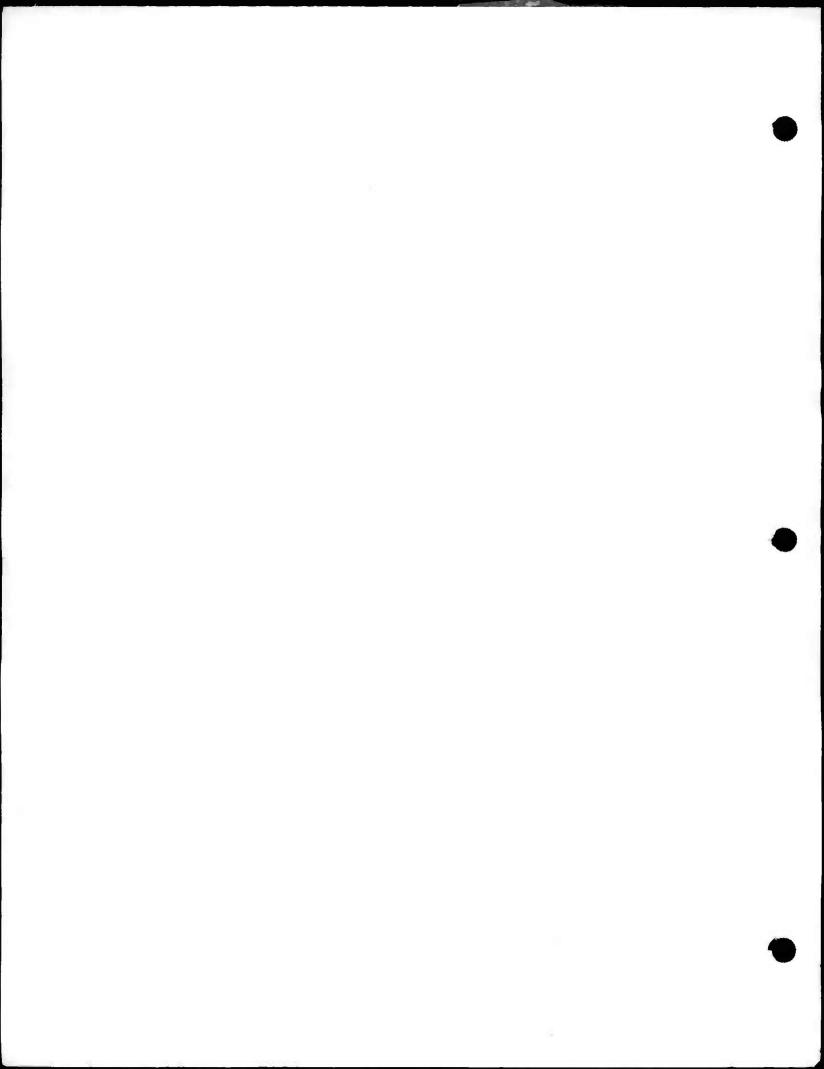
		1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		
	1	1. DECEOENT'S NAME (First, Middle, Last)	LYNDELI		STEWAR		2. DATE OF OEATH	DAY YE	3. TIME OF DEATH 1 7:24 D M
(P		4. SOCIAL SECURITY NUMBER 217-86-8662	1 % □ M 2 □ F	E (In yrs. lest birthday) 22 yrs.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH CCT. 22, 19	14.4	BIRTNPLACE (State or Foreign Country). Wash. D.C.
Yr. 8	84	9a. FACILITY NAME (If not institution, give s MALCOM GROW ME RESIDENCE OF DECEDENT		TER	ANDREW	OR LOCATION OF DI IP SPIIN VS AIR F	FORCE BAS	9c. COUNTY	OF DEATH NCE GEORGES
Sages Assessment of the sages o	DIREC	10a. STATE 10b. COUNTY			TY, TOWN OR LOCA	ATION			10d. INSIDE CITY
permit. Pages		10e, STREET AND NUMBER	nce George's			Marlbor	0	10g. CITIZEN	1 VES 2 NO
ransit	FUNERAL	9530 Castle	Drive	THE ADMED	45 1480 05	20772			ted States
21215-0020 I or attending physician. for use as the burial-transit	₽	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 1 NO	It yes, sp	pecify Cuban, Maxica \$ 2 NO Specify	NIC ORIGIN? (Specify Ye an, Puarlo Rican, atc.) fy:		RACE — American Indian, Black, White, etc.
2121 I or atter	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	JCATION p completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPATION work done during mouse retired.)	ION lost of working	16b. KIND OF BU	SINESS/INOUST	TRY
	OMPL	12th Grade 17. FATHER'S NAME (First, Middle, Last)	semela fire or o ch	Lat	orer			vate	
Z & 8 %	5 1 II	William M	. Stewart				MME (First, Middle, Malden Ctoria E		owning
	일	190. INFORMANT'S NAME (Type/Print) Victoria E. S	tewart			and Number or Rural i	Route Number, City or Tow Upper Ma	vn, State, Zip Coo	de)
ORE 6 may ctor, pa		20eXMETNOD OF OISPOSITION 1	oval from State 20	0b. PLACE AND DATE	OF DISPOSITION (Na	lame of	DATE 20c. LO	CATION — City	The state of the s
ALTIM death. Page tuneral dire i.		21. SIGNATURE OF FONERAL SERVICE LIC	ZENSEE ST	<u></u>	Stews	HP TEST OF FA	eral Hom	е	
2 2 2 8		23. PARV. Enter the diagence or o	· Allunc	سر بالمد					Wash. D.C.
24 hours / filled in t tion, or rea		shock, or heert feilure. (iMMEDIATE CAUSE (Final disease or condition resulting in deeth)		D IN	UNIES	ode of dying, auc	h es cerdiec or resp	iratory arrest,	Approximeta Interval Between Onset and Death
X 68.	. 1 _ 11	Sequentially list conditions, if any, leeding to immediate	b	A CONSEQUENCE O					
certificat ding phy lygiene p	TIFIC	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	A CONSEQUENCE O	NF):				
S, P death e atten fental H	빙	PART II. Other algnificent conditions	d.	**** * *************	· · · · · · · · · · · · · · · · · · ·	• • • •			
ECOF equires that en signed b of Health ar hows any	MEDIC	FOR It. VIIVE MILESTON	5 contributing to death.	but not resulting	in the underlying	g cause given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL The la the has ate De ate De	1 2 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			LACE OF DEATN (Che	eck only one)		
SICIAN: certifical the Sta	HYSI	1 X YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 inpatiant 2X ER/Out 28a. DATE OF INJURY	28h TIM	-	ne 5 Residence			
ON OD OING PHYS After this death with s marked.	ВУ Р	1 Naturel 5 Pending 2 X Accident Investigation	(Month, Day, Year)	991 6:2	JURY WO 2.5 p ^M 1 □ 1	YES 2X NO	DRIVER		ED AUTO IMPAC FORCYCLE/
DIVISIO OR ATTENDIN DIRECTOR: Att hours after dez item 28 Is n		3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, atc. (Spe	ecify)	streat, factory, office		281. LOCATION (Street a City or Town, State) MARLBOR	and Number of B	brei BLOCK
로 크 은 포	1 15 11		ICIAN: To the best of my know	wiedge, death occum	red at the time, date	and place, and due	to the cause(a) and mar	nner as stated, A	ARYLAND
HOSPITAL FUNERAL within 72	CON	2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examination	on and/or investigation	ın, in my opinion, d				
TO THE HOSPIT TO THE FUNERA DE filed within 7	TO BE	Mounte me	Yfull			O.C.M			30 / 1991
3	-	MAYOUR A	O COMPLETED CAUSE OF DE	0					
2	71	31. DATE FILED MODITY, Day, Year) 1991	32. REGISTRAR'S SIGN			REET B	ALTIMORE	, MARY	ZLAND 21201

4

<u>'111</u>

BALTIMORE, MARYLAND 21203-3146	thin 2 - nours after death. Page 6 may be retained by the hospital or attending subsistant.	etery filled in by the funeral director, page 5 should be defacted for use as me bunal-transmit per smation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 would after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defaurable for use as the burish-brand permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)) A E	ENT CATI			2. DATE OF DEATH	AY YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		ENI SALU	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.8	BIRTHPLACE (State or Foreign		
	NONE	1 - M 2 XX	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year)	75	Country) T.G.F.R.T.A		
HC	96. FACILITY NAME (If not institution, give struck CREATER LAUREL	BELTSVILLE	0.60	LAURE	L LOCATION OF DI	Q A	ec. COUNTY	OF OEATH CEGEORGE		
HECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY, TOV	MN OR LOCAT	ON		11 11 11	10d. INSIDE CITY		
DIH	NIGERIA		LAGOS					LIMITS?		
	10e. STREET AND NUMBER		J LAGO.	-	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNEHAL	28 ADAMS STREE	Т			NONE		GERIA			
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2XX10	If yes, spe	ENDENT OF HISPAI city Cuban, Mexica 2XXXNO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) y:		RACE — American Indian, Black, White, atc. Specify:		
	15. DECEDENT'S EOUC		16a. DECEOENT'S USUA	AL OCCUPATION	N	16b. KIND OF BU	JSINESS/INOUST	BLACK		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	fife. Do NOT use retir							
MF			HOUSEW	IFE						
	17. FATHER'S NAME (First, Middle, Last) TAIRU EKO				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
PE	19a. INFORMANT'S NAME (Type/Print)		195 MAILING ADD	DESC (Street a	nd Number or Burel	UNKNOWN Route Number, City or To	un State 7in Coo	(a)		
0	YOMI SALU							" 20707 UREL, MD.		
	20a. METHOO OF DISPOSITION	201	. PLACE OF DISPOSITION				OCATION — City			
	1 Burial 2 Cremation 3 Remo		BARI. CEME	TERY		L.	AGOS,	NIGERIA		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		REES	DADDRESS OF FA	IS MORTILA	RY. P	Δ		
	Lavy D	. Reese	,	821	WEST ST	NS MORTUA . ANNAPO	LIS,	MD. 21401		
	ehock, or heert fellura. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Oue TO (or AS A CONSEQUENCE OF): Interval Batween Onset and Deeth Onset and Deeth									
CEHILICATION	Sequentielly list conditione, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reculting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL		PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. Hyper tension (and over the underlying cause given in Part I.) 24a. WAS AN AUTOPSY PERFORMEO? 1 yes 2 DNO								
<u>\$</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI HER:	ACE OF DEATH (C	neck only one)				
PHYSICIAN:	1 YES 2 NO	1 Impatient 2 ER/Out	patient 3 DOA 4 D	Nursing Hom		8 Other (Specify)				
도	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WC	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED		
Ер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, ferm, street			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	one)	CIAN: To the best of my know						euse(a) and manner as stated.		
- 1	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			GNEO (Month, Day, Year)		
20	H Brains	o mis			027	-5-91				
2	30. NAME AND ADDRESS OF PERSON WHO R. G. BHOJRAJA	ND. 704 G	FORMANA	VE.T	-1. LA	UREL .	miD.2	20707		
R. G. BHOJRAJ MD. 704 GORMANAVE, TH. LAUREL, MD. 207 31. DATE FILED (MONIT), Day, Year) St. David Davidson-Handson Sunday Davidson-Handson Sunday Davidson-Handson Sunday Davidson-Handson										



Ë	£	
end	as	
표	use	
0	Joy	
pita	pa	
D0S	ach	
JAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or atta	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	
à	ag I	
Dec	oulo	
etai	S	
96	5	
ay.	pag	
E 9	tor.	
90	Irec	
G	al d	
ath.	ner	
de	e ft	-
afte	y th	100
S	d u	Ten Ten
Pol	pa	0
24	T.	lon.
E	etel)	ma
×	John Marie	CLE
otec	00	la l
xec	and	2
96	lan	100
te	Sic	pric
ifica	6	au Su
cert	ding	ğ
ath	ten	T H
g	e al	lent
the	ti /	2
that	P	l an
es	gne	Balt
di.	n S	Ť
× re	bee	f. 0
100	has	8
Ë	ate	ate
AN:	tifica	S
SICI	Cer	=
Ϋ́	this	*
ATTENDING PHYSICIAN	ler 1	ath
NO.	. Aft	de
TEN	DR.	fter
A	5	60

									91	318	155	
		FOR STATE REGISTRAR	STATE OF MAR					EALTH AND DEATH	MENTAL HYGIEN			
Y		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		3. TIME OF DEATH	
			AUSC						11 04	F 91	1325	
10			SEX 6. A	AGE (In yrs. last	-1100	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)	
KI)				86	YRS.		COM		1/12/19		aryland	
3	ar I	9e. FACILITY NAME (If not institution, give street						R LOCATION OF D		9c. COUNTY O	F DEATH	
2	P	St. Agnes Hospita	I T			Ba.	ltim	ore Cit	У			
Comment Sharp special	DIRÉ	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
permit. P		Maryland Anne A	rundel		Pas	aden	- T			1 YES 2 NO		
it per	RA	754 220th St.						ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?	
physician. burial-transit	FUNERAL		. WAS DECEDENT EV	FR IN U.S. ARM	4FD	13 1	_	21122	ANIC ORIGIN? (Specify Yes	U.S. 1	ACE — American Indian,	
physi		1 Never Married 2 Married	FORCES? 1 1	YES 2 N	0	11	yes, spe	city Cuben, Mexic 2 NO Spec	an, Puerto Rican, etc.)	-8	Hack, White, etc.	
as the	D BY	3 X Widowed 4 Divorced					- X cp		White			
use a	ETEC	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDL									Y	
pital o	PE	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)			make	_		0			
the hospit detached once.	COMPLI	17. FATHER'S NAME (First, Middle, Last)	1	поше	makei		18. MOTHER'S N	Own Ho				
by th	w li	16. MOTHER'S NAME (First, Middle, Last) George Brock										
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	AOORESS	(Street ar	nd Number or Rura	Route Number, City or Tow	n, State, Zip Code,	21122	
ay be re page 5	F	Ernest C. Strause			754	220tl	ı St	., Pasa	dena,	7 1	Maryland	
e 6 may ector, pa must b		20a. METHOD OF DISPOSITION 1 By Burlel 2 Cremation 3 Removal	from State	20b. PLACE A	natory or o	ther place!				CATION - CY	November 1997	
director, er must		4 Donetion 5 Other (Special 21. SIGNATURE OF FURENAL SERVICE LICENS		Glen]	Have	n Mer	n. P	k. 11/	6/91 Gle	n Burnie,	A.A., MD	
death, Pag tuneral dil i, examiner		AND	0 1						ick F.H.			
the fitter de oval.	\mathbf{H}	· 0000 0010	w			42	21 C	rain Hw	y., S.E. G1	en Bur	nie, MD 21061	
death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. a attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-trar ental Hygiene prior to burial, cremation, or removal, use the publication of the medical examiner must be notified at once.		23. PART I. Entar tha diseases, or com ahock, or heart failure. List	plicationa that can only one cause of	used the das on each line.	eth. Do r	not anter	tha mod	da of dying, su	ch as cardiac or reapi	Iratory arrast,	Approximata Interval Batween	
24 hours y filled in tion, or re the med		IMMEDIATE CAUSE (Final disease or condition \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
ted within 24 completely fill ial. cremation; event, the	1	reaulting in death) a	OUE TO (OR	AS A CONSEO	UENCE O	F):						
ecuted and com burial, a	2		BIM!	0011	0		5/	1811	meno	M		
e be execut sician and c rior to buri traumatic	CATION	Sequantially liat conditions, if any, leading to immediate		AS A CONSEQU	UENCE O	F):\		CVIC	2000 CVIC			
cate b hysici e prio	5	CAUSE (Disease or Injury										
certifica ding phy lygiene	CERTIFIC	that initiated events resulting in death) LAST	DUE TO (OR	AS A COMBED	DEDUENCE OF):							
death certificate be es attending physician a ental Hygiene prior to iry, or other traum	CE	d	Ca	10010	1		11	XII	X			
quires that the de n signed by the a f Health and Mer ows any injure	Ä	PART II. Other algnificant conditions co	ontributing to dea	th but not ra	aulting	In the un	derlying	cause given in	Part J. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
es that gned by salth an	MEDICAL	preil	oura	-		- V/	00	15-56	PIT 1 YES 2	. □ NO	COMPLETION OF CAUSE OF DEATH?	
requires een sign of Heal shows		VILLOSE	0010	2.0	1.01	0.1	-	1 = 10			1 YES 2 NO	
has be Dept.	AN	25. WAS CASE REFERRED TO MEDICAL	2001	UP	VV	P.70	ZDC	ACE OF DEATH (C	(1905)			
SICIAN: The law requestrificate has been the State Dept. of the State Dept. of them 23 sho	SICI	EXAMINER? H	OSPITAL:	Outpatient 3	□ DOA	OTHER	ir.		8 Other (Specify)			
rSicial certification the	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU	JRY	26b. TIM	E OF	28c. INJL	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURED		
DING PHYS After this of death with marked,	BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	our)	INJ	M	1 🗌 Y	ES 2 NO	-2.5			
ENDIN IR: Aft er de	ED	3 Suicide 6 Could not be	26e. PLACE OF IN. building, etc.	JURY — At hon (Specify)	ne, farm, a	strant, facto	ery, office		281. LOCATION (Street a City or Town, State)		rs/ Route Number,	
L OR ATTENDING PORTED DIRECTOR: After thours after death item 28 is mar	ш											
2 1 N =	COMPL	one)							se to the cause(e) and mer			
HOSPITAL FUNERAL within 72	00	2 MEDICAL EXAMINER: 0	n the beels of exemir	nation end/or in	rveatigatio	in, in my o	oinion, de			nd due to the cau	se(a) end menner ea stated.	
TO THE HOSPIT TO THE FUNERA DE filed within 7	BE	290 STONATURE AND TITLE OF CERTIFIER	coule.	Resi	oen	T		29c. LICENSE NU	JMBER	29d. DATE SIGN	NED (Month, Day, Year)	
2 2 3 ₹	2	30. NAME AND ADDRESS OF PERSON WHO CO								11	4 1991	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Cutombo Kankonde, MD ST A

31. DATE FILED (Month, Day, Year)

NOV 5 1991

HOIPITAL

AGNES

The second of the second

nay be retained by the hospital or attending physician.	; page 5 should be detached for use as the burlal-transit permit, Pages	st be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, Pages be filed within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burlat, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

2

IMMEDIATE CAUSE (Final

Sequentially list conditione, If eny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST

disease or condition resulting in death)

1. OECEOENT'S NAME (First		RPLESS							2. DATE OF D MONTH Octobe	D4	, 19	91	3. TIME OF DEATH 7:05 P
	. SOCIAL SECURITY NUMBER 219-52-0398 5. SEX 1 □ M 2 ☑ F 82			n yrs. lasi birthday) YRS.		DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE OF B (Month, Day April	(Year)	190	Countr	PLACE (State or Foreign y) aryland
9a. FACILITY HAME (# not institution, give street and number) Cuppett-Weeks Nursing Home RESIDENCE OF DECEDENT					-	akla		TOH OF D	EATH			nty of D rett	
10a. STATE 10b. COUNTY Maryland Garrett					t. La								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
301 Lothian Street						101. ZIP CODE 10g. CITIZEH 21550 USA					WHAT COUHTRY?		
11. MARITAL STATUS 1						If yes, sp		an, Maxic	NIC ORIGIN? (Sp an, Puarto Rican fy:		or No-	Black	— American Indian, k, White, atc. White
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (9-12) College (1-4 or 5 +) 7				Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKET			ing	18b. KIND OF BUSINESS/IHDUSTRY Own Home					
17. FATHER'S HAME (First, A Truman Le		eitzer							AME (First, Middle Susan		Surname)		
19a. INFORMANT'S HAME (227 N					Route Number, C				
20g. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Garrett												City or To	ryland
21. SIGNATURE SETUMERAL DERVICE LICENSEE MOOI								ess of F				ox 2	43 d. 21550
23. PART i. Enter the dehock, or h	eart fellure.	complications the			not ente	r the me	ode of d	ying, suc	ch ee cerdiec	or reapl	ratory er	reet,	Approximete Interval Betwee

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FIHDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 - YES 2 100 1 YES 2 HO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one 1 TYES 2 THO 1 | Inpetiant 2 | ER/Outpetient 3 | DOA 5 Rasidence 8 Other (Specify) 27. MAHHER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. IHJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 HO 28a. PLACE OF IHJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be detarmined 4 | Homicide

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

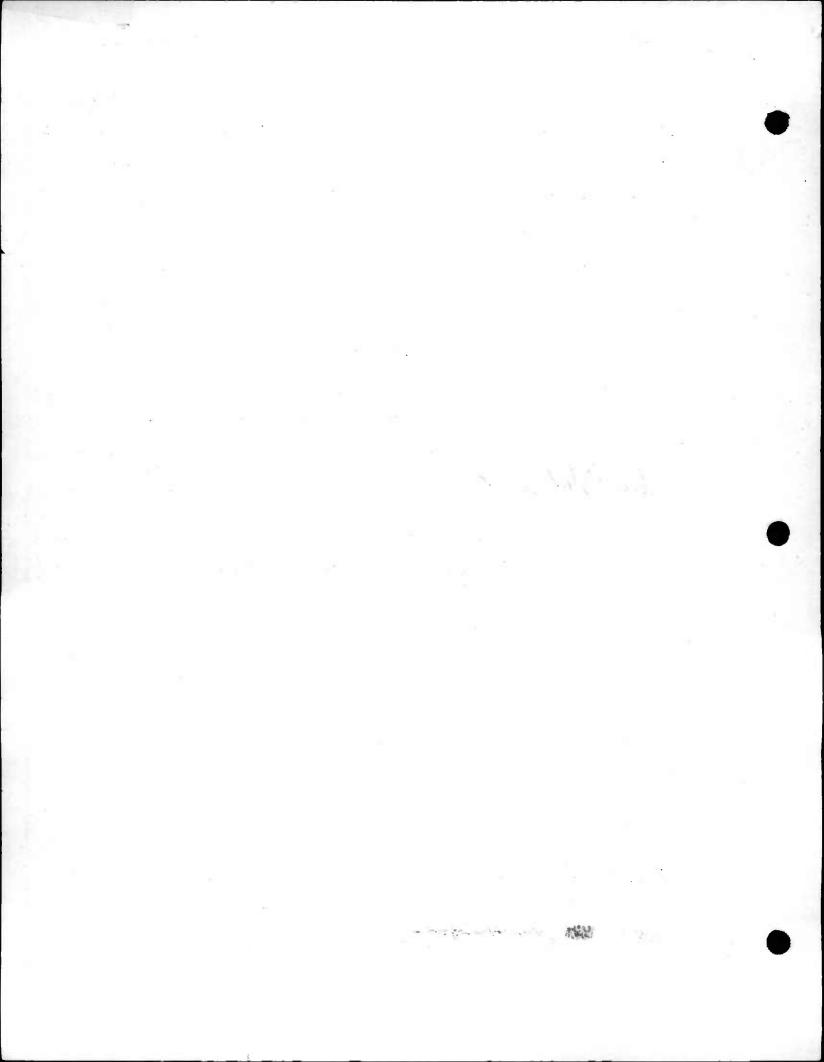
Control of the Contro			
29b. SIGHATURE AND THE OF CERTIFIER	MD	29c, LICENSE HUMBER 25759	29d. DATE SIGNEO (Mor

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) , a dymonn

31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE NOY

Accident MD 21520

Monto



DRDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	any injury, or other traumatic event, the medical examiner must be notified at once,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within armouns after in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

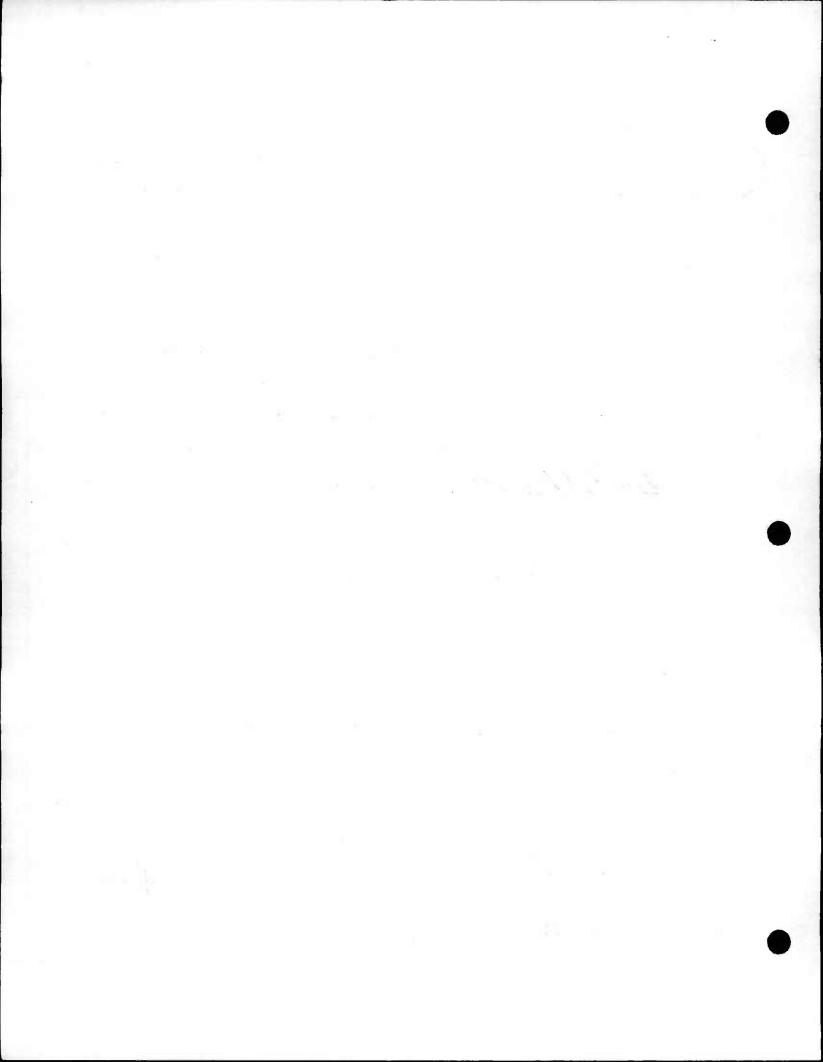
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

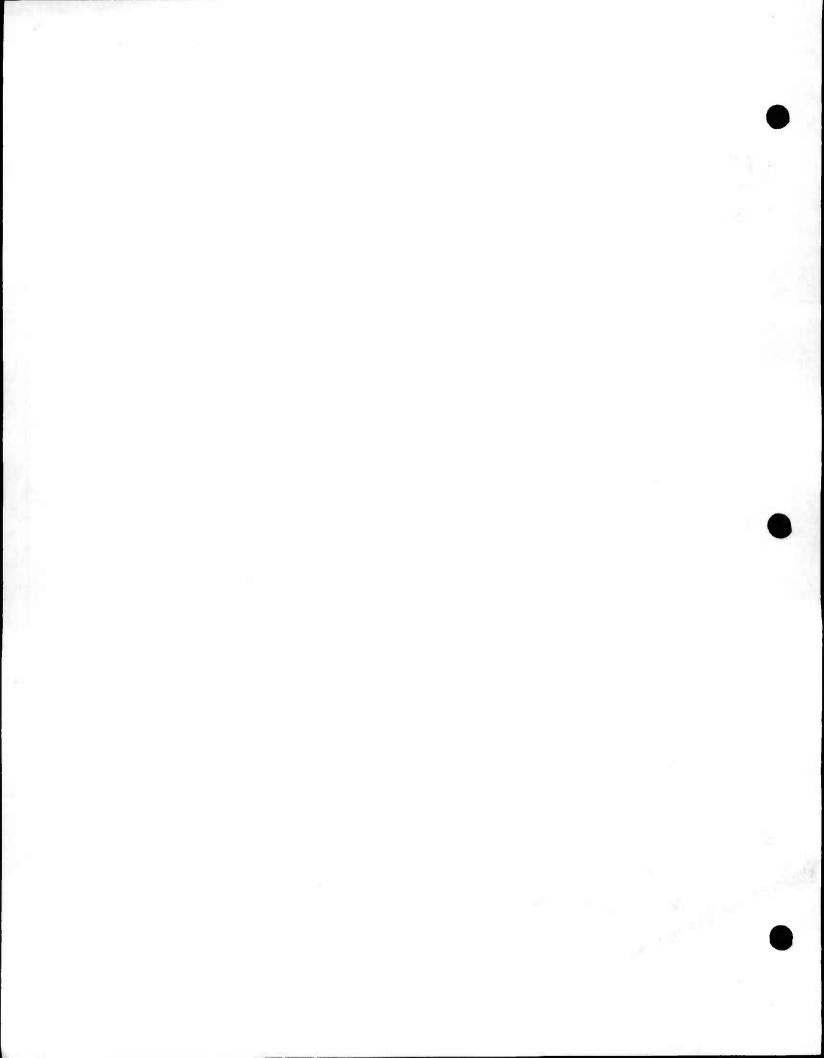
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	CATE OF	DEATH		REG. NO					
1. DECEDENT'S NAME (First,							2. DATE O	F DEATH	av.	VEAR	3. TIME OF OEA	(TH	
ELIZABETH	JOANN	E SHAFFE	2				Novem	ber 7	, 19	991	10:35	Рм	
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. is	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH		6. BIRTH	IPLACE (State or I	Foreign	
214-32-3060		1 🗆 M 2 🕮 F	85	YRS.	ONTHS DAYS	HOURS MIN.	Oct.	Day, Year)	1906	Count	Va.		
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF D					NTY OF DEATH		
Garrett Cour			spital		0akl								
RESIDENCE OF DEC		morace in	-										
10a. STATE	10b. COUNTY	1		10c. CITY,	TOWN OR LOC	TION					10d. INSIDE CIT	Υ	
Maryland	Ga	rrett		Dee	r Park						1 YES 2X] NO	
10e. STREET AND NUMBER					1	of. ZIP CODE			10g. CITti	ZEN OF	WHAT COUNTRY?		
Rt. 3 Box	252					21550			USA	A			
11. MARITAL STATUS		12. WAS DECEDEN				CENDENT OF HISPA			or No—	14. RACI	E — American Inc k, White, etc.	lien,	
1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 2 X	NO		pecify Cuben, Mexic S 2 MO Speci		cen, atc.)		Spec			
3 🔀 Wildowed 4 🗌 Divo	rced						,			Open	White		
	EDENT'S EDU				SUAL OCCUPAT		16b. F	(IND OF BU	SINESS/IND	USTRY			
Elementary/Secondary (0		College (1-4 or 5+	1/1	le. Do NOT use	retired.)	oat or working							
6			H	omemak	er			Own	1 Home	е			
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S N.	AME (First, Mi	ddie, Maiden	Surname)				
Oscar		Davis				1	UNKNOW	IN					
18a, INFORMANT'S NAME (7	/pe/Print)		1	9b. MAILING /	DDRESS (Street	and Number or Rural	Route Numbe	r. City or Tow	n. Stete. Zio	Code)			
Albert Shaf	fer. J	r.		Rt. 3	Box 2		Park,				550		
20s. METHOD OF DISPOSITI			20b. PLACE	F OF DISPOSE	TION (Name of c	emetery, cremetory or		200 10	CATION —	City or Tr	num State		
1 X Burial 2 Crematic	n 3 🗆 Rem	oval from State	other	O.F.	Cemete	rv					W. Va.		
21. SIGNATURE OF FUHERA		ZENSEE				ND ADDRESS OF F	ACILITY						
alo.	M	10	-						O. Bo				
Loven	110	June	M0016	67	Durst	Funeral	Home	- 0a	kland	l, Me	d. 2155)	
23. PART I. Entar tha di	seases, or	complications that	ceused the d	leath. Do no	t antar the m	ode of dying, au	ch ae cardia	ac or resp	iretory arr	est,	Approxim		
enock, or h		List only ona cau	se on each lin	la.							Onset er		
disease or condition	lait	-										_	
resulting in deeth)		Pneum Due to	Onla OR AS A CONSI	EQUENCE OF							1 we	ек	
	_					e a la servi							
Sequantially list conditi		DUE TO	OVASCU	TOT IT	SULLIC	rency							
If any, laeding to imme- cause. Enter UNDERLY!											1		
CAUSE (Disease or Inju- that initiated events	ny S	c. DUE TO	OR AS A CONSI	EQUENCE OF)	:								
resulting in death) LAS	T .	0											
		d											
PART II. Other eignifice	nt condition	a contributing to	daeth but not	reaulting in	the underlyl	ng ceuse given i	Pert I.	24a. WAS AN		246	WERE AUTOPSY		
ASHD								1 TES			COMPLETION OF		
CHF											OF DEATH?	NO	
											1 (23 2	140	
25. WAS CASE REFERRED I	O MEDICAL	T T			26.	PLACE OF DEATH (C	back only one						
EXAMINER?		HOSPITAL:			OTHER:	STATE CHICKS	10. 0						
27. MANNER OF DEATH		1 Inpatient 2 26s. DATE OF		28b. TIME		me 5 Residence	_						
_/	Pending	(Month, De		INJU	RY V	JURY AT	28d, DESC	HIBE HOW	INJURY OCC	JURED			
	Investigation					YES 2 NO	-						
	Could not be	28e, PLACE Of building,	F INJURY — At h stc. (Specify)	nome, farm, st	reet, factory, off	ce	26t. LOCAT	TION (Street Town, State	and Number)	or Rural	Route Number,		
4 Homicide	determined												
29a. CERTIFIER	IFYING PHYS	ICIAN: To the best of	my knowledge, o	death occurred	at the time, da	a and place, and du	s to the caus	e(s) and ma	nner as stat	ed.			
anal		R; On the basis of a									a) and manner as	stated.	
29b. SIGNATURE AND TITLE	-	/		-		29c. LICENSE NO					D (Month, Day, Yea		
	110	un				1 1	-2277		29G, DAII	116	-1/1 /	,	
30. NAME AND ADDRESS	Democrative wa	O COMPLETED CALL	E OF DEATH "T	EM 97) /5	Defect	1010	1))			11 1	141		
						Oakland,	Mass	land	21550				
Thomas G. J				ourth :	JL.	vaktalid,	mary.	Land	21))(
31. DATE FILED (MONTO Day.		A L 32. REGISTRA	R'S SIGNATURE										



DHMH-18 Rev 1/89

	_	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEP/ CERTI	ARTMENT (OF DEATH	ND MENT	REG. NO.	:		
		1. DECEDENT'S NAME (First, Middle, Last)	duland		Can		2. DA	TE OF DEATH	- 10	YEAR 3. TIME OF DE	EATH
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	'In yrs. last birthda	y) IF UNDER 1 Y		HRS. 7. DA	TE OF BIRTH	190	L BIRTHPLACE (State or	Formion M
(P)	216-16-6315	1 M 2 F	71 YRS	MONTHS D		AIN. (M	onth, Day, Year)	920	Virginia	
V	1	9a. FACILITY NAME (If not institution) give str	eet and number)	-4	96 CITY, TO	OWN OR LOCATION	OF DEATH			Y OF DEATH	4.
. 2.	Cron	RÉSIDENCE OF DECEDENT	ocial Ho	501191	HAU	ire de	201	ACE.	HA	rtord	
Service .	DIRE	10a. STATE 10b. COUNTY		10c. 0	TY, TOWN OR	OCATION				10d. INSIDE CI	TY
permit.	AL D	MARYLAND CE 100. STREET AND NUMBER	CIL	R	ISING	SUN 101, ZIP CODE			40 CITITI	1 TYES 27	
is.	8	87 POST ROAD				21911				ISA	,
020 physician. burfal-transit	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 17 TYPES IF YES, GIVE WAR OR DO	U.S. ARMED	13. WAS		IISPANIC ORI	GIN7 (Specify Yes	IN? (Specify Yes or No. 14 BACE - Ame		
a gia	ВУ	3 💢 Widowed 4 🗌 Divorced	1942-194	TES 15	1		Specify:	,		Specify: WHITE	
	ETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	(Give kind)	'S USUAL OCCU	IPATION ng most of working		66. KIND OF BUSI	NESS/INDU		No.
4 B 5	1 1	Elementary/Secondary (0-12)	College (1-4 or 5+)		use retired.)	TIMINID					
A se se	COMPI	17. FATHER'S NAME (First, Middle, Last)		CIVI	DIAM G		'S NAME (Firs	CTVII.		VICE	
≥ 5 € €	BE (ALBERT SAGE				LET		COPELA			
MA retain 5 sho	2	WAYNE NICHOLS	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code PO BOX 281 CONOWINGO, MARYI, AND								
ALTIMORE, I leath. Page 6 may be funeral director, page i		20a, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remov	20b.	PLACE AND DAT	E OF DISPOSITIO					21918 by or Town, Stata	
Page 6 ma al director, p		4 Donation 5 Other (Specify)	H	etery, cremetory o	other place) L CEM	ETERY 1	1-8-				D
BALTIMOR er death. Page 6 ma the funeral director, p val.		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	0.	22. NA	T. FO	OF FACILITY				
0 - 0		23. PART I. Enter the diseases, or co	J. Jo	ofie		RISING	CIIN	MD			
DO TO		ehock, or heert fellure. Li	ist offiny order ceutige on as	ACITY Hove.						Approxir	
24 Illion lion		IMMEDIATE CAUSE (Final disease or condition resulting in death)	cardo	rem	c She	wck				Oneat ar	nd Death
D 2 - 5		a.	DUE TO (OR AS A	COMEQUENCE	OF):	1.0	. 0	00.			
execu and o bur	NOI	Sequentielly list conditione, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE	20 Ca	White	ling	naw	N		
BOX ficate be e physician ne prior to	CAT	cause. Enter UNDERLYING CAUSE (Disease or injury						,			
	CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE							
		d.									
2 to 20 E	DICAL	PART II. Other algnificent conditions	contributing to death bu	It not resulting	In the under	lying ceuee give	n in Part I.	24a. WAS AN AI PERFORM		24b. WERE AUTOPSY AVAILABLE PRIOR	IR TO
w requires that the signed is been signed in pt. of Health and shows any	MEDI							1 THES 2	NO	COMPLETION OF OF DEATH?	
TAL REC The law requires the has been sign ate Dept. of Heal										1 - YES 2	NO
OF VITAL HYSICIAN: The law his certificate has with the State Dep	SICIAN:		HOSPITAL:		OTHER:	S. PLACE OF DEATI	I (Check only	one)			
PHYSICIAN: The this certificate with the State	PHYS	1 YES 2 7 NO 27. MANNER OF DEATH	28s. DATE OF INJURY	stient 3 DOA	4 Nursing	Home 5 Realde		her (Specify) ESCRIBE HOW INJ	ILIBY OCCU	aen .	
ON OP DING PHYS After this of death with	ВУР	Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		JURY	WORK?		EQUALIBE HOW INC	ONT OCCUP	ieu	
DIVISION OR ATTENDING F DIRECTOR: After thours after death	ED	3 Suicide S Could not be detarmined	28e. PLACE OF INJURY building, atc. (Special	Af home, farm	, street, factory,	office	281. LC	CATION (Street and by or Town, State)	d Number or	Rural Route Number,	
DIVI OR ATT DIRECTI Hours at	4	200 CERTIFIED									
로 경상 토	COMP	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle On the basis of examination	edga, death occu and/or investigat	rred at the time,	data and place, and	dua to the c	suse(a) and manne	or so stated.	anneales and man	
TO THE HOSPI TO THE FUNER be filed within		29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE				IGNED (Month, Day, Year	
TO THE TO THE De filed	O BE	Hone Jun	(tru, MT			D37	364	L	► (()	E181.	
		30. NAME AND ADDRESS OF PERSON WHO 219 W. Be(Air Air		er de	M. MI)).	001	t		•
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA			7 (-()	1	(.			
	- 1	NOV OR OIL	8 0. R	14 30							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive he find within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	2 2	=

31. DATE FILED (Manual)

'9

							21	31	859		
	FOR STATE REGISTRAR			TMENT OF HEALTH AND ICATE OF DEATH		HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	AJoseph Anth	ONY STF	Staveckas VECKAS	2. DATE OF MONTH	DEATH DA		AR	ME OF DEATH		
	4. SOCIAL SECURITY NUMBER 190-18-4950	5. SEX 1 M 2 F F 70	rsi birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. OATE OF (Month, D Sept.	Day Maarl	1921 I	enns	E (Stata or Foreign Sylvania		
PR	9a. FACILITY NAME (It not institution, give str Fallston General			9b. CITY, TOWN OR LOCATION OF DI Fallston		9c. county of Geath Harford					
5	RESIDENCE OF DECEDENT		The Large								
FUNERAL DIRECTOR		arford		r town or location rest Hill		1[INSIDE CITY LIMITS? YES 2 X NO		
IERAL	1620–C Rebecca Co	ourt		101. ZIP CODE 21050		18g. CITIZEN	OF WHAT USA	COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 Kes 2 I IF YES, GIVE WAR OR DATES WWII KOYEA	RMED NO	1 ☐ YES 2 NO Specify:					American Indian, ita, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of the secondary (0-12)	completed) ((Give kind of v	nt's usual occupation do working of work done during most of working of use retired. Litary US—government							
BE COM	17. FATHER'S NAME (First, Middle, Last) Vladislaus Staveckas 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bronislava Mickiute										
TO B	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1620—C Rebecca Court, Forest Hill, Md. 21050										
	20e. METHOD OF DISPOSITION 1	oval from State 20b. PLACE	e of dispos place) Lngtor	National Cemetery	ery	20c, LO	CATION — City Arline				
	21. SIGNATURE OF FUNERAL SERVICE LIC			HOWARD R. MCC	Somas,	ALL F	uneral	Alon	bustagai		
	23. PART i. Enter the diseases, or c				magical and the Real Property lies	c or reapi	ratory arreat,		Approximate interval Batwaan		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardio Bulmonary arrest										
z	OUE TO (OR AS A OPHISEQUENCE OF):										
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSI	EOUENCE O	F):							
岁	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
DICAL	PART II. Othar algumeant condition	a commouning to dath but not	resulting	in the underlying cause given in		24a. WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
PHYSICIAN: MEDICA								1 [YES 2 NO		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)						
1S	1 TES 2 NO	1 Inpatient 2 ER/Outpatient	3 🗆 DOA	4 Nursing Home 5 Realdance	6 🗆 Other ((Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	NJURY 28b, TIME OF 28c, INJURY AT WORK? M 1 □ YES 2 □ NO				DEŞCRIBE HOW INJURY OCCURED				
G							281. LOCATION (Street and Number or Rural Routa Number, City or Town, State)				
COMPLET	onel -			ed at the time, date and place, and du on, in my opinion, death occured at th				iuse(a) an	d manner as stated.		
띪	296. SIGNATURE AND TITLE OF CERTIFIER	ier MD		29c. LICENSE NU	1MBER 7/) 4		29d. DATE S	GNED (M	on che year		
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (IT	EM 27) (Tree	Print	9		4.6	1	1 10		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

· 10

burial-transit

nding	is the		
r atte	nse		
o ltal	d for		
hosp	tache		Ce.
y the	e de		at or
d ber	Divid		ed
retair	5 sho		notif
ay be	page		pe
6 m	ctor.		nust
Page	dire		Jer I
eath.	nuera		E S
ter d	the	See.	al e
nrs a	in by	E	edic
01 5	filled	M, M	TI BILL
thin .	etely	emati	m, m
w par	ршох	ا ا	646
DOSCOU	and o	500	natic
Be	ician .	707	The L
ificate	phys	ane p	her
n cert	uging	Ě	0 10
death	e atte	eura	Š,
if the	by th	NG NG	Ē
e tha	Dued	alth a	1 am
edulu	en si	아 노	how
aw s	as be	Jept.	23 8
: The	ate h	tate	tem
CIAN	ertific	the S	6
PHYS	this c	WIGH	rked,
DNI	After	geath death	E
TENC	TOR:	after	28 18
DR AT	NREC.	OULS	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10SP	UNE	VIENI	ANT
표	THE	fled v	PORT
2	2	2	Ξ

Item: 17, per F.H. 11/29/91 G-681 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARY TERESA TRAVER HINOM 4:22 A M Mary Traver 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 578-32-2333 1 M 2 1734F 12/22/04 Washington DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES RIVERDALE, MD LELAND MEMORIAL HOSPITAL RESIDENCE OF DECEDENT DIRECT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince Leone Landover Hills AM 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6709 Redfield avenue 20784 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 □ YES 2 MNO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY dary (0-12) College (1-4 or 5+) 12th U.S. Gov't. secretary 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) William Bennett, John A. Mary T. Sauter 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul S. Traver 6709 Redfield Ave., Landover Hills, Md. 20784 20e_METHOD OF DISPOSITION

1/ Burlal 2 Cremation 3 Removal from State

4 Donation 5 Disher (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION --- City or Town, State Mt. Olivet Cemetery Washington DC TREMHATURE OF FUNERA SERVICE LIE 22. NAME AND ADDRESS OF FACILITY
FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 4739 BALT. AVE., HYATTSVILLE, MD. 20781 finter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): minu Xes Terrosterote CardioVasular Drease CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL wehauteriz fracture left 1 YES 2 NO OF DEATH? hner monice assignation 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO atient 2 - ER/Outpatient 3 - DOA ma 8 - Residence 8 - Other (Specify) 26a. DATE OF INJURY
(Month, Day, Year)
10-13-41 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY - At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Ploute Number, Street) or Town, State), 6-70 9 Red Led Led Ave Lawby Hills 3 Suicide 8 Could not be determined COMPLETED 4 Homicide home 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) 2 MEDICAL EXAMINER: On the and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER Deputy Medical 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE DO1852 Examire 2

THAN'S SIGNATURE Mandall

32. REGISTRAR'S SIGNATURE

ORE

1991

31. DATE FILED (Month, Day, Year)
NOV 0 5

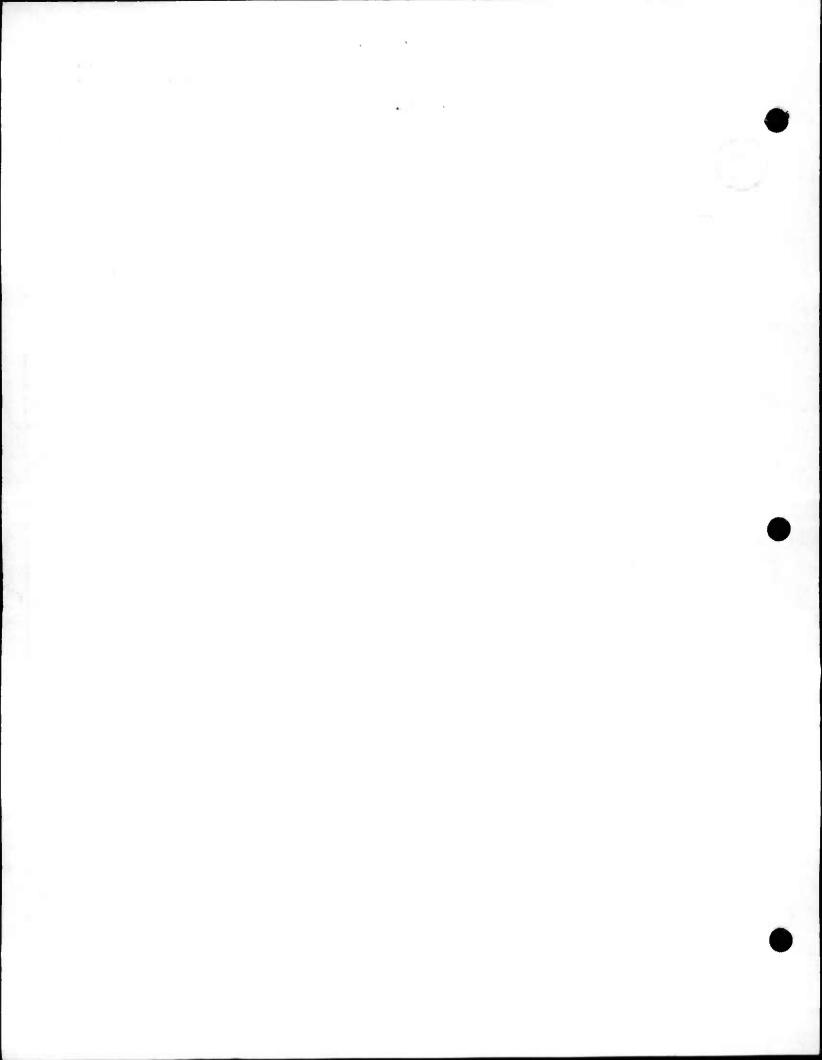
Quandray Rel Hyattsville MM) 20781

all Hydron and the same

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STA		IAR
, [1. D	ECED	ENT'S	NAN

REGISTRAR		CEN	ITICALE	OF DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	- U= - N				2. DATE MONTH	OF DEATH	AY 1	EAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birth	eday) IF UNDER 1	YEAR IF UNDER 24 HRS		Day, Year)	,	Country	
Steph maris Hos		37 1	9b. CITY,		DEATH	17/34			ath
10e. STATE 10b. COUNT		100		LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE	2			N OF W	HAT COUNTRY?
11. MARITAL STATUS Never Married 2 Merried 13 Divorced	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED YES 2 NO	13. W	yes, specify Cuban, Max	ican, Puerto F	7 (Specify Yar lican, etc.)		RACE Black,	— American Indien, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Grade 10	CATION completed) College (1-4 or 5+)	(Give kir	ld of work done du IOT use retired.)	CUPATION ring most of working			SINESS/INDUS	TRY	WIDCE
17. FATHER'S NAME (First, Middle, Last) William Bernard	Kelly		- 0 -		NAME (First, M	liddle, Maiden	Surname)		
99. INFORMANT'S NAME (Type/Print) Warren A. Tucker		19b. MA 914	O Vollm	Street and Number or Run	I Route Numb	er, City or Tow	n, State, Zip Co	ode) Ma	tuland 2076
toa. METHOD Q5 DISPOSITION Buriel 2	oval from State	20b. PLACE AND D	ATE OF DISPOSIT	ION (Name of	DATE	20c. LO	CATION - CIT	or Tow	n, State
H. SIGNATURE OF FUNERAL BERVICE LIC	CENSEE	01.	DO:	naldson Fu	reral	Home.	P.A.		
IMMEDIATE CAUSE (Final	a. Ca l	leng		e mode or dying, at	ich as card	ec or reepi	ratory errea		Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	E		omation.						
resulting in death) LAST		JOHN-10111-00122-0							
PART II. Other significant condition	a contributing to de	ath but not result	ing in the unde	orlying cause given i	n Part I.	PERFOR	MED?	6	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE IF DEATH? YES 2 NO
S. WAS CASE REFERRED TO MEDICAL			OTHER:	36. PLACE OF DEATH (Treck only one				
EXAMINER?	HOSPITAL:							and the second	
EXAMINER? 1 YES 2 40 7. MANNER OF DEATH	HOSPITAL: 1 Dispetient 2 DEF 28s. DATE OF INJ (Morth, Day.)	URY / 29h	TIME/OF 21	g Home 5 Thesidence le. INJURY AT WORK?	-	-	UNITY OCCUR	-	
EXAMINER? 1 YES 1 40 7. MANNER OF DEATH	28s. DATE OF INJ (Month, Day,)	JUNY - At home, to	TIME/OF 21 INJURY M	e. INJURY AT WORK?	284. DESC	RIBE HOW IN		ED	
7. MANNER OF DEATH 1 Netural Death	28e. DATE OF INJ (Marth, Day: 1 28e. PLACE OF IN building, etc.	JUNY At home, to (Specify)	TIME/OF 21 NAJORY M m, street, factory	IE. INJURY AT WORK? 1 YES 2 NO , office	284. DESC 281. LOCAL City or	FIGN (Mover as Town, State)	nd Number at I	ED Purer Hou	de Number,
7. MANNER OF DEATH 1 Ves 2 Accident 3 Pending Immediation 3 Suicide 6 Could not be determined 8. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	28s. DATE OF INJ (Month), Day, 1 28s. PLACE OF IN building, etc. CIAN: To the best of my R: On the best of axami	JUNY At home, to (Specify)	TIME/OF 21 NAJORY M m, street, factory	IE. INJURY AT WORK? 1 YES 2 NO , office	284. DESC 281. LOCAL City or se to the cause time, date a	FIGN (Mover as Town, State)	nd Autober as A	ED Sure/ Pou	de Alumber;
7. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 9. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF INJ 28e. DATE OF INJ (March, Day:) 28e. PLACE OF INJ DUILIDING, etc. CIAN: To the best of my R: On the best of axami	JUNY - At home, to (Specify) a knowledge, death en netion and/or investi	TIME OF REJURY M m, street, factory curred at the time gation, he are opin	ie. INJURY AT WORK? 1 YES 2 NO office s, date and place, and di fion, death occured at the	28t. LOCAL City of the to the cause of time, date a	PRIBE HOW IN FROM (Winser as Swee, State) e(s) and manu and place, and	nd Number at I	Flored Plots Fl	ond manner as stated.
4 9 7 The second of the color o	SOCIAL SECURITY NUMBER 578-44-7653 BE FACILITY NAME (If not institution, give is separated and institution, give is separated and institution, give is separated and institution, give is separated and institution, give is separated and institution, give is separated and institution, give is separated and institution, give is separated and institution, give is separated and institution. The country of the co	SOCIAL SECURITY NUMBER S. SEX 5 78 - 44 - 7653 1 M 2 F S. FACILITY NAME (If not institution, give street and number) Steph maris Hospice RESIDENCE OF DECEDENT 10b. COUNTY HOWARD 12. WAS DECEDENT 13. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Grade 10 College (1-4 or 5+) William Bernard Kelly 13. METHOD 05 DISPOSITION Burles 2 XI Cremetton 3 Removel from State Donation 5 Other (Specify) 13. SIGNATURE OF FUNERAL BERVICE LICENSEE MMEDIATE CAUSE (Final leases or condition Beautiful in death) AUSE (Disease or Injury hat initiated evente essuiting in death) LAST ART II. Other significant conditions contributing to death ART II. Other significant conditions contributing to death	SOCIAL SECURITY NUMBER S. SEX S. AGE (In yrz. last birth STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 1 m 2 pr STR - 44 - 7653 100. COUNTY M. J. MARITAL STATUS M. MARITAL STATUS STR - 44 - 7650 100. COUNTY HOWARD S. STREET AND NUMBER S. SEX S. AGE (In yrz. last birth 5. SA S. AGE (In yrz. last birth 10. W. ADV. D. ACC AND ONE CONTROL S. STATE S. AGE (In yrz. last birth 10. COUNTY 10. AS A CONSEQUENT ART II. Other significant conditions contributing to death but not result ART II. Other significant conditions contributing to death but not result	SOCIAL SECURITY NUMBER S. SEX S. AGE (in yrs. last betinday) F. UNDER 1 SOCIAL SECURITY NUMBER S. SEX S. AGE (in yrs. last betinday) F. UNDER 1 SOCIAL SECURITY NUMBER S. SEX S. AGE (in yrs. last betinday) F. UNDER 1 SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER SOCIAL SOCIEC STORE TO COUNTY HOWARD S. STATE 10b. COUNTY HOWARD 12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 SOCIAL SAME OF ORDER SOCIAL SECURITY MICHORY Married SOCIAL SECURITY SOCIAL SECURITY SOCIAL SECURITY HOWARD 12. WAS DECEDENT EVER IN U.S. ARMED FORCEST 1 SOCIAL SECURITY SOCIAL	SOCIAL SECURITY NUMBER S. SEX S. AGE (in yrs. last birthoday) F UNDER 17 LAND F UNDER 24 INS MONTHS GAYS HOURS MINN.	SOCIAL SECURITY NUMBER S. SEX S. A. AGE (in yrs. lest birmdey) F. UNDER 1 YEAR F. UNDER 1 YE	SOCIAL SECURITY NUMBER S. SOCIAL SECURITY NUMBE	SOCIAL SECURITY NUMBER S. SEX B. AGE (in yrs. lists brinding) S.	SOCIAL SECURITY NUMBER S. SEX S. AGE (b) yrs. hast birthoday FUNCES 1 YEAR FUNCES 2 HIRS. NO. COUNTY S. YEAR NO. COUNTY S. YEAR NO. COUNTY S. SECTIVE TOWN OR LOCATION OF DEATH S. COUNTY OF DESCRIPTION S. COUNTY



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

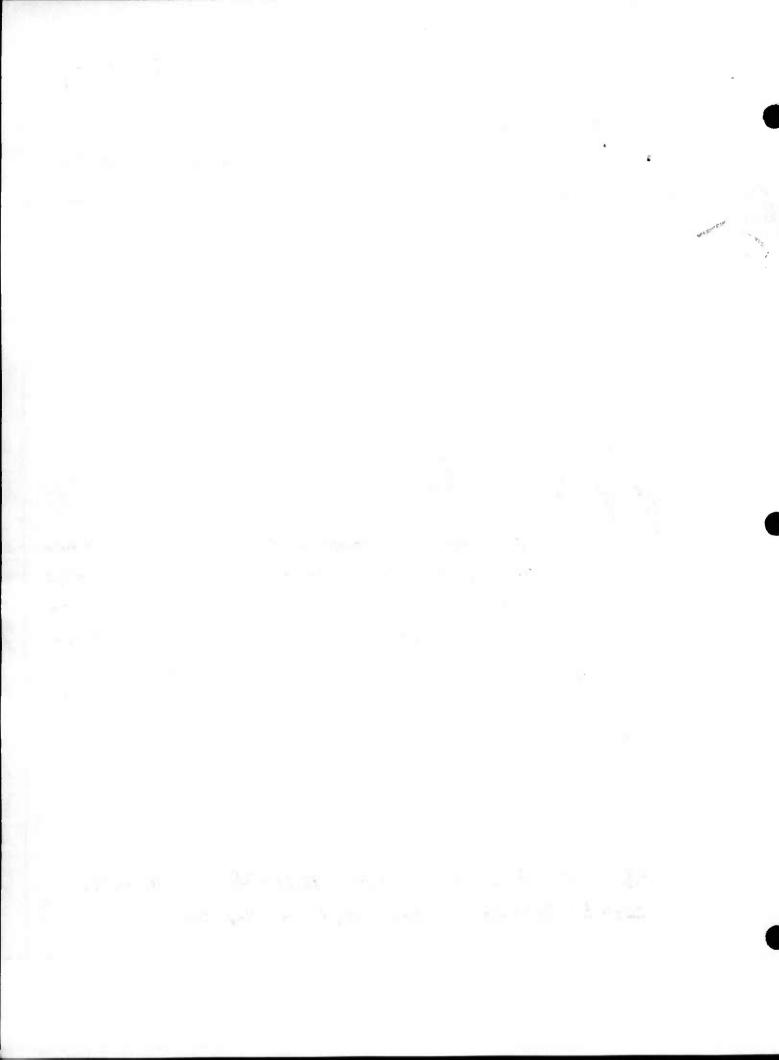
1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTM CERTIFICA			MENTAL HYGIEN		01002
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATH	DAY YEAR	3. TIME OF DEATH
William	D.	Tuck	er		10 27	1991	9:20 PM
4. SOCIAL SECURITY HUMBER 217-30-3518	5. SEX 6. AGE 1 ☑ M 2 ☐ F 50		UNDER † YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-25-19	Coun	
9a. FACILITY HAME (If not institution, give s	treet and number)	96	. CITY, TOWN O	R LOCATION OF D		96. COUNTY OF	ryland OEATH
3617 Roland Av	renue	В	altim	ore		n,	/a
ton. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATI	ОН			10d. IHSIDE CITY
Maryland		Bal		e City			LIMITS?
3617 Roland Av	enlle			21 21 1		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEOENT EVER	IN U.S. ARMED	13. WAS DECE	NDEHT OF HISPA	HIC ORIGIN? (Specify Ye	a or No — 14, RAC	CE — American Indian,
1 Never Married 2 Married IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) If yes, specify Cuban, Maxican, Puerto Rican, etc.) Specify:						ck, White, atc.	
15. DECEOENT'S EDUC (Specify only highest grade		(Give kind of work	done during mos	H t of working	16b. KIHD OF BL	ISINESS/INOUSTRY	
Elementary/Secondary (0-12) UNKNO	College (1-4 or 5+)	life. Do NOT use red	7.5		Golf (Course	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Meider		
(Albert Tu				ia Estell		erman
John Burnham		8218 B	ear C:	reek Di	Aoute Number, City or Town	Ltimore	,MD 21222
20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremellon 3 Remo	oval from Stale 201	b. PLACEAHD DATE OF DE	sposition(Name	Cemete	OATE 200. LC	Wood	own, Slete Lawn, MD
21. SIGNATURE OF FUNERAL SERVICE LIC				AODRESS OF FA		Funera	
Cobustalles,	Slent	M00535			t City, N	laryland	21043
23. MART I. Enter the disease, or or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e	ech line.		le of dyling, auc	1 1	iratory arreet,	Approximate intervel Between Onset and Deeth
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	o	A CONSEQUENCE OF):	V				
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
PART II. Other significent conditions	s contributing to death b	out not resulting in th	e underlying	ceuse given in	Pert I. 24s. WAS AN PERFO	RMED?	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lor	26. PLA	CE OF DEATH (Ch	eck only one)		
t YES 2 □ NO 27. MAHNER OF DEATH	t Inpetient 2 ER/Out	patient 3 DOA 4	Hursing Home		8 Other (Specify)		-
t Natural 5 Pending	FOUD d	28b. TIME OF INJURY	28c. INJU WOR	RY AT K? ES 2 X NO	28d. DESCRIBE HOW		
2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, larm, strank		2 (2) 110	Subject 28f. LOCATION (Street	and Number or Rural	
Homicide delarmined	at hom	**			City or Town, State;	and Ave	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 1 MEDICAL EXAMINER	CIAN: To the bast of my know	riedge, death occurred at	the time, data a	nd place, and due	to the cause(a) and ma	nner as stated.	
THE HIGHATUME AND ITLE OF CERTIFIER	O.K.			29c. LICENSE NUM			(Month, Day, Year)
Les Tel	Vi un D			0.C.			8 1991
OR HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE						
31. DATE FILEO (Month, Day, Year)	"32. REĞISTRAR'S SIGN	HATURE Peni	Stre	et. Ba	ltimore	Marylan	d 21201
OCT 3 1 '91	Sulia Vairdoon						

6	5		i
	- DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5		flow 28 is marked or flow and discussion of the profession of the market and the
7	0		7
5	5		3
2	ě		ď
9	0		3
:	era		7
5	5		ş
•	a	=	4
	E	Š	3
,	5	E.	à
	.⊆	H	-
	Pe	-	-
	⋷	0	h
	e	nat	
	Sel	ē	2
	Ē	0	2
	ö	Ja.	•
	B	3	20
	-	2	Ē
	CS	0	Š
	S	ă	-
	ā	e e	9
	2	ğ	è
	B	£	2
	att.	Ita	2
	9	Je G	1
	#	P	8
	5	æ	3
	Ped	듶	ě
	Sign	63	1
-	5	÷	Š
	pe	1.	6
	Se	eb	22
1	=	0 0	E
	ate	tat	3
	ij	S	The second
	Cen	€	0
	S	Ē	70
	€	*	1
ė	ter	ath	P.
	A	g	
	38	Te	-
	E	a	č
	분	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
	ō	2	ä

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN	T OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	MARCELE	ENA	TUKKER	2. DATE OF DEATH MONTH DAY	year 3. TIME OF DEATH 3:20 PM			
		5. SEX 6. AGE (in yrs. last 1 \(\bigcap \text{M} 2 \bigcap F \) 8 7 et end number)	YRS. MONTHS	R 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 7 / 2.7 / 1.904	BIRTHPLACE (State or Foreign Country)			
TOR	Baltimore Co. Ge	neral Hospit				ltimore			
DIRECTOR	Md. Carrol	1	10c. CITY, TOWN	OR LOCATION esville		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	Third Ave.			101. ZIP CODE 21784	10g.	CITIZEN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13.		NIC ORIGIN? (Specify Yee or No an, Puerto Ricen, etc.) fy:				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	College (1-4 or 5 +) (Gin	Do NOT use retired.)	during most of working	16b. KIND OF BUSINESS				
Ö	17. FATHER'S NAME (First, Middle, Last)		SaT Loc		AME (First, Middle, Meiden Surnen				
BE C	Villiam Owens Tu	cker			e Nutwell	,			
TO E	190. INFORMANT'S NAME (Type/Print) Valter Childs			S (Street and Number or Rural	Route Number, City or Town, State				
	20a, METHOD OF DISPOSITION 1 Disposition 3 Remove	20h PLACE A	NO DATE OF DISPO	CITION (Name of	Annapolis,	V 01			
	4 U Oppution 5 Other (Specify)	A A AII	lallow	s Chapel	11/9 Davi	dsonville, Md.			
	trupled S.	Let L	T T	aylor Fune	ral Chapel	21401			
	23. PART I. Entar tha diseases, pr con ahock, pr heart failure. List IMMEDIATE CAUSE (Final disease pr condition resulting in death)	SEPTIC	SHO	the mode of dying, aud	h as cardiac or reapiretory	Approximata interval Batween Onset and Death			
ATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF):						
MEDICAL C	PART II. Other eignificant conditions of Rena	Contributing to death but not re	sulting in the u	nderlying causa given in	Part i. 24e. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AWAILABLE PRIOR TO			
ä									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	OTHE	26. PLACE OF DEATH (Ch	eck only one)				
HYS	1 YES 2 NO 1	26e. DATE OF INJURY		sing Home 5 - Residence					
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY	OCCURED			
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At hom building, atc. (Specify)	e, ferm, street, fac	tory, office	28t. LOCATION (Street and Nun City or Town, State)	nber or Rural Route Number,			
COMPLET		IN: To the best of my knowledge, dear				stated, to the ceuse(e) end menner ee stated,			
H	29b. SIGNATURE AND TITLE OF CERTIFIER	Ellis Mg	MO	29c. LICENSE NUI		DATE SIGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO C	MD 764	27) (Type, Print) +5 11	bort Rd.	Elderbun	MP. 21284			
	31. DATE NOV 0 8 1991 &	132. FEGISTBAR'S SINGSTHEE DE)		, , , , , , , ,			

ę

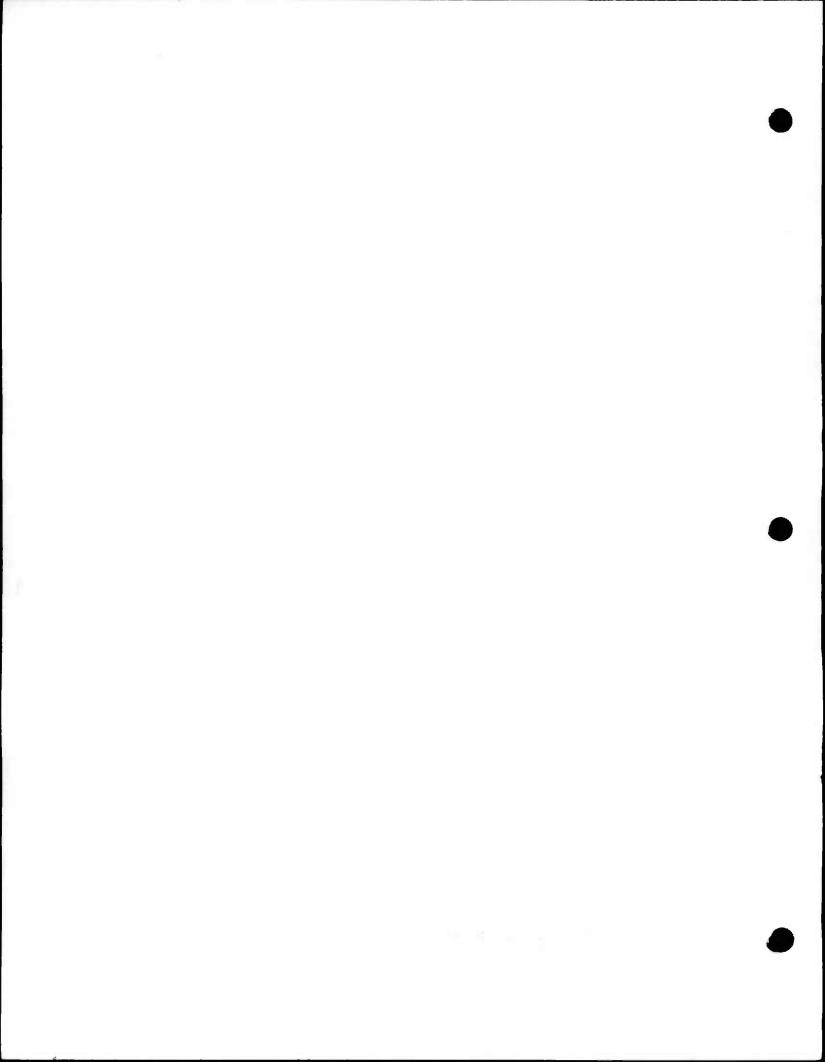
	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	SHAWN	IRVIN THOM	IAS				11, 199	
	7.71 172 23-22		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BURTH	8. BIF	ITHPLACE (State or Foreign
		1 🔀 M 2 🗆 F	YRS,	4	HOURS MIN.	NOV. 8,	1991 M	aryland
~	9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
2	THE JOHNS HOPKINS	HOSPITAL		BALTI	MORE		BALTIM	ORE CITY
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWH OR LOCA	TION			10d. INSIDE CITY
10	Maryland Bal	timore	Mo	onkton				LIMITS?
AL	104. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	16726 York Rd	•			21111		U.S.	A.
E	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14. R/	CE — American Indian, ack, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DE	ATES	1 TYES	2 NO Specif	in, Puarto Rican, etc.) y:		ocity: White
	15. DECEDENT'S EDUCA	ATION	16. DECEDENTIS	USUAL OCCUPATION				
E	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during me	ist of working	16b. KIND OF BUS	SINESS/INDUSTRY	
립		College (1-4 br 5+)						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE (Richard L. Th	nomas			Ronda	A. Turnb	augh	
0 B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
	Richard L. Thor		167	26 YOrk	Rd., N	Monkton,	MD 211	.11
	200 METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Immov	al from State cerr	PLACE AND DATE	of DISPOSITION (Na other place) Du I	anev N	ov 14, 20c LO	CATION City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	/ Va	alley Me				monium	, MD
	The state of the s	7	4	J a T	Harten	cuty stein Mo	rtuary	Tnc
	X-X-X10	riensi	edui	24 S	econd S	t., New	Freedo	, Inc. m,PA17349
	23. PART I Enter the diseases, or co shock or heart fellure. Li	mplications that caused	the death. Do	not anter tha mo	de of dying, auc	h as cardiac or reapi	retory arreat,	Approximate
	IMMEDIATE CAUSE (Finel	st biny ona cause bit e	acn line.					Interval Batween Onset and Death
	disease or condition resulting in deeth)	Intraven	tricula	- Hemon	rhage			Chrs
		DUE TO (OR AS A	CONSEQUENCE O	F):	0			
ON	Sequentially list conditions, b.	Intraven DUE TO (OR AS A DUE TO (OR AS A	real men	nbrane	oxygena	tion		2days 3days 3days
CERTIFICATION								· p
FIG	CAUSE (Diseese Dr Injury that initiated evente	DUE TO (OR AS A	CONSEQUENCE O	FI:	revor			Julay5
F	resulting in death) LAST	Perinata	1 acah	ar.to				3.6.
	DART II OAL - I - III - A - III							21/4/72
EDICAL	PART II. Other eignificent conditions		ut not resulting	in the underlying	ceuse given In	Pert I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	Prematurity					1 🗀 YES 2	XNO	COMPLETION OF CAUSE OF DEATH?
Σ						_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
S		HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
¥	27, MANNER OF DEATH	Inpatient 2 ER/Outp	28b. TIM			6 ☐ Other (Specify) 28d. DEŞCRIBE HOW II	LILIDY COCURED	
	1 Netural 5 Pending	(Month, Day, Year)	INJ	JURY WO	RK?	280. DESCRIBE NOW IF	SONT OCCURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	— At home, term,			281. LOCATION (Street a	nd Number or Rura	/ Route Number
COMPLETED	4 Homicide determined	building, etc. (Spec	ity)			City or Town, State)		,
Ę	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowl	edge death occurs	ad at the time, date	and place, and due	to the council and and		
N N	one) 2 MEDICAL EXAMINER:	On the basis of axamination	and/or investigation	on, in my opinion, d	eath occured at the	time, deta and place, and	ner as stated. I due to the cause	ofa) and manner as stated
Ö	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			
0	fre 9	Barne	-	MO	M 210	204	≥ 11 /	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print) 600) N WOI FI	T CADEEL I	RATTIMO	E, MD.2120
	Steve D. B.	RENCS	A Jak.	as Had	KI'MS	Heso Ha		E, FD. 2120
	31. DATE	32 MEGISTAND SON	Truffe		A CI N CL SO	TOO SO A BEE		
			2	3.				- 1



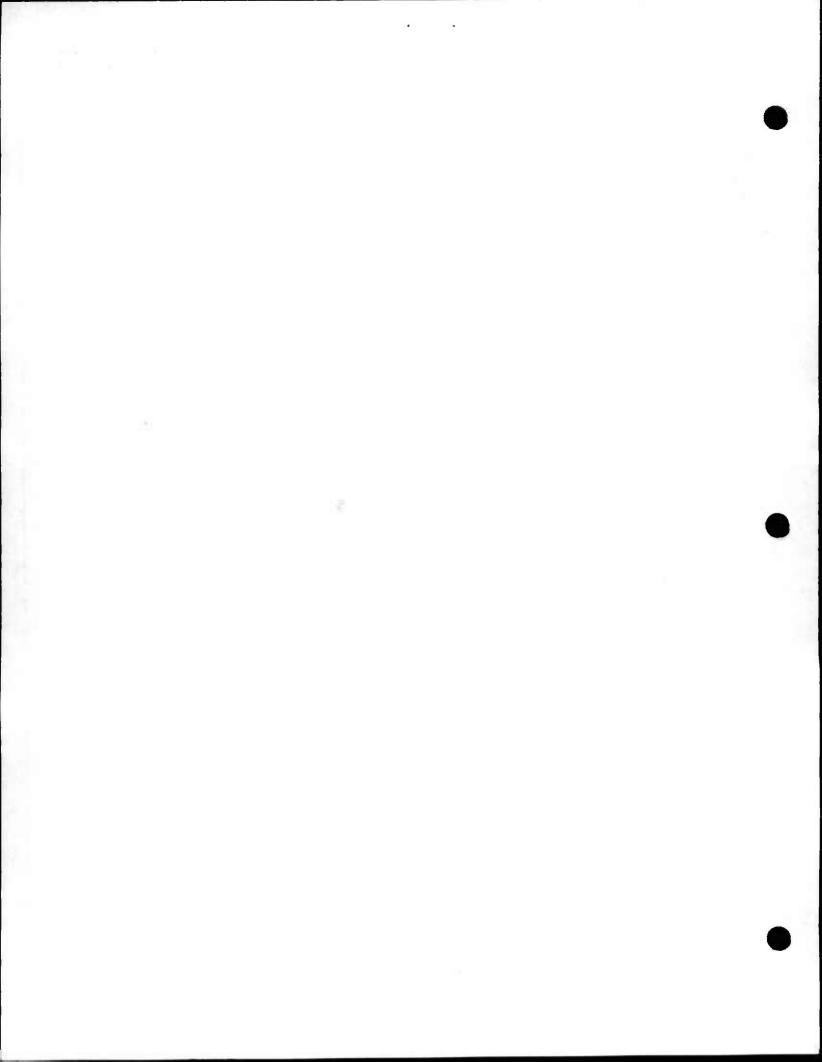
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a second death. Page 6 may be retained by the hospital or attending physician.	as nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	filled in by the funeral director, page 5 should be detached for use as the burial-transit pion, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	. HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Lest)	AROLINE D.				2. DATE OF DEATH		3. T	IME OF OEATH
ì	TARGLINE	SHOPINE D.		1LOR		MONTH DA			235/P M
		. SEX 8. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			E (State or Foreign
	217-36-9726 1			MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5-19-18	C	Country)	
	9a. FACILITY NAME (If not institution, give street			Sh CITY TOWN (R LOCATION OF DE		9c. COUNTY	OF DEATH	
œ	2048 FOREST DRI			35. 6111, 101111			Anne		
6	RESIDENCE OF DECEDENT	V E		anna	south 1	mò	more	HO	ranc
Ш	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d	INSIDE CITY
告	MARYLAND ANNE	ARUNDEL	ΔN	NAPOLI	S			1 [LIMITS?
ابر	10s. STREET AND NUMBER		1 2110		ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL DIRECTOR	2048 FOREST DRI	VF			21401				
Z		. WAS DECEDENT EVER IN U	U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yee	or No.— 14.		lmerican Indien, ite, etc.
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp		n, Puerto Ricen, etc.)		Black, Wh Specify:	ite, etc.
BY	3XWidowed 4 Divorced			1 1 1 1 2 3	2 2 2 Cooling			BLAC	r I
요	15. DECEDENT'S EDUCAT (Specify only highest grade con		180. DECEDENT'S L	SUAL OCCUPATION done during mo	ON .	16b. KIND OF BUS			
<u> </u>		College (1-4 or 5+)	Iffe. Do NOT use	retired.)	st or working				
릴			TEACHE	R					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
ш	WILLIAM T. DAVE	NPORT			FIT	ZA IOHNSO	2.37		
00	19e. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street a		Route Number, City or Town		le)	
2	THELMA A. TAYLOR	3	2048 1	FOREST	DRIVE	ANNAPOLIS	S. MD.	21	401
	200. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSI				CATION — City		
	1 NBuriel 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	PI	other place) NELAWN	MEM.	PARK	ANNA	POLIS	. м	n
	21. SIGNATURE OF FUNERAL SERVICE LICEN		_	22. NAME A	O AOORESS OF FA	CILITY			**
1	Done M	Dans				NS MORTUA			
-	Living S.	reese		821 1	VEST ST	. ANNAPOI	IS. M	ID.	21401
	23. PART I. Enter tha diseases, or con ahock, or heart failure. Lis	t only one cause on ear	tha daath. Do n ch lina.	ot enter the mo	da of dylng, suc	h as cardiac or respi	ratory arrest,		Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition		. /						Onset and Death
	resulting in death) s	Congesta o	re HEA	mat F	AILUre				12101
		OUE'TO (OR AS A	CONSEQUENCE OF):					
N N	Sequentially list conditions, b.								
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A (CONSEQUENCE OF):				i	
일	CAUSE (Disease or Injury \$ c	DUE TO (OR AS A C	COMPEQUENCE OF						
	thet initiated events resulting in deeth) LAST	DOE 10 (011 AS A 1	CONSEQUENCE OF	,.				Ì	
CERTIFICATION	d								
CAL	PART II. Other significant conditions of	ontributing to death bu	t not resulting i	n the underlyin	g ceuse givan in	Part I. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
						1 □ YES 2	_A1	COL	MPLETION OF CAUSE DEATH?
틸							4		YES 2 NO
PHYSICIAN: MED					_	_			
¥	25. WAS CASE REFERRED TO MEDICAL			26. P	ACE OF DEATH (Ch	eck only one)			
Sic		IOSPITAL: Inpatient 2 ER/Outpa	tient 3 DOA	OTHER:	e 5 W Residence	8 Other (Specify)			
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	INJ		YES 2 NO				
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY -	— At home, term, a	treet, fectory, offic	•	281. LOCATION (Street of	end Number or F	Rural Route	Number,
핃	4 Homicide determined	building, atc. (Specif	(y)			City or Town, State)			
9	290. CERTIFIER	Mr. To the heat of our broads	des death seems	d at the time, dat					
COMPLETED	one)	AN: To the best of my knowle On the beale of examination						waafa) an	d manner as stated
8				if it it is opinion;					
B	296 SIGNATURE AND TITLE OF CERTIFIER	211011-			29c. LICENSE NUI				rith, Day, Year)
2	struct (Delo	ruce, uo			01983			-5-	
	30. NAME AND ADDRESS OF PERSON WHO	A	TH (ITEM 27) (Type,	Print)	INI C	travit E	SOLA	mid	NID
	24 DATE EN ED (Month De Vent	Hunapoli		11 4	101 3	Tucol [· Sell	viia	(600,0,
	NOV 0 7 1991	12. REGISTBAR'S SIGNA	pandell						



_		REGISTRAR CERT	PARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
4		1. DECEDENT'S NAME (First, Middle, Last) Phoene Lean Tull 4. SOCIAL SECURITY NUMBER 5. SEX. 1. ACE (In 1914)		2. DATE OF DEATH MONTH DAY	YEAR 10'35 AM
D	\	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birth 78 - 48 - 8 96 1 1 M 2 7 F 9e. FACILITY NAME (if not institution, give street end number)	RS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 - 22 - 06	8. BIRTHPLACE (State or Foreign Country) MD
	СТОТ	Hartord Memorial Hospi	Havre de	Grace /	ar ford
and the same	DIRE	10e. STATE 10b. COUNTY 10c MD Harford 10e. STREET AND NUMBER	Havre de Grace		10d. INSIDE CITY LIMITS? 1 XXES 2 \(\text{NO} \) NO
burial-transit per	FUNERAL	445 Battery Drive	10f. ZIP CODE 21078		TIZEN OF WHAT COUNTRY?
d ale	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENOENT OF HISPAI If yes, specify Cuben, Mexico 1 YES 2 NO Specif	NIC ORIGIN? (Specify Yee or No- en, Puerto Ricen, atc.) ly:	14. RACE — American Indian, Black, White, atc. Specify: Black
ned for use as	COMPLETED	Elementery/Secondary (0-12) College (1-4 or 5+)	NT'S USUAL OCCUPATION d of work done during most of working OT use relied.) egistered Nurse	16b. KIND OF BUSINESS/IF	
S 60	BE CON	17. FATHER'S NAME (First, Middle, Lest) William Scott	18. MOTHER'S NA Rach	AME (First, Middle, Melden Surneme) nel Lisby	
9	٥	Barbara Beatty 16	LING ADDRESS (Street end Number or Rural 01 Chapel Rd, Havy	re de Grace, Mo	1. 21078
must		1 Waurd 2 Commettee 2 W Barrent Annual Commettee 200. PLACE AND D.	content of the place of the pla	11-9 New Jer	City or Town, State
E - 60		>	P.O. Box 188	uneral Service Havre de Grace	MD.
or other traumatic event, the me	CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. I ahock, or haart failure. List only one cause or asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	rrest ure à lype He of MI	rhaleund	rreat, Approximata Interval Between Onset and Death
t. of Health and Me.	AN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulti	ng in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO NO NO NO	26. PLACE OF OEATH (Che OTHER: A 4 Nursing Home 5 Residence		
The K	ВУ РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 26e. DATE OF INJURY (Month, Day, Year) 26b.	TIME OF INJURY AT WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJURY OC	CCUREO
after d		3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, fee building, etc. (Specify)	m, street, fectory, office	28f. LOCATION (Street end Number City or Town, State)	er or Rurel Route Number,
2 E	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurrence one) 2 MEDICAL EXAMINER: On the basis of examination end/or investig	curred at the time, date end place, end dus	to the cause(s) end menner es sta time, date end place, end due to t	ited, he ceuse(e) end menner es stated.
Ş € u		296. SIGNATURE AND TITLE OF CERTIFIER Busin To S	29c, LICENSE NUM DIST		TE SIGNEO (Morth, Day, Yber)
	į	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)			
		31. DATE FILEO (Month, Day, You) NOV 1 2 91 32. REGISTRAR'S SIGNATURE	indell		



TO BE COMPLETED BY FUNERAL DIRECTOR

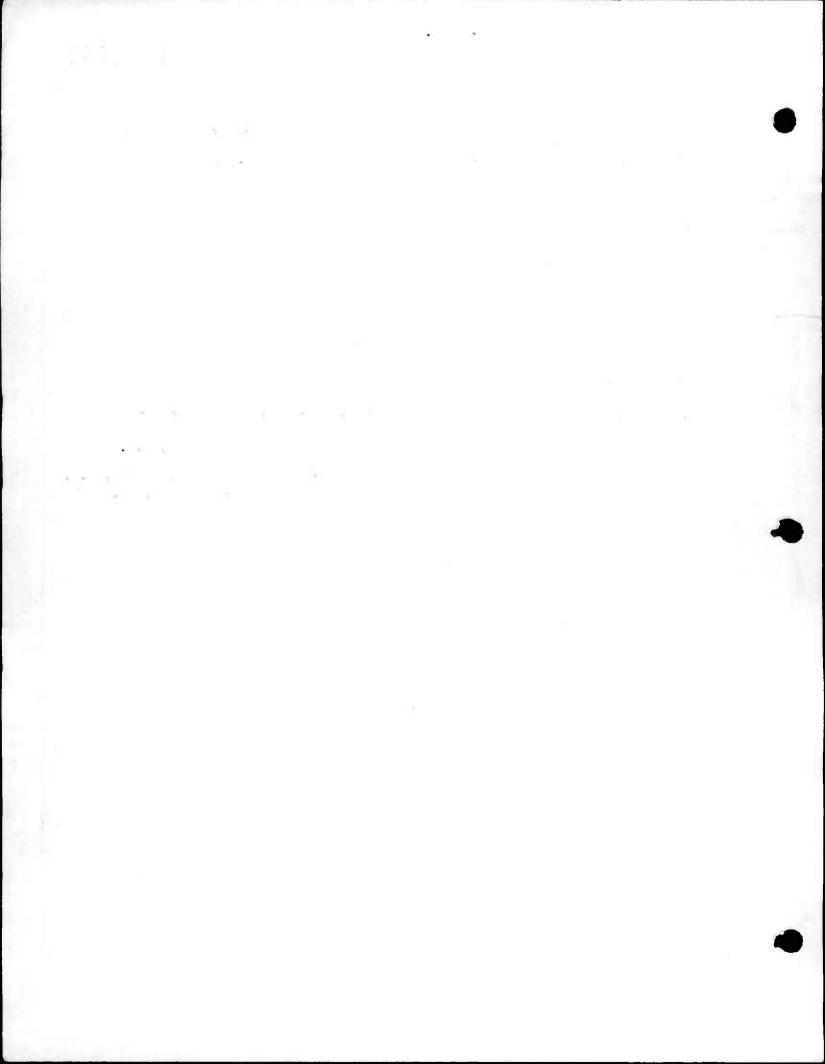
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a sure death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MARY		DEPART					MENTAL	REG. NO.		
1. DECEDENT'S NAME (First, THOMAS		VULPI							2. DATE MONTH NOV	10,19	91 [°]	3. TIME OF OEATH 1:00 AM M
4. SOCIAL SECURITY NUMB			E (in yrs. last		IF UNDER		IF UNDER 2		7 DATE	OF BIRTH , Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
065-03-4687	38	<u> </u>	7	YRS.	MONTHS	DAYS	HOURA	MIN.	Sept	8,19	14	New York
9e. FACILITY NAME (If not in					,		R LOCATIO	N OF DE	HTA		9c. COUNTY	of DEATH rford
4407 Old Ph	-	hia Road			Ab	erde	en				Hd	riora
RESIDENCE OF DEC	10b. COUNTY			10c. CITY,	TOWN O	A LOCATI	ON	-				10d. INSIDE CITY
Maryland	Har	ford		Ab	erde							LIMITS? 1 ☐ YES 🏂 ☐ NO
4407 Old Ph	niladelp	hia Road				101.	ZIP CODE 21	001			10g. CITIZEI US	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Olvo	Merried	P. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N		H		city Cuben		n, Puerto f	? (Specify Yea o Ricen, etc.)	r No- 14	. RACE — American Indian, Black, White, etc. Specify: White
15. DEC	EDENT'S EDUCATI	ION pointed	16a. DEC	EDENT'S U	ISUAL OC	CUPATIO	N at of unding		16b.	KIND OF BUSI	NESS/INDUS	TRY
Elementary/Secondary (0	1	College (1-4 or 5+)	life.	inten	retired.)					City	Gove	rnment
17. FATHER'S NAME (First, M.	iddle, Last)				_		16. MOTH	ER'S NA	ME (First, I	Aiddie, Meiden Si	ırname)	
Joseph -	Vul	pi					Mar	У	(Cirillo		
19a. INFORMANT'S NAME (7) Anna Gambi			19b	Bret	ADORESS t CC	(Street ar	nd Number o	or Rural I	23,	ber, City or Town, Baltimo	State, Zip Co pre, N	dd. 21221
20a. METHOD OF OISPOSITI	n 3 🗆 Remova	I from State	other pla Third	ce)							ation — cit	y or Town, State
21. SIGNATURE OF FUNERA		SEE	3.7.3.2.0	· car	22 1	NAME AN	D ADDRES	S OF EA	CILITY			
Howas	RK1	Velon	Las	1117	1	owar 317	d K. Cokes	McC sbur	omas V Ro	ad. Ab	mera ingdo	1 Home, P.A.
23. PART I. Enter the dishock, or himmediate cause (Findisease or condition resulting in death)	eert fellure. Lis	t only one ceuse or	sed the decine and the second	Le (ot enter	the mod	to of dylr	he	ert	faul	ure	t, Approximate interval Between Onset and Death
Sequentielly liet condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events	diete ING Iry c	DUE TO (OR A			-	des	eas	eri	Luc	Car	dio l	asalan
resulting in death) LAS	d											
PART II. Other significe	int conditione o	ontributing to deet	h but not n	esulting in	n the un	derlying	ceuse g	lven in	Part i.	24e. WAS AN A PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												45 450 45 40
									_			1 TYES 2 NO
· .							3		_			1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:			OTHER		ACE OF DE	ATH (Ch	eck only or	99)		1 VES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	H	☐ Inpatient 2 ☐ ER/O	-	□ DOA		R: Bing Home	5 1 Rec		8 🗆 Othe	r (Specify)		
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8	H 1		RY		4 🗆 Nun	R: sing Home 28c. INJI WO	5 TRes	aldence	8 🗆 Othe		JURY OCCU	
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8 2 Accident 3 Suicide 8	H 1	28e. DATE OF INJUR	RY (r) JRY — At hor	28b. TIME	4 - Num OF JRY M	28c. INJI WO 1 Y	o 5 Rea	aldence	8 Othe 28d. DES 28f. LOC	r (Specify) SCRIBE HOW IN.		
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 6 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only	Pending Investigation Could not be determined	28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, etc. (S	JRY — At hor Specify)	DOA 28b. TIME IN.J.	4 Num E OF JRY M treet, fact	R: sing Home 28c. INJI WO 1 Y ory, office	o 5 Res	NO end due	8 Other 28d. DE: 28f. LOC City to the care	ATION (Street an or Town, State)	d Number or	RED Aural Route Number,
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEO	Pending Investigation Could not be determined TIFYING PHYSICIA	28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJUR building, etc. (S	JRY — At hor Specify)	DOA 28b. TIME IN.J.	4 Num E OF JRY M treet, fact	R: sing Home 28c. INJI WO 1 Y ory, office	o 5 Res	NO end due	8 Othe 28d. DES 28f. LOC City to the cast	ATION (Street an or Town, State)	d Number or	RED Rural Route Number, cause(e) and manner se stated.
25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEO 29b. SIGNATURE AND TITLE	Pending Investigation Could not be determined TIFYING PHYSICIA ICAL EXAMINER:	28e. DATE OF INJUF (Month, Day, Yea 28e. PLACE OF INJUBUILDING, etc. (S	JRY — At hor pocify) nowledge, detailed a strong and restrict the strong and	DOA 28b. TIME INJU	4 Number of Street, factor of the time, in my of th	R: sing Home 28c. INJI WO 1 Y ory, office	o 5 Res	NO end due	8 Othe 28d. DES 28f. LOC City to the cast	ATION (Street an or Town, State)	d Number or	RED Aural Route Number,
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only One) 2 MEO	Pending Investigation Could not be determined TIFYING PHYSICIA ICAL EXAMINER:	28e. DATE OF INJUF (Month, Day, Yea 28e. PLACE OF INJUBUILDING, etc. (S	JRY — At hor pocify) nowledge, detailed a strong and restrict the strong and	DOA 28b. TIME INJU	4 Number of Street, factor of the time, in my of th	R: sing Home 28c. INJI WO 1 Y ory, office	o 5 Res	NO end due	8 Othe 28d. DES 28f. LOC City to the cast	ATION (Street an or Town, State)	d Number or	RED Rural Route Number, cause(e) and manner se stated.



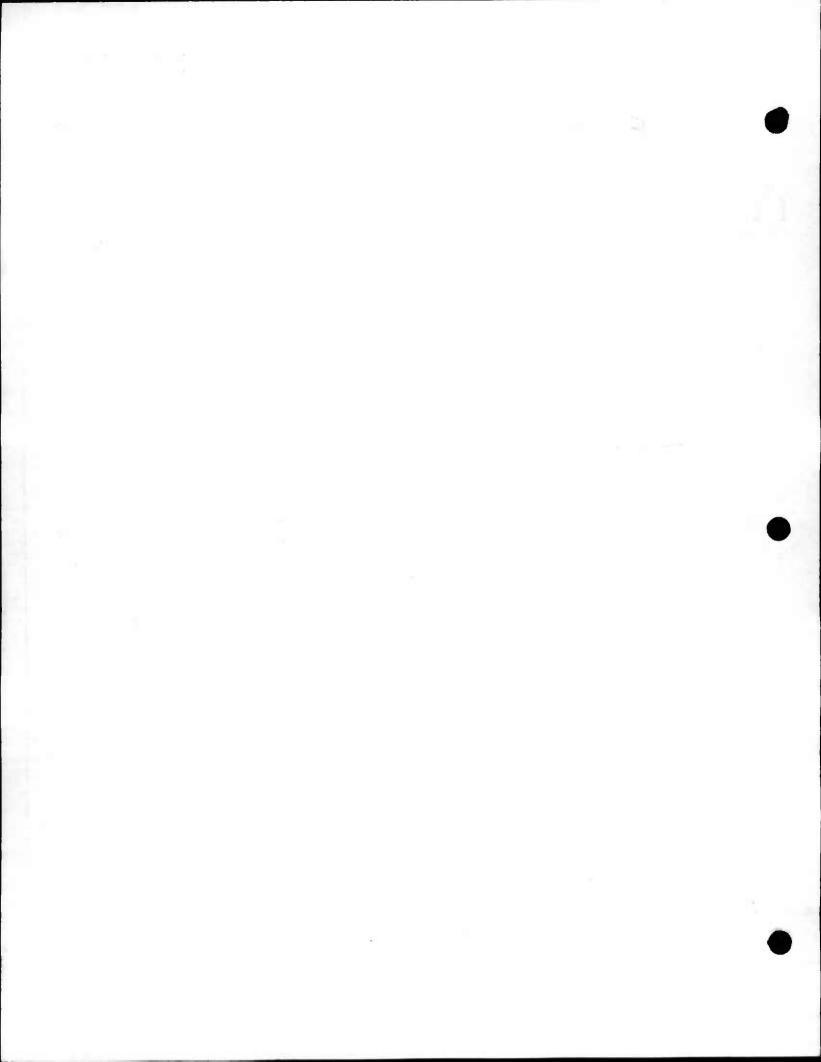
pita	g pa		
hos	ache		
the	det.		
d by	d b		7
aine	shour		1010
e ret	4C		-
ay b	Dad		4
E 9	ctor.		meson
age	dire		20
ith.	neral		min
dea	e fui	-	0.49
after	th th	THOVA	lea!
OULS	Ë	or re	han
24 hi	filled	on, c	9
护	tely	matic	4
J Wit	шрів	cre	- Sec
cuted	00 P	urial	No.
600	пал	to b	E M
e pe	Sicia	Drior	-
ifical	E C	ane	har
Cert	ding	Hygie	r nt
eath	after	ntal	2
the d	the	Me	mitte
hat	d d	and	20
res	igne	eaith	8
requi	en s	O H	how
WE	35 be	Pept.	23 4
The	te h	ate D	E
AN:	tifica	e St	r its
YSIC	S cer	th th	P
H	r this	h wil	arke
DING	Afte	deat	E
TEN	DR:	ther	28 15
RAT	RECT	urs a	m 2
0	107	2 1104	ille
SPITA	ERA	in 7	
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	Ę	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If New 28 is marked or New 23 shows any Injury or other fraumatic event, the medical eventues he existed at another and
뿔	표	filed	POR
0	-	-	=

31. DATE FILED (Month, Day, Year)
NOV 0 7

1991

	91 31868
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEOENT'S AME (First, Middle, Last)
	FRANCIS J. WILSON SC MONTH DAY GEAR A JOHA
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	217-34-0955 PXX M 2 G F 84 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Hear) Country) Md.
	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN
E	So. MANYAND HOSPITHL CLINTON PRINCE GROWGE
5	NESIDENCE OF DECEDENT
DIRECTOR	10d. INSIDE CITY
	Md. Prince George's Upper Marlboro 100. STREET AND NUMBER 1 VES 2 ND
FUNERAL	101. ZIP CODE 10g. CITIZEN DF WNAT COUNTRY?
y	14207 Rectory Lane 20773 USA
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Merried 2 X Married 13. WAS DECEDENT DF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, While, etc.
M	3 Widowed 4 Divorced Pres, DIVE WAR OR DATES 1 YES XX NO Specify: Specify:
8	15. DECEDENT'S EDUCATION 160. DECEDENT'S USUAL OCCUPATION 160 KIND OF BUSINESS (MUDICIPAL)
	(Specify only highest grade completed) (Give kind of work done during most of working
7	12 Contractor F.J. Wilson Plumbing
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)
	Frederick W. Wilson Katherine Nally
BE	196. INFDRMANT'S NAME (Type/Print) 196. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
2	Change and Mulliples of Hural House Number, City or John, State, Zip Code)
	200 HEIMON OF DISERVITOR
	Cemetery crematory or other place
	Mt. Carmel Cemetery 11-7-91 Upper Marlboro, Md. The signature of Funeral Service Licenses 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.
	6633 Old Alexander Ferry Road
_	Clinton, Md. 20735
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Fine)
	disease or condition resulting in death)
	DUE TO (OR AS A CONSEQUENCE OF):
N	Sequantially list conditions,
CERTIFICATION	if any leading to immediate DVE TO (OR AS A CONSEDUENCE DF):
2	Cause. Enter UNDERLYING CAUSE (Disease or injury
1 6	that initiated events DUE TO (OR AS A CONSEDUENCE OF):
斯	d
1 -	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICAL	SIC Rt Cauted Endayther PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE
	YES 2 NO OF DEATH?
2	1 YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL
20	EXAMINER? HOSPITAL: OTHER:
¥	27 MANNED DE DEATH
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?
B	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — All home, farm, street, fectory, office 28f. LOCATION (Street and Number or Bural Boute Number)
	3 Suicide 6 Could not be 4 Homicide determined control be determined determined control be determined determined determined determined control be determined determin
	29e. CERTIFIER
MP	(Check only 1 Grant Fine Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.
COMPLETED	MEDIDAL EXAMINER. On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end menner as stated.
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
9	D24644 \ 11/3/91
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	16th 5.610VCV

32. REGISTRAR'S SIGNATURE Julia Davidson-Randolle



	h
	1
_	4
	1
0	- 3
9	
68760	
ထ	
9	
_	
\simeq	
U	ì
80	
	ı
\circ	1
0	
₾.	
S	1
0	
RECORDS	4-4-
<u>.</u>	- 7
\circ	3
()	
ĭ	- 1
~	1
ш.	
_	1
ď	
	É
	Ì
>	-
	è
-	Ġ
	1
-	1
_	5
\circ	:
-	1
SION OF VITAL	The state of the State of The state of the s

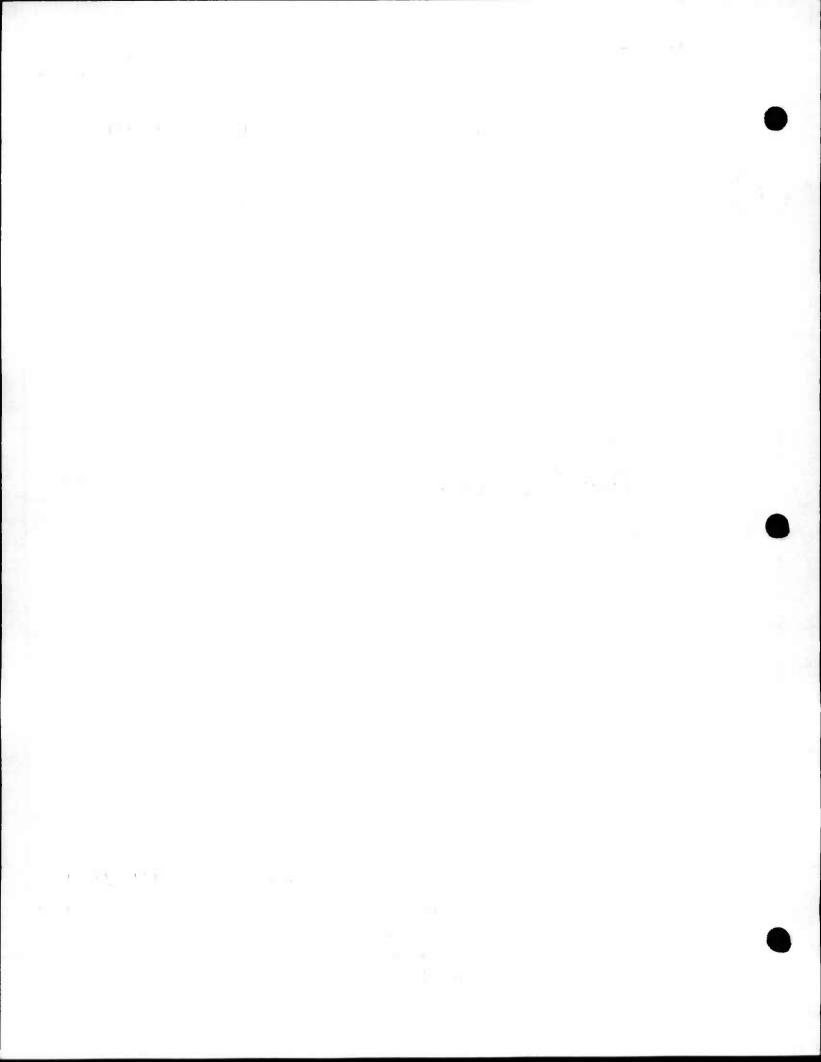
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR
1. DECEDENT'S NA
GI
4. SOCIAL SECURIT
215-72-2
9a. FACILITY NAME
GREATE!
10a. STATE
Maryland
10e. STREET AND N
6968 Han
11. MARITAL STATUS

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEA			3. TIME OF DEATH
GEORGE Scott				WORK			MONTN DAY YEAR			1:00 p m		
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	-	IF UNDER	at a second seco			IPLACE (State or Foreign	
215-72-2025 1XXM 2 □ F 32 YRS.				YRS.	MONTHS	MONTHS DAYS HOURS MIN. 03-10-59 Georgia						
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	90	c. COUNTY OF D	
GREATER L		BELTSV	ILLE	HOSP	TAL	I	BELTS	SVIL	LE	_ 1	PRINCE	GEORGES
RESIDENCE OF DEC	10b. COUNTY	1		10c. CIT	Y, TOWN C	OR LOC	ATION					
Maryland	Princ	e George	t e		eenb							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		C GCGIGC	3	<u> </u>	eenb		0i, ZIP COD	E		10	or CITIZEN OF V	1 XXYES 2 NO
6968 Hanove	r Park	way #101					20770				United	
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	EVER IN U.S.	ARMED	13.	WAS DE	CENDENT (OF HISPAN	IIC ORIGIN? (Speci	fy Yes or I		E — American Indian, k, Whita, atc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATES				specify Cuba		n, Puarto Rican, at	c.)	Spec	
		Yes, p					NO				whi	
(Specify only	EDENT'S EDU	CATION completed)	16a.	OECEDENT'S (Give kind of a life. Do NOT us	work done	CCUPAT during m	TION nost of working	ng	16b. KIND O	F BUSINE	SS/INDUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5		adio	se reureu.)							
17. FATHER'S NAME (First, M	iddle Leat)		- Ka	4010			- Constant				ations	
George E. W		TT							ME (First, Middle, M		name)	
19a, INFORMANT'S NAME (1		4.4	T	19b. MAILING	ADDRESS	S (Street			e Scudd		The Control	
Marjorie H.												Md. 20770
20s. METHOD OF DISPOSETS 1 ☐ Burtal 2 XIACremetro 4 ☐ Donation 5 ☐ Otter	ON n 3 □ Remo (Spe y≸)	ovel from State	20b. PLAC	crematory or o	OF DISPOS	Cres	Name of	17 11	DATE 20	A T OTE	ION City or To	wn, stata Virginia
The BHATURE OF FRANKRA	SHIPVICE LIC	ENSEE	177	орота	22.	NAME A	AND ADDRE	SS OF FA	S SONS	TLEX	andria,	virginia
1 / Yai	K-K	7 (Si	sha	un	47	ANC. 39	IS GA BALT.	SCH	S SONS	FUNEI [SVI]	RAL HOM LLE. MD	E, P.A.
23. PART I. Enter the di	seases, or o	omplications tha	t caused tha	daath. Do r	not entar	tha m	oda of dyi	ng, sucl	aa cardlac or	reapirato	ory arrest,	Approximata
IMMEDIATE CAUSE (Fin		List only one cau	se on aach I	ina.								Interval Batwaan Onset and Daath
disease or condition resulting in death)	→	ナルト	TY	LIV	GYZ							
		DUE TO	(OR AS A CON		,							
Sequentially list conditi	000		NIC	Di	00	W	DLIS	~				
if any, leading to immade cause. Enter UNDERLY	diata	DUE TO	(OR AS A CON	SEOUENCE OI	F):							
CAUSE (Disease or Inju		DUE TO	OR AS A CON	SEQUENCE OF:								
that initiated events resulting in death) LAS	r	00L 10	(On AS A COM:	SECUENCE OF	r):							
		1										
PART II. Other significa	nt condition	a contributing to	dasth but no	t resulting i	In the un	dariyin	ng cause g	lven in	Part I. 24e. W	S AN AUTO		WERE AUTOPSY FINDINGS
										ES 2 I		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 Nyes 2 No
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL: .			OTHER		LACE OF D	EATN (Che	ck only one)			
t X YES 2 □ NO		1 Inpetient 2 2		3 🗆 DOA			me 5 🗆 Re	aldenca	B Other (Specify)		
27. MANNER OF DEATN	Pending	28a. DATE OF (Month, Di		28b, TIM INJ	E OF URY		JURY AT ORK?		28d. DEŞCRIBE N	OW INJUR	RY OCCURED	
	nvestigation				М		YES 2	NO				
	Could not be letarmined	building,	F INJURY — At aic, (Specify)	home, farm, s	rtreel, lecto	ory, offic	ce		28i. LOCATION (S City or Town,	treet and N State)	Number or Rural R	loute Number,
29a. CERTIFIER 1 CERT	FYING PNYSI	CIAN: To the best of	my knowledge	doeth coor	ad an observe							
(Check only one) 2 AEDI	CAL EXAMINE	R: On the basis of an	tamination and/	or investigatio	n, in my o	me, gen	a and placa, death occur	and dua	to the cause(e) end	d manner	ea stated.) and manner se stated.
29b. SIGNATURE AND TITLE					,							
Mounta	29d. DATE SIONED (Month, Day, Year)											
30. NAME AND ADDRESS OF	PERSON WNO		E OF DEATH (I	TEM 27) (Туре,	Print)		0	.C.1	и.с.		11/02	4/1991
31. DATE FILED (Month, Day,	TV)	D. 160 A	54	111 P	ENN	ST	REET	В	ALTIMOR	RE,	MARYL	AND 21201
NOV 05	1991	Givia L	au don-	Pandale	-							



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTA	MENT OF H	EALTH AND	MENTAL HYGIEN		3 1	010
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3.	TIME OF DEATH
Martha Lena WASEM						07 19	9 1	8:45 A M
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ybar)	8.1		CE (State or Foreign
1 3 4 4 - 1 4 - 1 (0 (1 - M 2 - SF 9(HINS DAYS	HOURS MIN.	July 10,	1901 N	liss	ouri
9a. FACILITY NAME (If not institution, give street	it and number)	98	CITY, TOWN O	R LOCATION OF D		9c. COUNTY		
Doctors Community H	lospital		Lanham			Prince	e. Ge.	orae.
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				1. INSIDE CITY
Maryland Ann	e Arundel	Α,	nnapo]	ie				LIMITS?
10e. STREET AND NUMBER	O WILL OF	4.0.		ZIP CODE		10g. CITIZEN		
4 Porter Drive	P			21401		U.S.		
11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Ye			American Indian, hita, atc.
1 Never Merried 2 Merried 3 TWidowed 4 Divorced	FORCES? 1 YES		If yes, spe	city Cubsn, Mexico 2 XNO Specia	en, Puerto Rican, etc.)		Black, Wi Specify:	hita, atc.
							Vhit	е
15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted)	Give kind of work He. Do NOT use re	done during mos	N it of working	18b. KIND OF BU	ISINESS/INDUST	'RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)							
17. FATHER'S NAME (First, Middle, Last)		Hol	nemake		Ho			
Michael Schwar	no ##				AME (First, Middle, Meiden			
19a. INFORMANT'S NAME (Type/Print)		195 MAII INC AD	DRESS (Ct		ine Schm. Route Number, City or Tow			
Frederick J. W	I's c om	1						0.7
20a. METHOD OF DISPOSITION	20h BI	ACE AND DATE OF D	rter L	rive,	Annapoli	S, MD	214	01
1 M Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)					11712 20c. LC	- 7 A	or lown,	State
21 SIGNATURE OF FUNERAL SERVICE/LICEN	ses /	LINECON	22. NAME AN	D ADDRESS OF FA	Mi, A			VA
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Y V		Taylo	r Fune	ral Chap	el	2	1401
wonavar xy.	wyTo		147 G	louces	ter St.,	Annapo	lis	MD
23. PART I. Enter the diseeses, or con shock, or heart feliure. Lie	t only one ceuse on each	ne desth. Do not i n iine.	enter the mod	le of dying, suc	h es cerdiec or reep	iratory errest,		Approximate interval Between
iMMEDIATE CAUSE (Finsi disease or condition	0	11 . 1.	+					Onset and Deeth
resulting in death) a	1700-1	042211	1 Otrai					
	DUE TO (OR AS A CO	DISEOUENCE OF):	1-0 1-	0				
Sequentially liet conditions, b	DUE TO (OR AS A CO	- 0	rex y	Just				
if any, lesding to immediate cause. Enter UNDERLYING	Dother C.	0. 1	Upu	ular 6	1.6.00			
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	INSEQUENCE OF):			1 Just			
resulting in deeth) LAST								
PADT ii Other significant acadistana								
PART ii. Other eignificent conditions c	ontributing to deeth but	not resulting in th	ne underlying	csuse given in	Part i. 24e. WAS AN PERFOR	AUTOPSY RMED2		E AUTOPSY FINDINGS
Jenjarim					1 _ YES 2	NO	COL	MPLETION OF CAUSE DEATH?
								YES 2 NO
	IOSPITAL:	01	26. PL/	ACE OF DEATH (Ch	eck only one)			
1 YES 2 NO 1	Inpatient 2 ER/Outpatie	ont 3 DOA 4	Nursing Home		6 ☐ Other (Specify)			
1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WOF	IK?	28d. DESCRIBE HOW I	NJURY OCCURE	D	
2 Accident Investigation	28- DI ACE OF IN HIRW			ES 2 NO				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At nome, term, atrae	t, factory, olfica		281. LOCATION (Street & City or Town, State)		ural Route	Number,
29e. CERTIFIER	// / / / / / / / / / / / / / / / / / / /							
(Check only	N; To the best of my knowledg							
	the basis of examination en	nd/or investigation, in	my opinion, de	ath occured at the	time, date and pieca, an	d due to the cau	use(s) and	manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	1		,	29c. LICENSE NUM	BER	29d. DATE SIG	NED (Mor	th, Day, Year)
	/w/>			1) > 15	61	11-	7-	E/
30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	MANUE	:1 ne	Chilian	mo	20	706
NOV 08 1991						·		

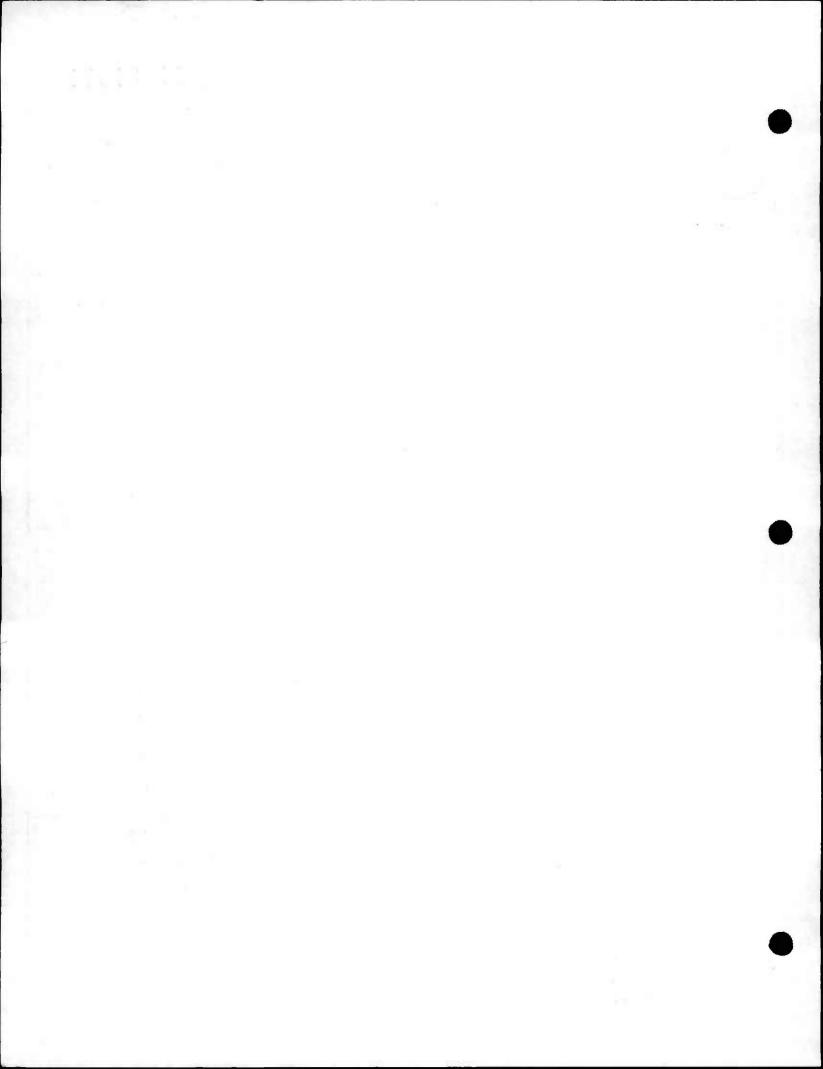
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Midd 2. DATE OF DEATH 3. TIME OF DEATH Muriel Collett Morton Watts MONTH 38 12:25 PM M 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 577-68-3307 1 M 2 F Washington, D.C. 15 9a. FACILITY NAME (If not in 9c. COUNTY OF DEATH TOWN OR LOCATION OF DEATH BhiNGton Ha DIRECTO RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT INSIDE CITY Page Maryland Prince Georges Upper Marlboro 1 TY YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 11203 Bennington Drive 20772 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 Never Married 2 X Married BY 3 Widowed 4 Divorced Black ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY Elemantary/Secondary (0-12) College (1-4 or 5+) COMPL Housewife Domestic 12th grade 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William notified at Henry Morton Ruby Etta Tinsley BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20772 2 Sterling Watts, Jr. (husband) 11203 Bennington Drive, Upper Marlboro, Maryland 20e. METHOD OF DISPOSITION pe 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must Burial 2 Cremation 3 Removal from State of cemetary, crematory or other piace)
Washington National Cemetery 4 Donation 5 Other (Specify) Suitland, Maryland examiner 21. SIGNATURE OF FUNITUAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Latney's Funeral Home athey DMON 3831 Georgia Avenue, N.W.; Wash.D.C. 20011 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. intarvai Between **Onset and Death IMMEDIATE CAUSE (Final** the th HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 disease or condition signed by the attending physician and completely in signed by the atth and Mental Hygiene prior to burial, crematic resulting in death) event, other traumatic CERTIFICATION Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (ORAS A CONSEQUENCE OF) that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL shows any COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO DIRECTOR: After this certificate has been hours after death with the State Dept. of I PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one) Item OTHER:
4 Nursing Home 5 Rasidence 6 Other (Specify) 1 - YES 2 X NO 1∑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 6 26a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 28 4 Homicide Item 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, and due to the cause(a) and manner as atated. TO THE HOSPITAL
TO THE FUNERAL (
Be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINERS On WAR ele of axemination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and man 29b. SIGNATURE AND TITLE OF CENTER 29c. LICENSE NUMBER BE D2888 29 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CASE OF DEATH (ITEM 27) (Type, Print) Anjum G. 1706 New Hampshire Avenue, N.W.; Washington, D. C. 20009 Qazi M.D.; Year)

32. REGISTRAR'S SIGNATURE

wha Davidson

1991

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH	MENTA	L HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) てaれ)	iie Margar	et Walk	er		2. DATE MONT IV O	vember	6, 1	F9 1 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	97	(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE	of BIRTH h, Day, Year) -9-190		Country	ACE (State or Foreign
220 00 1025		5 YRS.				-9-190			Maryland
9a. FACILITY NAME (# not institution, give str				N OR LOCATION OF I	DEATH		9c. COUNT		
8210 Edwin Rayno	i Blvd.		Paso	idena			Anne	Arui	ndel
10a. STATE 10b. COUNTY	8	10c. CIT	Y, TOWN OR LO	CATION				110	Od. INSIDE CITY
Maryland Anne A	rundel		Pasade	2na				١,	LIMITS?
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE		AT COUNTRY?
8210 Edwin Rayno	or Blud.		- 1	21122			u.	SA	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ECENDENT OF HISP			or No— 1	I. RACE -	- American Indian, White, etc.
1 Never Merried 2 Merried 3XX.Widowed 4 Divorced	FORCES? 1 YES			specify Cuban, Maxie ES 2 NO Spec		Rican, etc.)		Specify:	
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION omoletect	18a. DECEDENT'S	USUAL OCCUPA	ATION	161	. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT us	se retired.)	most or working					
11		House	wife		H	louseho	ld		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			,		
Jerome	VanEver	ıa		Ad	а	F	•	Hat	bield
19a. INFORMANT'S NAME (Type/Print) J. Warren Walker				et and Number or Run Raynor Bl					122
20a. METHOD OF DISPOSITION 1/3 Burlal 2 Cremation 3 Remo		b. PLACE AND DATI		ON (Name	1 1 / Q	1 Bro	CATION — CI		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		Cedur 112						, ma	ryxana
12 J. 8	they ()	1		and address of the lines of the				Md.	21122
shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS		F):	Re	cta	m			Interval Between Onset and Death Menths
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):						
PART II. Other algnificant conditions	contributing to death	but not resulting	in the underly	ying cause given i	in Part I.	24a, WAS AN PERFOR 1 TYES 2	IMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH	Check only o	one)		_	
EXAMINER? 1 Tes 2 No	HOSPITAL: 1 Inpatient 2 ER/Out	Ipatient 3 🗆 DOA	OTHER:	forme 5 N Residenc	a 🗆 Oth	er (Specify)			
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIW	E OF 28c.	INJURY AT	_	SCRIBE HOW I	NJURY OCCL	RED	
1 Netural 5 Pending	(Month, Day, Year)	IN.	JURY M 1 (WORK? YES 2 NO					
2 Accident Investigation 3 Suicide a Could not be 4 Homicide detarmined	28a. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, ecify)	street, factory, o	offica		CATION (Street a y or Town, State)		r Rural Roi	ute Number,
one)	HAN: To the best of my known to the best of examination of examination of examinations.								and manner as stated.
29b. SIGNATURE AND TITLE OF CENTURES		Ann?		29c. LICENSE N	UMBER				Month, Day, Year)
7	200	1100		1 19	351	2	▶ 11	-6-9	1
30. NAME AND ADDRESS OF PERSON WHO	1600 Crain	Highway		206 Gle	n Bur	inie, M	d.		7,49
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE PARTE							

			ı
		nce.	
		ato	
		ed	
		10	
		pe	
		nst	
		E T	
		퉅	
	<u></u>	exa	
,	MOM	ical	
	0r re	med	
	tion,	s any injury, or other traumatic event, the medical examiner must be notified at once.	
	rema	ent,	
	ial, c	20	
	ng o	mati	
	rior t	Ingi	
	one p	her	
•	Hygi	r ot	
	ental	7,	
	M bu	를	
	th ar	any	
	Hea	OWS	
	of. of	3 sh	
	e De	E 2	
	Stat	T ite	
	h the	9,0	
	h wit	arke	
	deat	E	
	after	28	
1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
-	72 h	=	
	dthin	ANT	
	led w	ORT	
2	be fi	E P	

							91	31873
	FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH		NTAL HYGIENI REG. NO.		
		Sallie Jane	Whitley	- OI DEAI		DATE OF DEATH 1	/11/0	3. TIME OF DEATH
- 1	SALL	1 F 11/11 =	T			MONTH DA	1/11/9	5:35 PM
		EVVAL	1	У		11 11	14 01/4	
	and the second of	5. SEX 6. AGE (In yrs. less	YRS. IF UNDER	DAYS HOURS	24 HRS. 7.	(Month, Day, Year)	77	RTHPLACE (State or Foreign Country) 172 1112
	9a. FACILITY NAME (If not institution, give stre	et and number)St. Joseph	HO SPA. CITY	, TOWN OR LOCATIO	ON OF DEATH		9c. COUNTY	OF DEATH Balto. Co
08	SHINI LUSEPH	HOSPITAL	i iiopp.	Tows	ON			ALTO.
5	RESIDENCE OF DECEDENT 10a. STATE O 10b. COUNTY		10c, CITY, TOWN	OR LOCATION				10d, INSIDE CITY
DIR		rd County	111	1 D	Bel A	ir		LIMITS?
FUNERAL DIRECTOR	100. STREET AND NUMBER 618 B	eretta Way		10f. ZIP COOE	152	21015	10g. CITIZEN	OF WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR		WAS DECENDENT O	F HISPANIC (ORIGIN? (Specify Yea	or No.— 14.	RACE - American Indian,
₽	1 Never Married 2 Married 3.2 Widowed 4 Divorced	FORCES? 1 YES 2 No IF YES, GIVE WAR OR DATES	10	If yes, specify Cubar 1 YES 2 NO	n, Maxican, P			Black, White, atc. Specify: Nhite
0	15. DECEDENT'S EDUCA	ATION 18e. DE	CEDENT'S USUAL C	CCUPATION		16b. KIND OF BUS	INESS/INDUST	RY
COMPLETED	(Specify only highest grade c Elementary/Secondary (0-12)	College (1-4 or 5+) (G	ive kind of work done . Do NOT use retired.)	during most of working	g			
립	12		lity Cont	rol Tech	l.	Paper M	lanufa	cture
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTH	IER'S NAME	(First, Middle, Malden	Surname)	
BEC	Sidney Fran				elia	Estell	Parl	
6	19a. INFORMANT'S NAME (Type/PrintDau) Mrs. Diane M. Spa:					te Number, City or Town		
- 1			AND DATE OF DISE					or Town, Stats
	20a, METHOD OF DISPOSITION 1 4 Buriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	South	ampton M	em. Cem.	i	Fran	nklin,	Virginia
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE	ensee Joseph W. Fo:	ster 22	NAME AND ADDRES	SS OF FACILI	TY Foster	Fune	ral Home
	D 2 7 00.	in Fration		50 West	Broa	dway & Wi	illiam	s Street
	0							
	23. PART i. Enter the diseases, or co	omplications that caused the de list only one ceuse on each line	ath. Do not ente	the mode of dyi	ng, auch a	a cardiac or reapl	ratory arrast	Approximate Interval Batween
- 1	iMMEDIATE CAUSE (Final	ist only one couse on each line		A.				Onset and Death
	disease or condition	Denny	ala	Har	lun	4_		
	reauiting in death) e	DUE TO (OF AS A CONSE	QUENCE OF):	70				
- 1		metal	00:0	Car	ish	aloga	th	
6	Sequentially ilat conditions, b.	OUE TO (OR AS A CONSE	OUENCE OF:		7		- cry	
FI	if any, leading to immediate cause. Enter UNDERLYING	70	7.	7.	50		/	1
5	CAUSE (Disease or injury	DUE TO (OR AS A CONSE	MICHOE OF	ion				
ËΙ	that initieted events reautiling in death) LAST	DOE TO (OR AS A CONSE	OUENCE OF):					
CERTIFICATION	d							
T.	PART ii. Other algnificant conditions	contributing to death but not	resulting in the u	nderlying cause o	olven in Par	rt i. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
8		10	-01-1	, , , , ,		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	- Serry	ve cons				_ 1 _ YES 2	10	OF DEATH?
2						_		1 YES 2 NO
ä								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF D	EATH (Check	only one)		
S	1 YES 2 KNO	HOSPITAL: 1 I inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 🗆 Re	aldenca 8 [Other (Specify)		
₹	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	28c. INJURY AT		8d. DESCRIBE HOW II	NJURY OCCUR	ED
	1 🔣 Natural 5 🗌 Pending	(Month, Day, Year)	M	WORK?				
B	2 Accident Investigation	28a. PLACE OF INJURY — AI ho	ome form street le			8f. LOCATION (Street 6	and Number co	Pural Pouta Number
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)			20	City or Town, State)	IT THE PROPERTY OF I	narar rivota transcat,
E	— care and carevean							
COMPLETED		CIAN: To the best of my knowledge, de	eath occurred at the	time, dats and place,	, and due lo	Ihe cause(a) and mar	ner as stated.	
8	one) 2 MEDICAL EXAMINER	R: On the beals of examination and/or	Investigation, in my	opinion, death occur	red at the lim	ne, data and placa, an	d due lo lhe c	ause(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICE	ENSE NUMBE	ER	29d, DATE S	GNED (Month, Day, Year)
H	Montain	DA	n.	1 1	-11	400	> //	1/11/01
2	" Controlly	COMPLETED CAUSE OF STA WITE	- 1-1-	0. 0	10	11 1	- (11/1/

296. SIGNATURE AND TITLE OF CERTIFIER 31. DATE FILED (Month, Day, Ye

'91

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

. ^ -

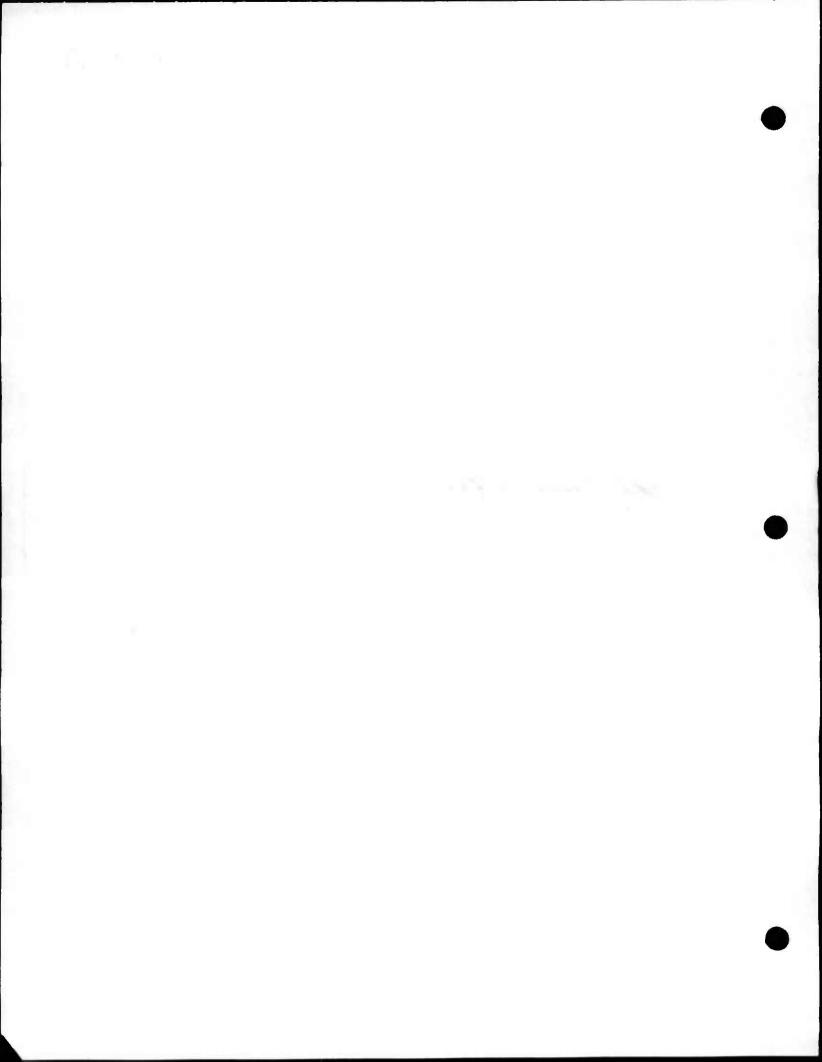
o o

25 ·

e e

imit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIE				
- 0	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
		Norma		11 1	9 91	1:07 A M				
	4. SOCIAL SECURITY NUMBER 216189146	1 🗌 M 2 💢 F	GE (In yrs. last birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/6/22	Co	RTHPLACE (State or Foreign untry) RGINIA		
~	9e. FACILITY NAME (If not institution, give			96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY O	F DEATH		
DIRECTOR	St. Agnes Hospi	tal		BALTI	MORE					
H.	10a. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY		
		LTIMORE		CATONS	VILLE			1 TYES XIX NO		
FUNERAL	100. STREET AND NUMBER 6029 CHESWORTH RO	OAD		10	1. ZIP CODE			F WHAT COUNTRY?		
NS.	11. MARITAL STATUS	12 WAS DECEDENT EVI	R IN II S ARMED	12 WAS DE	21228	NIC ORIGIN? (Specify Y		.S.A.		
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 Y	ES ZNO	If yes, s	pecify Cuban, Maxico	en, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc. pecify:		
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade	ICATION a completed)	tee. DECEDENT'S	USUAL OCCUPATI	ON ast of working	16b. KIND OF B	USINESS/INDUSTR			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ine. Do NOT us	e retired.)	ost of working					
J.W.	17. FATHER'S NAME (First, Middle, Last)		HOMEMA	KER			HOME			
	JESSIE H. PENCI	Ξ				A LANDIS	n Surneme)			
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	wn, State, Zip Code			
ř	VICTORIA HARDING 200, METHOD OF DISPOSITION	(NIECE)	6029	CHESWOR	TH ROAD, 1	BALTIMORE,	MARYLAI	ND 21228		
	1. Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	loval from State	20b. PLACE AND DATE OF NEW CATHE	DRAL CE		DATE 20c. L 11/22/91 BA	OCATION — City of LTIMORE.			
	21. SIGNATURE OF FUNERAL SERVICE LI		,0			SSELL C W	TT7KE E	UNERAL HOMES		
	Kussus	west	Z	1630	EDMONDSON	AVENUE C	ATONSVII	LE, MD. 21228		
	23. PART I. Emer the diseases, Dr shock, Dr heart fellure. IMMEDIATE CAUSE (Finel disease Dr condition	List only bha cause of	n aach lina.	ot antar tha me	oda of dying, suc	h as cardiac or raa	Diratory arrest,	Approximata interval Between Onset and Death		
	resulting in death)	aDUE TO (OR /	AS A CONSEDUENCE OF	X	1 10	100				
NOI	Sequentially list conditiona, if any, laading to immediate cause. Enter UNDERLYING									
ICA	CAUSE (Disease or Injury									
CERTIFICATION	that initiated events resulting in death) LAST	d	S A CONSEQUENCE OF):		Di	000			
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
S				77			RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL								OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL									
<u>2</u>	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
ξ	27. MANNEB OF DEATH	26s. DATE OF INJUS	RY 26b, TIME	OF 28c, IN.	URY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED			
ВУР	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Yea	r) INJU	M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be determined	26s. PLACE OF INJU building, etc. (S	JRY — At home, farm, at specify)	reet, factory, offic		26f. LOCATION (Street City or Town, State	and Number or Run	al Route Number,		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the beat of my kr	owledge, death occurre	f at the time, date	and place, and due	to the ceuse(s) end ma	nner es stated.			
OM								e(s) and menner as stated.		
H H	296. SIGNATURE AND TITLE OF CERTIFIES	FSS	1		29c. LICENSE NUN	ABER	29d. DATE SIGN	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	37.0		//	17		
	24	NEN-	3		ST	. AGNES HO	SPITAL.	BALTIMORE, MD		
	31. DATE FILED (Month, Day, Year) NOV 2 1 1991	32. REGISTRAR'S SI								
	MAN ET 1231	grania Davido	on-gandelle					DHIM to One 100		



3. TIME OF DEATH

12:25

PM

REG. NO

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician property. The funeral director, page 5 should be detached for use as the burial-try within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	215-0020 attending physicia
TANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

BE COMPLETED

5

CERTIFICATION

BY PHYSICIAN: MEDICAL

COMPLETED

BE

2

lman

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IS

Elementary/Secondary (0-12)

17. FATNER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

20a. METHOD OF DISPOSITION
1 Burial XXCremation
4 Donetion 5 Other (%)

21. SIGNATURE DIFFER

David Elmer Ainsworth

ERAL SERVICE LICENSEE

Elizabeth Edmondo

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, William Ainsworth 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 215 01 3569 93 HOURS TOM 2 F YRS. 9a. FACILITY NAME (If not institution, give street and number) Union Memorial Hospital RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Maryland Baltimore City <u>Baltimore</u> 10e. STREET AND NUMBER 108 W. 39th Street Apt 34 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES XXNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Merried 2 Married 1 YES 2 NO 3XWidowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed)

College (1-4 or 5+)

2. DATE OF DEATH
MONTH

11 17 91

7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign NOV . 24, 1991 Maryland 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore City Baltimore City 10d. INSIDE CITY XX YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21210 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify Specify: White 16b. KINO OF BUSINESS/INDUSTRY Insurance 16. MOTNER'S NAME (First, Middle, Maiden Surname) Frances Daywalt 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1533 Widow's Mite Road, Edgewater, MD 21037 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE Metro Crematory, Inc. Baltimore, MD 21229 22. NAME AND ADDRESS OF FACILITY 3631 Falls Rd. Baltimore, MD Burgee-Henss Funeral Home 23. PART L'Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Onsat and Death

24a. WAS AN AUTOPSY PERFORMED?

1 VES 2 NO

shock, Dr heart failure. List bnly Dne cause Dn each line. IMMEDIATE CAUSE (Final disease or condition_ Congestic heart failure
Due to (or as a consequence of): reaulting in death) COPD Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

Agent

							1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATN Netural 5 Pending Investigation					26. PLACE OF DEATN (C	heck only one)	
		HOSPITAL:		OTHE	R: irsing Nome 5 - Raetdenca	6 Other (Specify)	
		28a. DATE OF INJURY (Month, Day, Year)				26d. DESCRIBE HOW INJURY OCCURED	
3 Suicida 4 Nomicida	6 Could not be	26a. PLACE OF INJURY — At he building, etc. (Specify)	26s. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify)				Rural Route Number,

29a, CERTIFIER. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner ea atteted.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the ceuse(s) and manner ea stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Marcucci MD 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

11/17/9 Memoral Hosp. PKWY 301 University Baltimore, MD

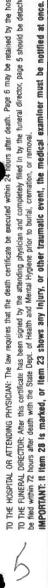
31. DATE FILED (Month, Day, Year) NOV 2 Lucia Davidson-Randall OF DEATH?

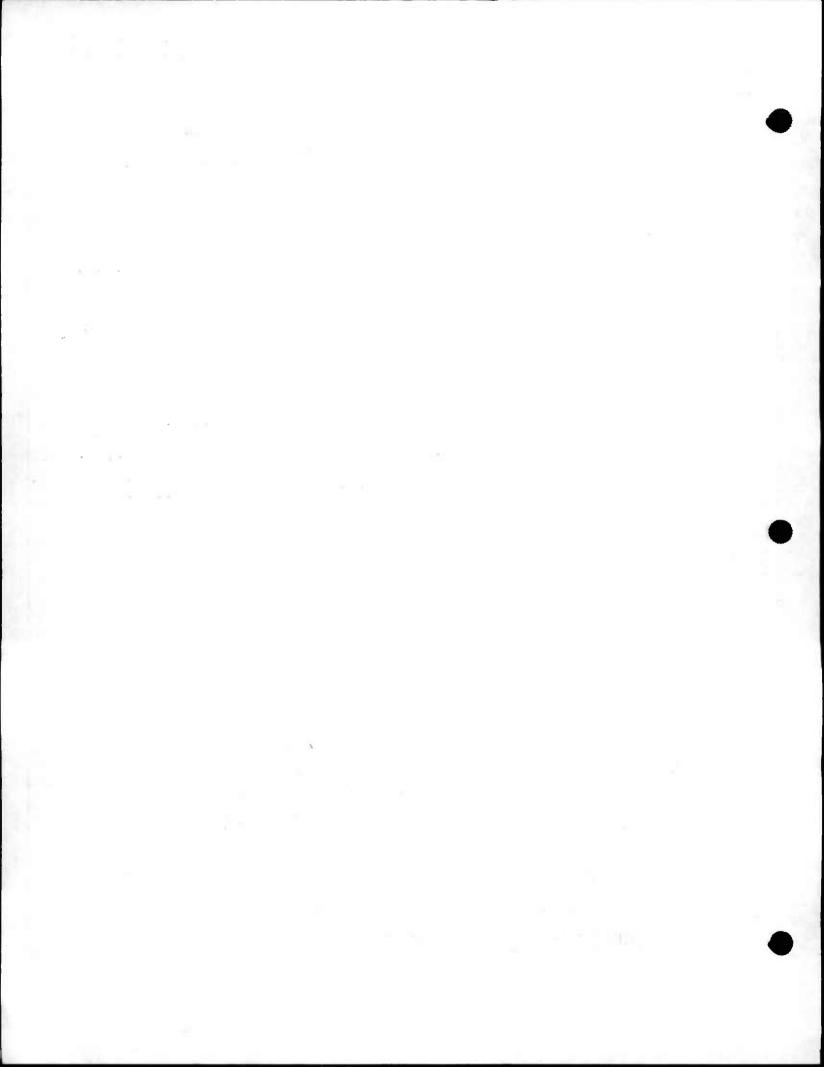
		*	,
8			
	8	·~.	
		~,	
		3	



FOR

	REGISTRAR		CERTIF	CATE	F DEATH	REG. NO).			
1. 1	DECEDENT'S NAME (First, Middle, Last)	James A	rrington				4 §	3. TIME OF DEATH		
4.	SOCIAL SECURITY NUMBER	5. SEX 6. AC	84 vns.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 8 - 23 - (7 8.	BIRTHPLACE (State or Foreign Country) N. Carolina		
	FACILITY NAME (If not institution, give s 2329 Mosher			9b. CITY, TOV	on location of d Baltimor		9c. COUNTY	OF DEATH		
EG TO	state 106. COUNT	Y		, TOWN OR LO				10d. INSIDE CITY LIMITS?		
<u></u>	STREET AND NUMBER			Baltimore City			10g. CITIZEN	1 N YES 2 NO		
ERA	2329 Mosher				21216		U.S.			
\tag{4}	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 INO	It yes	DECENDENT OF HISPA , specify Cuban, Maxic YES 2 NO Speci	an, Puarto Rican, etc.)	iN? (Specify Yee or No- o Rican, etc.) 14. RACE — American Indi Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUP work done during e retired.)	most of working	18b. KIND OF B	USINESS/INDUST	rry .		
V 17.	FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Maide	n Surname)						
<u> </u>	Alexand		Inknown							
- 11 134	Elaine Forte					Route Number, City or To Balto.,				
块	Burlel 2 Cremetion 3 Rem	noval from State	20b, PLACE AND OATE	OF DISPOSIT	ION (Name	DATE 20c, L	OCATION - City	or Town, State		
21.	Signature of Funeral Service Licensee Stat									
re	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE)									
ERTE	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST d.									
EDICA	ART II. Other algnificent condition	r aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								
Ž	1 U YES 2 NO									
25 25	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:									
ā	MANNER OF GEATH 1 Natural 5 Pending	Natural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO								
28e PLACE OF INJURY — At home form street factory office. 28f LOCATION (Street and Number of R							tural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 29 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 20 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 11/19							IGNED (Month, Day, Year)			
30	NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF 5601	Loch Raven	Blud Blud	; Belto. V	MO. 21239				
31.	DATE FILED (Month, Dey, Year)	32. REGISTBAR'S	Lock Raven HORATURE AUTOSON-Rando	.82						





DHMH-18 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



FOR

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH									ATH			
- 1	Richard Louis	s Born						MONTH DAY		91	8:45	Ам	
	4. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER 1 YEAR	R 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH		8. BIRTHI	PLACE (State or	Foreign	
	215-01-7399	1 🔀 M 2 🗌 F	78	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 12-13-12	2	Mar	yland		
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF OE	ATH	9c. COU	NTY OF DE			
DIRECTOR	7104 Bellona Aver	ıue			Baltimo	ore			Ba	ltim	ore Cou	intv	
<u> </u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		the CIT	Y, TOWN OR LOCAL	TION							
8	Maryland Balt	imoro Co	untu		ltimore	ION					10d. INSIDE CIT	Υ	
7	Maryland Baltimore County							10g, CITIZEN OF WHAT COUNT			NO		
EB/	7104 Bellona Avenue			101. ZIP COOE 21.21.2				U.S.A.					
<u>S</u>	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			MED				IC ORIGIN? (Specify Yea or No					
BY FUNERAL	1 Never Merried 2 Merried FORCES? 1 YES 2 Merried IF YES, GIVE WAR OR DATES			0	If yes, sp 1 YES	Specify	n, Puerto Rican, atc.)	ecity Yea or No— 14. RACE — American Indian, Black, Whita, atc. Specify: White					
	15. DECEOENT'S EOU	CATION	18a, DEC	CEDENT'S	USUAL OCCUPATION	ON		165 KIND OF BUS	INESS (INC	LICTRY	11111		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(GA	ve kind of	work done during mo se retired.)	st of working	9		16b. KIND OF BUSINESS/INDUSTRY Truck Body Manufacture				
AP		4 yrs.		esid	lent			+ Repa					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTH	ER'S NAI	ME (First, Middle, Maiden S					
BE (Carl Herman Born	t				E	mma	Kettler					
0	19e. INFORMANT'S NAME (Type/Print)							loute Number, City or Town					
-	Kathryn Wilson B	orn					Bal	timore, Ma	ryla	nd 21	1212		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	oval from State	20b. PLACE A	NO DATE	OF DISPOSITION (Na	me of				City or Tow			
i	4 Donation 5 Other (Specify)	CENSEE A	Drula	Kla	ge Cemet			/15/91 Pik		lle,	Maryla	nd	
H		17	D Day	1)	"Mito	hell	-Wie	defeld Hom	e				
	John G. Reit		- May	/_	6500	Yorl	k Rd	. Baltimor	e, M	aryla	and 212	12	
	23. PART I. Entar tha diseases, or a shock, or haert failure.	implications that List only one cau	t ceused the line.	th. Do r	not entar tha mo	da of dylr	ng, auch	es cardiac or respir	atory arr	eat,	Approxin		
H	IMMEDIATE CAUSE (Final disease or condition	On	1 201	1/1/4	aka ka a						Onset an		
	resulting in death) a. (V/(U)/(U)/(U)/(U)/(U)/(U)/(U)/(U)/(U)/(U)								XX	Mel			
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially flat conditions, our to (or as a consequence or):									18			
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	e.									İ		
E	that initiated events	DUE TO	(OR AS A CONSECU	UENCE OF	7):								
H	resulting in death) LAST	d											
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOP													
DICAL			and the underlying				g couse given in Part I.		24s. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
밀								1 TYES 2	NO		OF DEATH?	CAUSE	
≥								-			1 TES 2	NO	
Y Y	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DE	ATH (Cho	ck anh one)					
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:			3 Other (Specify)				-	
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF 28c. INJ	JRY AT			JURY OCC	LIBED			
B	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?												
2 Culated							ute Number,						
	4 Homicide determined building, etc. (Specify)												
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
COMPLETED	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								stated.				
29c. LICENSE NUMBER 29d. DATE SIGNED (Month Car Worl)													
∞ ∥	//n/n//	11/10	mo.	101		-	10(1259	>	-	13-91		
일	611 Park Ave. Baltimore, Maryland 21201												
Į.													
	31. DATE FILED NO PA. 201 1991 32. HEGISTRAN & SIGNATURE A												

TO BE COMPLETED BY FUNERAL DIRECTOR
ICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA				YGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Mary Ba	MARY C.				2. DATE OF MONTH		9	AR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-12-472/ 9a. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (In yrs. lest birthday) 1 22 F 9 YRS. 6. AGE (In yrs. lest birthday) 1 F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 1 27 F 9 NONTHE DAYS HOURS MIN. Sept. 18, 19(ryla:	E (State or Foreign
og Og	Stella Maris Hos		96.	Tows		AIH		10 3000	altim	ore
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			OWN OR LOCAT	ON					INSIDE CITY LIMITS?
	Maryland Balt	imore	Tow	son 101.		10g. CITIZEN		YES 2X NO		
FUNERAL	103 E. Susquehan				21204			U.S.		
ĭ M	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES	2 (4NO	If yes, spe	ENDENT OF HISPAN leify Cuban, Maxical 2X NO Specify	n, Puarto Rica		a or No 14. RACE American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USL (Give kind of work life. Do NOT use rel Homemake	done during mos lired.)	N at of working		wn Ho	USINESS/INDUSTRY		
MO	17. FATHER'S NAME (First, Middle, Last)		- I O M C M C M C M C M C M C M C M C M C M			ME (First, Midd	(First, Middle, Maiden Surname)			
BEC	Bernard Schene				Sarah E. O'Donnell					
٩	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Leonard E. Bayne 1747 Wycliffe Ave., Balto., Md. 21234									
	28a METHOD OF DISPOSITION 1 Disposition 3 Perm 4 Donation Disposition (Specify)	noval from Stata	PLACE AND DATE OF	oisposition ther place) Lev Met	(Name	0ATE		Timon:		
	21. SIGNATURE OF JUNERAL SERVICE OF		i.	22. NAME AN	D ADDRESS OF FAI LOWSON Fu	uneral	Home	, Inc		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequantially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE: (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause gi						DERFORM	IED?	COM DF C	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE BEATH? YES 2 \(\subseteq \text{ NO} \)
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
IYSI	1 VES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Ouip 28s. DATE OF INJURY	atlent 3 DOA 4	-	e 5 🗆 Rasidence			Hospi		
ВУ РР	1 Natural 5 Pending	(Month, Day, Year)	INJURY	r wo	PK?	280. DESCR	IIBE HOW IN	JOH! OCCUR	EU	
	2 Accident 3 Suicide 4 Homicida 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Rural Route	Number,		
COMPLETED	and and	SICIAN: To the best of my knowl ER: On the beals of examination							ause(a) and	manner se stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER A Cley and the D 27087					29d. DATE SIGNEO (Month, Day, Year) 1/-/8-9/				
6	30. NAME AND ADDRESS OF PERSON WE Carla S. Alexande				.ce-Dular	ney Va	lley 1	Rd.—Tc	wson	21204
31. DATE FILED (MONT) 1991 SZ. HEGISTRADIS SIGNATURE NOV 2 1 1991 Funa Davidson-Randelle.										

Pages 1, 2, 3 should

permit.

staine	shou	
=	5	
y be	Dage	
ma m	10,	
Page 6	direct	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	
after	y the	nova
85	-	F
100	- Pa	5
4	1	2
within	pletely	remat
P	E	_
5	2	3
ê	30	ē
83	5	Q.
0	Sici	P.
100	Ě	0
ij.	9	è
8	Jin G	5
=	5	_
dea	듄	etine 5
the	the	4 100
THE .	3	200
45	Dec	윺
ile.	Sign	102
9	100	į
>	8	
60	has	Dac
Ě	ige in	ate
Z	fica	ű
3	erti	Pho
3	S	#
F	Ē	1
9	fler	4
0	A	do
E	8	Par
A	5	4

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Las 2. DATE OF OEATH 3. TIME OF DEATH ROWN 12 NOON M 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 219-70-5047 DAYS HOURS 1 M 2 XXF 2/4/51 Baltimore, Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Howard County General Hospital DIRECTOR Howard County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Howard Columbia 1 TES 2V VNO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11030 Berrypich (Road) Lane 21044 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — Ame Black, White, 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only hig Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Claims Examiner Insurance Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surnan Eligiah James BE Betty James 19s. INFORMANT'S NAME (Type/Print) 2 Isaac Brown 11030 Berrypick Lane Baltimore, Md. 21044 Pe 20a. METHOD OF OISPOSITION

1 X Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Columbia Memorial Park Columbia Md 22. NAME AND ADDRESS OF FACILITY
William C. Brown Community Funeral Home examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1206 W. North Ave. Baltimore, Md.21217 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. Approximate shock, or heart fallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel PLEUPAL EFFUSIONS the MALIGNANT disease or condition resulting in death) event. BREAST CARCINOMA IN EAD STATIC traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL shows any 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nu Home 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Dev. Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 28 4 Homicide TO THE HOSPITAL DR AT
TO THE FUNERAL DIRECT
De filed within 72 hours a
IMPORTANT: If Itom 2 29e CERTIFIER ith occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: 296. SIGNATURE AND TITLE OF CERTIFI BE 2 30, NAME, AND ADDRESS OF PERSON USE OF DEATH (ITEM 27) (Type Print)

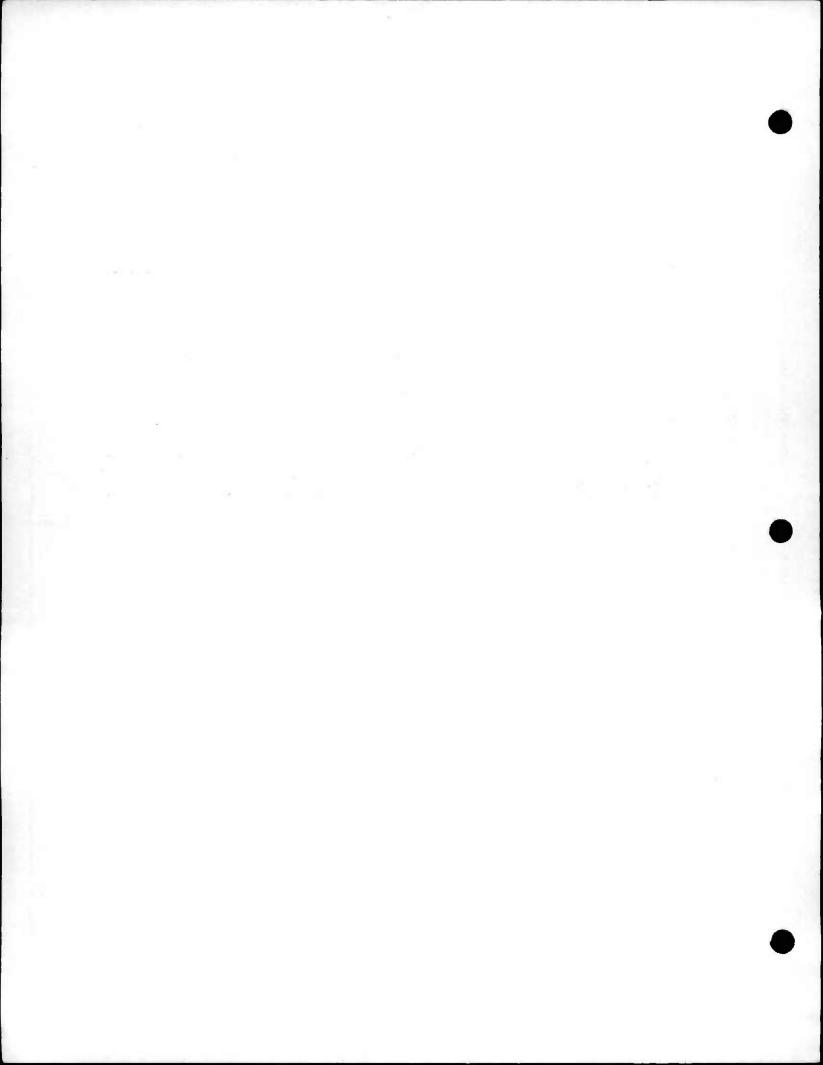
32 AEGISTHAR'S SIGNATURE Fundade

31. DATE FILED (Month, Day, Year)

NOV21

1991

DHMH-16 Floy 1/89

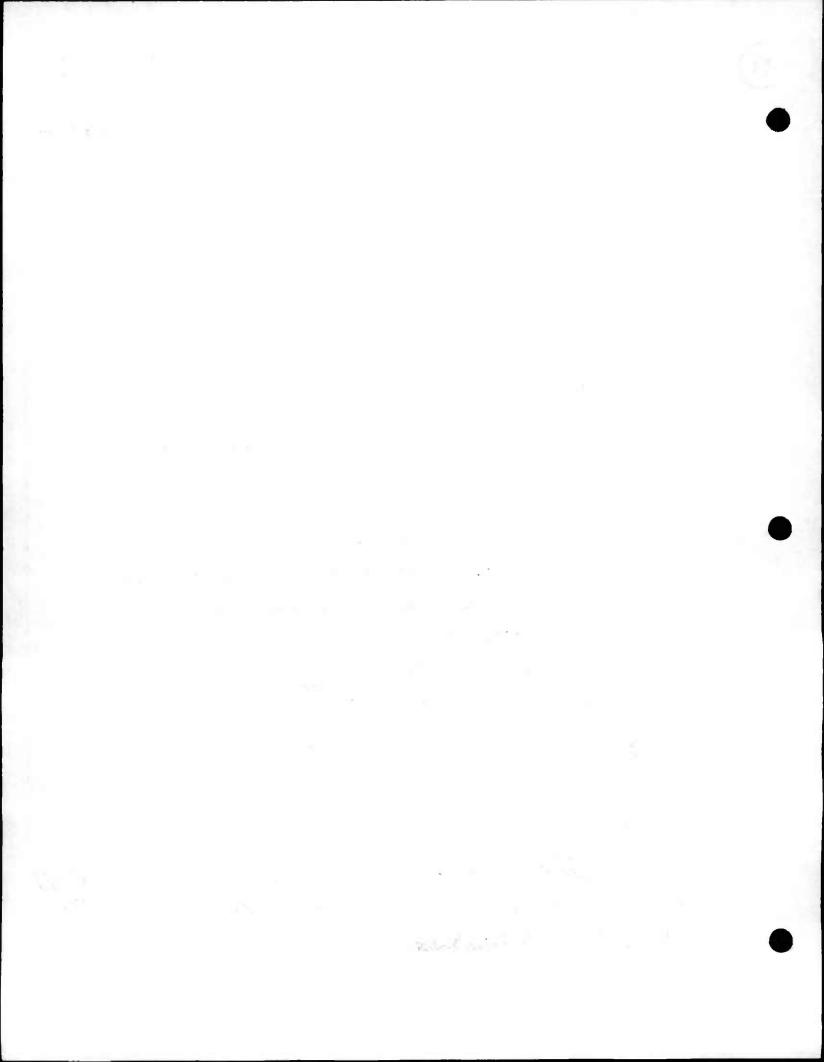


	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If item 28 is marked, or item 23 shows any lajury, or other traumatic event, the medical examiner must be notified at once.
l	y #	90		100
	P	P		P
	ine	Ę,		fle
	reta	S		5
	pe	90		9
	Jay	Da		10
	Б П	70,		300
	96	fire		=
	S.	le.		and a
	att	Jue		am.
	de	e fr	-	ex
	ffe	th th	POP	70
	52	5	ren	ě
١	DOL	P	9	E
Į	24	9III	on,	9
	=	le /	nati	+
	THE REAL PROPERTY.	plet	crer	E.
	8	mo:	le,	\$
	DO:	P	unc	=======================================
	2	9	to	Ē
	8	Cia	10	2
	ate	llyS.	9	1
	Ę.	9 9	ien	Ě
	93	ě	E S	-
	eath	arte	Ital	. 0
	9	9	Men	5
	Ē	by th	P	Ξ
	that	8	h a	E S
	Les S	igne	eafti	99
	S.	D S	Ŧ	90
	V 76	bee	t. 0	S
	No.	SEL	Dep	23
	The	rte t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	E
	AN.	iffica	St	=
	SCI	Cen	£	0,
	H	his	H.	Ced
	6 9	er t	E	137
	DIN	Ath	dea	50
	EN	OR:	fter	00
	A	E	Sal	1 2
	OR	OIR	DO	F
	AL	AL L	2	=
	TI de	ER/	in 7	프
	408	S	É	M
	뿌	里	50	동
	上	亡	- E	三
	F	5	ጀ	=

) ()													10	00
_	1 - FOR STATE REGISTRAR		STATE OF I	MARYLANI) / DEPAI CERTIF	RTMENT	OF H	EALTH	AND I	MENT	AL HYGIEN	E		
	1. DECEDENT'S NAME (First				BRITT	INGH	AM			2. DA	TE OF DEATH	y	9 ^{YEAR}	3. TIME OF DEATH 9:50 A
	4. SOCIAL SECURITY NUME 214-24-7770)	5. SEX 1	6. AGE (In yrs	. lest birthday) YRS.	IF UNDER 1	YEAR DAYS	HOURS	MIN.		0472072	8	6. BIRTH	PLACE (State or Foreign
0R	UNION MEN	99. FACILITY NAME (if not institution, give street and number) UNION MEMORIAL HOSPITAL				BAL	TIM	ORE	C I	T Y		9c. COUN	ITY OF D	EATH
	RESIDENCE OF DEC	10b. COUNT	v		100.00	Y, TOWN OR	10017	-						
L DIRECTOR	MD 100. STREET AND NUMBER		Baltimore	City	100. 01	Balt	imoı	ce C						10d. INSIDE CITY LIMITS? 1 YES 2 NO
A B	The state of the s						101.	ZIP COO	_					VHAT COUNTRY?
FUNERAL	2013 Druid	Park .						212					J.S.,	Α.
B	1 Never Married 2 3 Divo		FORCES? 1	I AX				en, Mexica	in, Puer	GIN? (Specify Yee to Ricen, etc.)	or No-	Black	E — American Indian, k, White, alc. hy: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working														
COMPLETED	Elementary/Secondary (0)-12)	College (1-4 or 5	+)	Ille. Do NOT u	se retired.)							/**	
MP	12th	2.1			Buye	r's A	ssi						. (H	utzler's)
BE CO	17. FATHER'S NAME (First, Middle, Last) William Raublitz							Es	ther	Gr	E (First, Middle, Malden Surneme) Graff			
0	19e. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS (Street er	nd Numbe	r or Rural F	Route Nu	imber, City or Town			
	Carl A. Bri		ham, Jr.		20	13 Dri	uid	Par	k Dr	ive	Balto	, MD	2	1211
20e, METHOD OF DISPOSITION 1 \(\text{Labelet 2 \cappacter} \) Cremation 3 \cappacter \) Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place) Lorraine Park Cemetery 11/23 Baltimore, MD								wn, State						
								, MD						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BURGEE—HENSS FUN 3631 Falls Rd. Baltimore, MD							UNERAL HOME 21211							
CERTIFICATION	23. PART L Enter the diseases, or complications that saused the death. Do not enter the mode of dying, euch as cerdiac or reepiratory arreet, ehock, or least failure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final disease or condition reculting in deeth) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST Due to (or as a consequence of): Due to (or as a consequence of):													
MEDICAL	PERFORMED? AMAILABLE PRIOR T COMPLETION OF CA DF DEATH?							WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 \$27ES 2 \(\text{NO} \) NO						
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				26. PL/	CE OF D	EATH (Che	ock only	one)			
PHYSICIAN:	YES 2 NO		1 ☐ Inpatient 2 K	ER/Outpatient	3 🗆 DOA	OTHER:	g Home	5 🗆 Re	eldence	8 🗆 Ot	her (Specify)			
ву Рн		Pending Investigation	289. DATE OF (Month, Da	ay, Year)	28b. TIM	URY	C. INJU WOR		ND	28d. D	Found	Un res	URED POA S	sive in tub
	3 Sulcide 8 🗆	Could not be determined	28e. PLACE Of building,	F INJURY — At atc. (Specify)	Home term	streel, fectory	, office			281. LC				oute Number Land
기	29a. CERTIFIER 1 CERTI	IFYING PHYSI	CIAN: To the heat of	my knowledge	doub com					20	Himor			
COMPLETED	2 MEDI	CAL EXAMINE		camination and	or Investigation	on, in my opir	i, date d	ath occur	end due	to the c	te end place, end	er ee atate dua to the	d. ceuse(s	end menner ee stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	000	4	_			29c. LICI	ENSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF	PERSON WA	L. Chu	to my) TEN 27 (7	Ordens		0.0	C.M.	Ε.		11	120	/91
		V	LE IEU CAUS				т,	BAL'	TIMO	RE	,MARYL	AND	212	01
	31. DATE FILED (Month, Day,)	rear)		R'S SIGNATURI										
	NOV	2 1 19	y Gene	e drende	or David	12.								

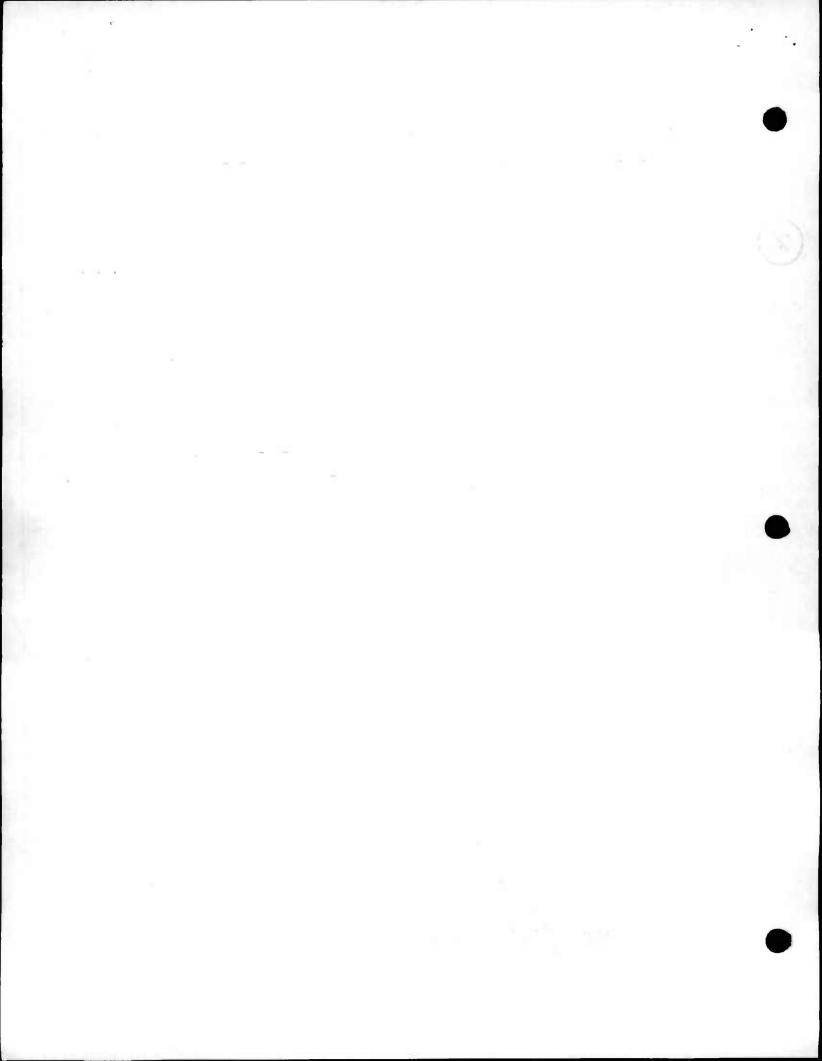


	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Lest) MABEL M	IARIE BERLAU			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In yrs. lest		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	Nov. 18, 7. DATE OF BIRTH (Month, Day, Year) Feb. 10,	Countr	PLACE (State or Foreign		
OR	90. FACILITY NAME (II not institution, give street 12 Kitzbuhel Road			OWN OR LOCATION OF DE		9c. COUNTY OF D	EATH		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION		201011110	10d. INSIDE CITY		
		imore	Lutherv	ille			LIMITS?		
FUNERAL	100. STREET AND NUMBER 1218 Longford R	oad		101. ZIP CODE		10g. CITIZEN OF V			
O. N.		WAS DECEDENT EVED IN HE ADM	IED 13. WA	21093 S DECENDENT OF HISPAN	NIC ORIGIN? (Specify Yee	U.S.A	- American Indian,		
B	1 Never Married 2 Merried 3 X Wildowed 4 Divorced	FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES	F YES, GIVE WAR OR DATES 1 No Special				White		
COMPLETED	15. DECEDENT'S EDUCAT: (Specify only highest grade con Elementary/Secondary (0-12)	rigiliating) (Giv	EDENT'S USUAL OCC e kind of work done dur Do NOT use retired.)	UPATION ing most of working	16b, KIND OF BUS	INESS/INDUSTRY			
MPI	12 yrs.	200000000000000	Home Make	r	Own Home				
8	17. FATHER'S NAME (First, Addolin, Lant)	H. Chenworth			ME (First, Middle, Melden :	-			
38 C	William 18s. INFORMANT'S NAME (Type/Print)	Emma Street and Number or Rural I	a C. Wagner Poure Number, City or Town, State, Zip Code)						
5	Betty L. Burns		Same as #1			, 0.010, 24 0000)			
	20s. METHOD OF DISPOSITION 1¥□ Burtal 2 □ Crametion 3 □ Removal 1□ Donation 5 □ Other (Specify)	ATION — City or To-							
Υ	21. SIGNATURE OF PIMERAL SHRYICE LICEN								
	e, Inc.	050 York Rd. owson.Md.21204							
ATION	23. PART I. Enter the diseases, or complete shock, or heart failure. List iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	pications that caused the deat tonly one pause on each line. Cardeo - Due To (OR AS A CONSEOL A DUE TO (OR AS A CONSEOL A DUE TO (OR AS A CONSEOL CARDON CO	ulmor JENCE OF): Siff R	a mode of dying, such	sest	thasia	Approximata Interval Between Onsat and Daath		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	TO (OR AS A CONSECU	JENCE OF):	yntios	nc				
PHYSICIAN: MEDICAL	PART II. Other significant conditions c	potributing to death but not re	riying cause given in	Part i. 24a, WAS AN / PERFORI 1 YES 2	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHER:	28. PLACE OF DEATH (Che	eck only one)				
HYS	1 YES 2 ND 1	Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY	DOA 4 Nursing	Home 5 Residence	8 Other (Specify)				
ВУ РІ	1 Netural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?	28d. DEŞCRIBE HOW IN	JURY OCCURED			
	3 Suicide a Could not be 4 Homicide datermined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	28e. PLACE OF INJURY At home, term, street, factory, office			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	299. CERTIFIER (Check only one) CERTIFYING PHYSICIAN (Check only one)	t: To the best of my knowledge, deat in the basis of examination end/or in	h occurred at the time	, date end place, end due lon, death occured at the	to the cause(e) end menr	ner ee stated. due to the ceuse(e)	end menner as stated,		
띪	296. SIGNATURE AND TITLE OF CENTURY	an ME	2	29c. ETPENSE NUM	5391	29d. DATE SIGNED	Month, Day, Year) — 18—91		
2	30. NAME AND ADDRESS OF PERSON WHO CO	DMPLETED CAUSE OF DEATH (ITEM	TO (Type, Pring)	Baltin	ore 1	1921	239		
	NOV 2 1 1991	32. REGISTRAR'S SIGNATURE Live Davidson-Randal	٤.						



ò	cuted	d co
ر	exe	an o
5	2	cian or t
Ó	ate	D P
	tific	a pl
ب	S	- Ad
r	ath	tal
ñ	de	Aeri
)	計	d th
_	hat	d b
ζ.	SS	gne
ú	曹	S T
r	9	Dee :
1	8	as Jepi
Σ.	The same	te h
-	Z	Sta
	CA	the
5	35	SI
,	à	5 3
5	OING	Afte
	3	ie ie
É	Ā	E de
DIVISION OF VILAL RECORDS, P.O. BOA 507	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal.
	IA	3R
	SPI	Pi Fi
	¥	₹ ₹
	품	THE PER
	2	23

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	HEALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last	ZETTA MAE	ВИСЕУ			2. DATE MONTH	OF DEATH DAY	YEAR 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-10-7521 9a. FACILITY NAME (If not institution, give	1 M 2 X F	93 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	5-1-	1898	WES7	PLACE (State or Foreign VIRGINIA	
HOIO	HARBOR HOSPITA				TIMORE (9c. 00	OUNTY OF DE	EATH	
DIRE	MARY LAND 106. STREET AND NUMBER	HARFORD	10c. CITY,		WOOD				10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
NERAL	2007 A MAGNOLIA				1. ZIP CODE 2104	040 U			S.A.	
BY FUNI	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2XXNO	If yes, sp	CENDENT OF HISPA Healty Cuben, Maxic 2 2 100 Spec	an, Puerto R	(Specify Yea or No—icen, etc.)	14. RACE Black, Specify	- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 8TH GRADE	College (1-4 or 5+)	iile. Do NOT use i	k done during mo retired.)	ost of working	16b.	KIND OF BUSINESS/IN			
الت	17. FATHER'S NAME (First, Middle, Last) JASPER WESTFALL		ET SEAM	16. MOTHER'S N	AME (First, M	iddle, Maiden Surname)	SMITH			
10 8	19a. INFORMANT'S NAME (Type/Print) EUNICE SMITH 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2007 A MAGNOLIA WOODS COURT EDGEWOOD, MD 2104									
	20a, METHOD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Red 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from State	PLACE AND DATE OF	MEMORIA	L 11-22		N. BRUN	ISWICK	, NEW JERS	
	> Scary 7) Could	er.		RUCK FUN WISE AVE		HOME OF D DUNDALK		K INC. 21222	
CERTIFICATION	that initiated eventa reaulting in deeth) LAST d. Cleart Failure									
N: MEDICAL							24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (CI					
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y 28c. INJ		28d. DESCRIBE HOW INJURY OCCURED				
ETED 8	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, office		281. LOCA City of	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLE		SICIAN: To the best of my knowle IER: On the basis of examination							and manner as stated.	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE PUNTLS 4	Ulhan)	House (Hica	29c. LICENSE NU				Month, Day, Year)	
	PUNITHA	WILLIAM		int)	HAI	R RO	R HOSP	TAL	CENTER	
	31. DATE FILED (Month, Day, Year) NOV 2 1 1991	32. BEGISTRAR'S SIGNA	ndell.				1,000			





FOR

	REGISTRAR	CEI	RTIFICATE	OF DEATH	REG. NO).			
	1. OECEDENT'S NAME (First, Middle, Last)_ DA []	E MILLER BEA			2. DATE OF DEATH		3. TIME OF DEATH		
:	4. SOCIAL SECURITY NUMBER 5. SEX	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 4 -6 -1 9 7 6							
стов	FRANCIS SCOTT KEY MED			TIMORE CIT		9c. COUNTY	OF DEATH		
FUNERAL DIRECTOR	106. STATE 106. COUNTY MARY LAND BALT I MORI		10c. CITY, TOWN OR	EDGEMER	E		10d. INSIDE CITY LIMITS? 1 ☐ YES XX NO		
NERA	2913 DELMAR AVENUE			101. ZIP COOE 212			U.S.A.		
Β¥	1 Never Married 2 Married FORCES	Never Married 2 Married FORCES? 1 YES XX NO			ANIC ORIGIN? (Specify Yesan, Puarto Rican, atc.) ify:	8 or No	RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8TH GRADE N/A 16a. DECEDENT'S (Give kind of with life. Do NOT us			JPATION ing most of working	16b. KIND OF BU	ISINESS/INOUST	TRY		
BE COA	17. FATHER'S NAME (First, Middle, Last) THOMAS J. MILLER	I	MOTHER'S NAME (First, Middle, Melden Surname) LILA J. BOLYARD						
10	JOANNE STREET	308	JULIAS	LANE PASA	PROUTE NUMBER, CITY OF TOV		^(de) 21122		
	20s. METHOD OF DISPOSITION 1 □ North 2 □ Cremation 3 □ Removel from Sta 4 □ Donation: 5 □ Other (Specify) 21. SIGNATUPE OF PRIMERAL SERVICE LICENSEE:	20b. PLACEANO	TOGE MEM	DRIAL 11-	21-1991 D	ORSEY,	MARYLAND		
	· Charley +	il	792	2 WISE AVE		ALK MD	21222		
	23. PART I. Enter the disease, or complication shock, or heart failure. List only on IMMEDIATE CAUSE (Final disease or condition resulting in death)	s that caused the death is cause on such lins. Dable SeoSi		e mods of dying, su	ch sa cardisc or rasp	iratory arrest,	Approximate interval Between Onest and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that Initisted events resulting in death) LAST oue to (or as a consequence of): d.								
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions contributions			Pert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one)				
YSI	1 VES 2 NO 1 Inpatien	t 2 ER/Outpatient 3 🗆	DOA 4 Nursing	Home 5 🗆 Rasidenca	6 Other (Specify)				
ВУ РН	1 Natural 5 Pending (Mo	inth, Day, Year)	INJURY M 1	WORK7 YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCURE	(D		
- 16	3 Suicide 6 Could not be 4 Homicide determined	office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic	eat of my knowledge, death s of axamination and/or inve	occurred at the time, atigation, in my opini	data and place, and du	n to the cause(s) and mai a time, data and place, an	nner as stated.	use(s) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER THEY O'VEILL, MI	Craye	29c. LICENSE NU	MBER 286	29d. DATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE		(Type, Print						
	NOV 2 1 1991 Files	STBAR'S SIGNATURE	22.						

DNMH-18 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	5.	BAY	IEV		2. DATE OF DEATH MONTH	9 YEAR	3. TIME OF DEATH 500 A M	
	1 - 1	1 M 2 X F	In yrs. last birthdel) SC YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/1/05	Ma:	ryland	
TOR	Baltimore County		pital		11stown	EATN	Ba1	timore	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	10b. COUNTY			ON			10d. INSIDE CITY LIMITS? 1 YES 2 K NO	
ERAL	100. STREET AND NUMBER 7602 Clays Lane			Baltimor 107.	ZIP CODE 21207		11	WHAT COUNTRY?	
BY		12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR ON	2 1 NO	II yes, spe	NDENT OF NISPAN	NIC ORIGIN? (Specify Yes or in, Puerlo Ricen, etc.) y:	No — 14. RAI	CE — American Indian, ck, White, etc. White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 8th Grade	ortiON ortipleted) College (1-4 or 5+)	18e. OECEDENT'S (Give kind of w life. Do NOT use Home 1	USUAL OCCUPATION ork done during mose retired.)	N t of working	16b, KIND OF BUSIN	ESS/INOUSTRY	WILLE	
CON	17. FATHER'S NAME (First, Middle, Last)		Home I	laker	16. MOTNER'S NA	ME (First, Middle, Maiden Su	rneme)		
BE	John Chaney 190. INFORMANT'S NAME (Type/Print)			Katie Rodruck OORESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code)					
2	Mr. Edgar Bayley					Anoute Number, City or Town, 412 Balti		MD 21207	
	20e. METHOD OF DISPOSITION STABURE 2 Cremetton 3 Remove 4 0 Oonstion 5 Other (Specify)	al from Stata Com	PLACEANDDATEO	FDISPOSITION (Name Place) Burial	Park		Cumberl	rown, Stata	
	21. BIOMATURE OF FUNERAL SERVICE LICEN	12 Ka	mor	Loring	liberty	Funeral Dir	11stown		
	23. PART L'Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. Approximats interval Between Onset and Death of the ceuse of condition and death) Due to (or as a consequence of):								
ATION	Sequentially liet conditions, if any, leading to immediate	OUE TO JOR AS A	CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	SEOUENCE OF):					
	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
PHYSICIAN: MEDICAL	ARTERIOS	elerosis	5			PERFORME 1 YES 2	D?	AVAILABLE PRIDE TO COMPLETION OF CAUSE DF DEATN?	
Sic.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLA	CE OF DEATH (Che	eck only one)			
	27. MANNER OF OEATH 1 Netural 5 Pending	Inpatient 2 ER/Output 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJU	RY AT K?	8 Other (Specify) 28d. DESCRIBE NOW INJU	IRY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	2 Accident Investigation 3 Suicide 8 Could not be building, stc. (Specify)							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle	edge, death occurred	I at the time, data a	and place, end dua	to the cause(e) end manne	ee stated.		
BE CO	2 MEDICAL EXAMINER: On the beels of axaminetion end/or investigation, in my opinion, death occurred at the time, date and piece, and dus to the ceuse(e) and manner se stated. 29c. LICENSE NUMBER 29d. OATE SIGN\$0 (Month, Pay, Year)								
٥	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (TEM 27) (Type,	Print)	135	009	11/	19 191	
	31. DATE FILED (Morith, Day, Year) NOV 2 1 1991	32- REGISTRAR'S SIGNA	TURE	d lo	urct k	Cd, KANO	14/15	town, MD	
	1661 194011	Tavidson	-Handell						

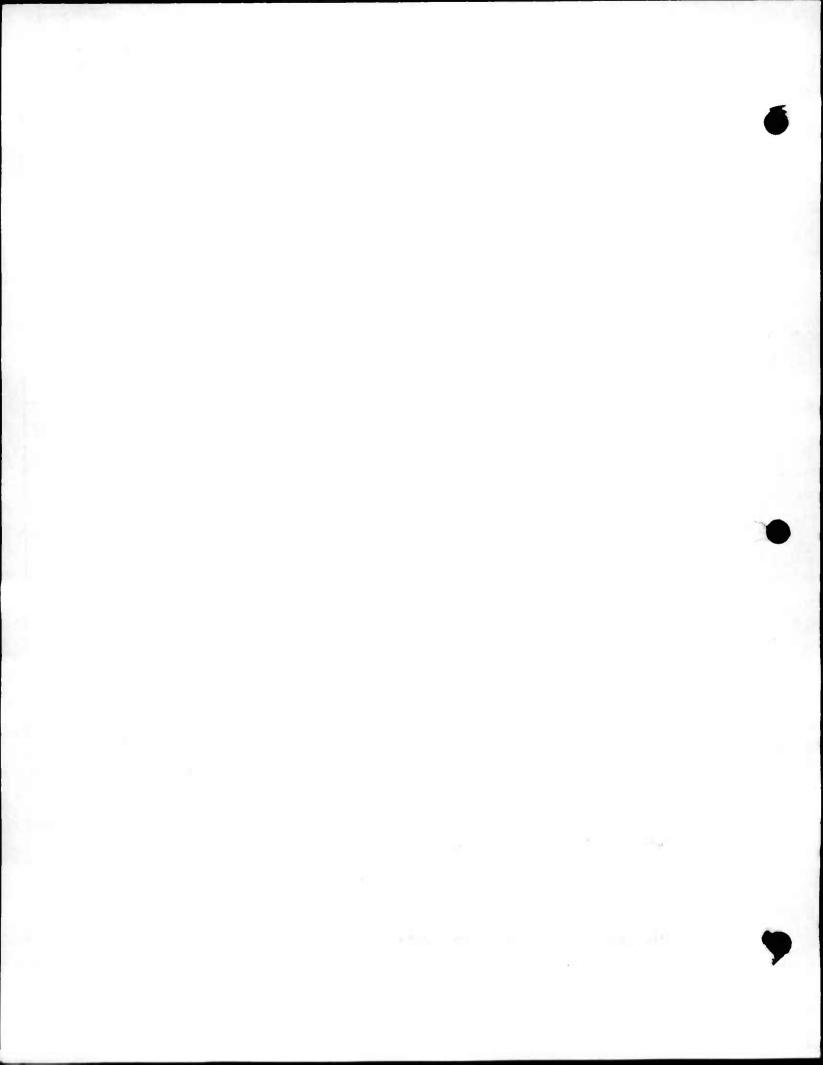
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

O THE HOSPITAL OR AT O THE FUNERAL DIRECT E filed within 72 hours a MPORTANT: If Item 2
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tidurs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
FENDING PHYSICIAN: The law requires that the death certificate be execute. OR: After this certificate has been signed by the attending physician and confler death with the State Dept. of Health and Mental Hygiene prior to burial, v. 8 is marked, or Item 23 shows any injury, or other traumatic eve
FENDING PHYSICIAN: The law requires that the OR: After this certificate has been signed by the frer death with the State Dept. of Health and 8 is marked, or Item 23 shows any in
TENDING PHYS OR: After this of fer death with 8 is marked,
SPITAL OR AT VERAL DIRECT NIN 72 hours a

2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF I	IEALTH AND I	MENTAL HYGIENI	E			
	1. DECEDENT'S NAME (First, Middle, Last) WARREN		NEDICT			2. DATE OF DEATH DAY 11-7-19	Y YEAR	3. TIME OF DEATH 9:26 P		
	4. SOCIAL SECURITY NUMBER 577 60 1610	5. SEX 6. AGE	(In yrs. lest birthday)	FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BI (Month, Day 9-27-1			6. BIFTTI Count	IPLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give 4925 Battery RESIDENCE OF DECEDENT	street and number) Lane Apt 2	Bethe	PR LOCATION OF DE	eath 9c. COUNTY OF DEATH Montgomery Co					
DIRECTOR	10a. STATE 10b. COUNT	ontgomery Co 10c. CITY, TOWN OR LOCATION Bethesda						10d. INSIDE CITY LIMITS? 1 YES 2 NO		
BY FUNERAL		Lane Apt 205					10g. CITIZEN OF V	WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES NO 1 YES 2 NO S				n, Puarto Rican, atc.)	or No— 14. RAC Blac Spec	E — American Indian, k, White, atc. White		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	(GIVE KIND of work done during most of working					16b. KIND OF BUSINESS/INDUSTRY			
	12+ 17. FATHER'S NAME (First, Middle, Linst)	ietiled follester					S NAME (First, Middle, Malden Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Trula Benedict	Wife	40		nd Number or Rural R	ulu Kremer Route Number, City or Town	, State, Zip Code)			
	Trula Benedict Wife 4925 Battery Lane Apt #205, Bethesda, MD20814 20e. METHOD OF DISPOSITION Date Dat									
	21. SIGNATURE OF PUNITURAL SERVICE LIE	censee Ronald Wa	22. NAME AN	D ADDRESS OF FAC	STATE ore St., Bal	ANATOMY	BOARD			
	23 PART I. Enter the diseases, pr		the death. Do not					Approximate		
				NFAR	(710 a			intarval Between Oneat and Death		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Oneat and Death AUTO DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL (PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO							WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ck only one)				
YSIC	EXAMINER? YES 2 NO	HOSPITAL: 1 Inpatiant 2 ER/Outpo		THER:	5 Residence 6					
	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (Y WOI	ak?	28d. DESCRIBE HOW INJ	JURY OCCURED	_		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, stc. (Speci	— At home, farm, stre	et, factory, office	ES 2 NO	281. LOCATION (Street and	d Number or Rurel R	oute Number,		
	4 Homicide detarmined		Hory	e		City or Town, State)	#10			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE (296. SIGNATURE AND EXPLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 0 7 0 9 9 11 (1) 19 1									
	DR. MAYLE (DM	E) 8200	Wisconsi				314			
	31. DATE FILED (MONTH) Day, Year) 1991	31. REGISTRAR'S SIGNA	hande							

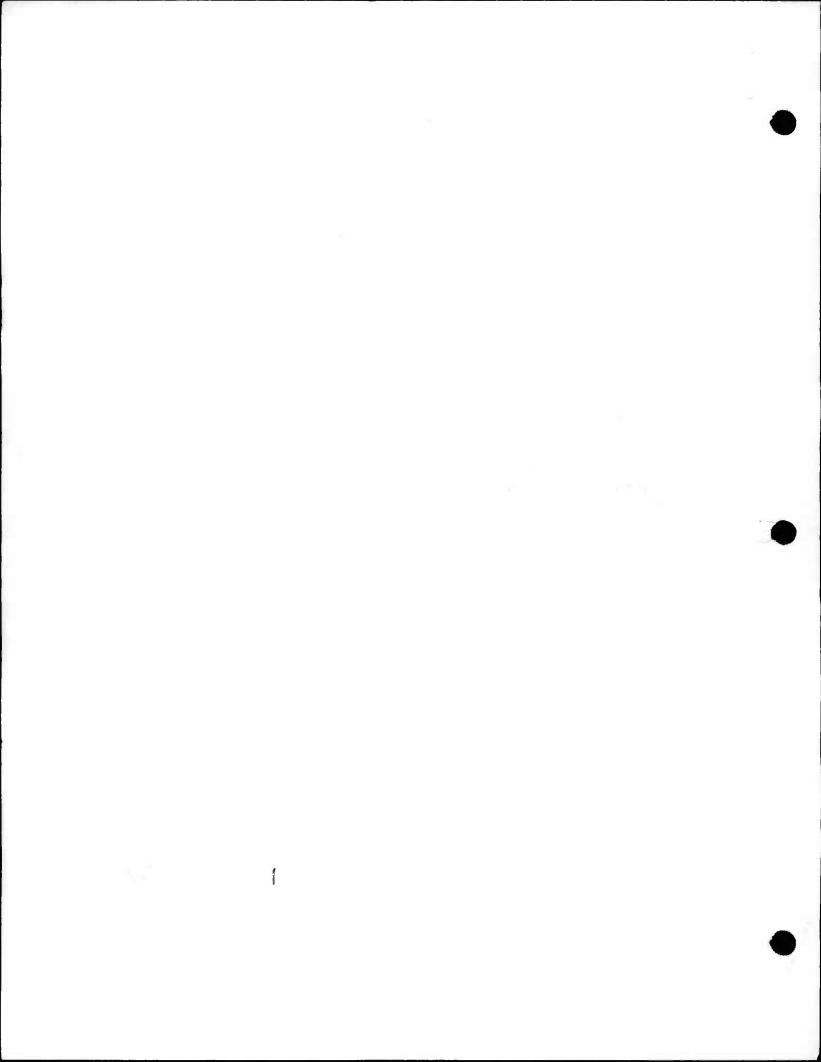


ours after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detache ir removal.	nedical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO TH	TO THE	IMPC	

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIF	-ICATE (OF DEATH	REG. NO	Э.			
	1. DECEDENT'S NAME (First, Middle, Last) KAREN L	., CLA	RKE		2. DATE OF DEATH MONTH	8-91	ar 3. TIME OF DEATH		
:	4. SOCIAL SECURITY NUMBER 5. SEX 6. 1 \(\triangle M \) 2 \(\triangle F \) 5. SEX 6.	AGE (In yrs. lest birthday) YRS.		AR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 3-26	_ (Sountry) Maryland		
-	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TO	WN OR LOCATION OF DI		9c. COUNTY	OF DEATN		
DIRECTOR	Balto. Co. General Hosp.		R	andal1stow	n	Balt:	imore		
딥	10a. STATE 10b. COUNTY	10c. C	TY, TOWN OR L	OCATION			10d. INSIDE CITY		
<u>۳</u>	MAryland Baltimore		Balti	more			LIMITS?		
	10e. STREET AND NUMBER		54202	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ER/	5515 Old Court Road			21207		United	l States		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT E			DECENDENT OF HISPAI			RACE — American Indian, Black, White, atc.		
ΒX	1 Never Married 2 Married IF YES, GIVE WAR	YES 2 XNO FOR DATES		s, specify Cuban, Maxica YES 2 XNO Specif			Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'	S USUAL OCCU work done during	PATION ng most of working	18b, KIND OF B	USINESS/INDUST	RY		
۳	Elementary/Secondary (0-12) College (1-4 or 5+)	1,000	omemak						
Ž	2 years 17. FATNER'S NAME (First, Middle, Last)	11	Omemak		ME (First, Middle, Maide				
	Wade Moragne-EL				M. Jackso				
H	19a, INFORMANT'S NAME (Type/Print)	10h MAN N	G ADDRESS /S	treet and Number or Rural			401		
٩	Mrs. Janet Moragne-EL			ourt Road			21207		
	20a. METNOD OF DISPOSITION	_		of cemetery, cremetory or		OCATION City			
	1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place)		ist Church		esville, MD 11/21/			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAI	ME AND ADDRESS OF FA	CILITY				
	> gloud & Kellner	/		ing Byers 1 8 Liberty 1			-		
7	23. PART I. Enter the diseases, pr complications that can shock, pr heart feilure. List only pne cause iMMEDIATE CAUSE (Finei disease or condition resulting in death) Due To (0	Breast		ucer L		1 /	interval Between Onset and Death		
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	R AS A CONSEQUENCE	OF):	J. S.					
	PART ii. Other eignificent conditione contributing to de	eeth but not recuiting	In the unde	rlying ceuse given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL					1 _ YES	. /	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN:	25. WAS CASE REFERRED TO MEDICAL						<u> </u>		
2	EXAMINER? / HOSPITAL:		OTHER:	26. PLACE OF DEATH (C					
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 E 27. MANNER OF DEATH 28e. DATE OF IN	ER/Outpatient 3 DOA		Nome 5 Residence	6 ☐ Other (Specify) 26d. DE\$CRIBE HOV	/ INJURY OCCUR	ED.		
	1 Natural 5 Pending (Month, Day,		NJURY	WORK?	ass. Describe 1107	INDUIT OCCUR			
B	2 Accident investigation 3 Suicide 6 Could not be 28e. PLACE OF	INJURY — At home, farm			28f. LOCATION (Street	t and Number or I	Burat Route Number		
	3 Suicide 6 Could not be building, at 4 Homicide determined	c. (Specify)			City or Town, Sta	le)			
COMPLETED	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of m						ause(a) and manner as stated.		
- 1	296. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)		
BE	(Jun / Jel	M.D-		7271	157	11/	-18-91		
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Ty)		mole	DAVICE	EVEDI	AL HOSPITAL		
	31. DATE FILED WY OPYOPET 1991 32. REGISTRAN	Taristan Parist	Kag un 1	MINNE U	DIVIT G		IC POSITIAL		
- 1	70,00 km								





_		
BALTIMORE, MARYLAND 21215-0020	fcate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be prior to burial, cremation, or removal.
BOX 68760,	ficate be executed within ;	physician and completely filled in by the in prior to burial, cremation, or removal,

	1. DECEDENT'S NAME (First, Middle, Last)	+ Died	ERTIFICATE	OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DA	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In wes In	exanc)	11 18		4:10 P
	0.10	5. SEX 6. AGE (In yrs. In		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign ntry)
	9a. FACILITY NAME (III not institution, give str	2 92		OWN OR LOCATION OF DE	115-06-	96 COUNTY OF	necticut
OR	20ths Applians Gerlan	re Center- Hopkin	A BUJU ABO	H, MD	2111	SE COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY
🖁	Maryland Balt	: 0.	Glen Ar	m			LIMITS?
₹ Z	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	12 Gunpowder Roa			21057			S.A.
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES & FIFTH YES, GIVE WAR OR DATES	RMED 13. WI	S DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes on, Puerto Rican, etc.)	or No — 14. RAG	CE — American Indian, ck, White, atc.
à	₩idowed 4 □ Divorced	IF YES, GIVE WAR OR DATES	1 (YES NO Specify		Spe	White
G	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16a, Di	ECEDENT'S USUAL OCC	UPATION	16b. KIND OF BUSI	NESS/INDUSTRY	MILLOE
LET	Elementary/Secondary (0-12)		Give kind of work done due b. Do NOT use retired.)	ing most of working			
once. COMPL		2	Teacher		Musi	С	
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	NE (First, Middle, Maiden S	umame)	
	His. INFORMANT'S NAME / TronsPrint)	clino	The MAIL INC. ADDRESS of	Margar Street and Number or Aural R	ita	Leali	
TO BI				_	loute Number, City or Town,	State, Zip Code)	
a pe	Richard DiStefar	A 20b. PLACE	AND DATE OF DISPOSITI	me as 10e	DATE 20c. LOC	ATION — City or 1	From State
must	1 ☐ Burisi 2 XCremation 3 ☐ Remove 4 ☐ Donation 8 ☐ Other (Specify)	from State cemetery, cre	ematory or other plece) on Service		1		Maryland
examiner	21. SIGNATURE OF PUNERAL SERVICE LICE	MINER /		ME AND ADDRESS OF FAC	ILITY		
exau	*/Kotald (So.	Hall H.				rk Rd.	21204
medical	23. PART I. Entar the diseases, or co	mplications that caused the de	eath. Do not enter th	ck Towson F	uneral Hom	e, Inc.	Approximate
	shock, or heart fallura. Li iMMEDIATE CAUSE (Final	ist only one cause on each line	n.			,	interval Batwa
t, the	disease or condition resulting in death)	Too hid	10/1/02	Maln	intriTi	27	Onest and Date
event,		DUE TO (OR AS A CONSE	OUENCE OF):		, , , , , , ,	0 4	
ATION	Sequantially list conditions, 6.		ure .	20162			
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE OF:	WIT;	infeer!	T	
TIFIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF):				
or of	resulting in death) LAST	Oste	oan	Phoke 18	6		į
	PART II. Other significant conditions	contributing to death but ent					
shows any injury: MEDICAL C	00,000	was is	reauting in the unde	riying cause givan in F	Part I. 24s. WAS AN A PERFORM		b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
WS a		0 -00 13			1 YES 2	NO	DF DEATH?
e ≥					-		1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Chec	ck anty one)		
SIC!		HOSPITAL:	OTHER:	Home 5 Residence 8			
2 2 1	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			28d. DESCRIBE HOW IN	IURY OCCURED	
PHY	1 Natural 5 Pending 2 Accident Investigation		M	YES 2 NO			
		28a. PLACE OF INJURY - At ho	me, ferm, streel, factory	office	281. LOCATION (Street and City or Town, State)	d Number or Rurel	Route Number,
8 is mari	3 Suicide 8 Could not be determined	building, atc. (Specify)		- 1			
m 28 is mari ETED BY	4 Homicide determined	bunding, atc. (Specify)					
If item 28 is mart IPLETED BY	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	AN: To the best of my knowledge, de	ath occurred at the time	dete and place, and due l	o the cause(a) and mann	or as stated.	
8 is mart ED BY	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	bunding, atc. (Specify)	ath occurred at the time	deta and place, and due i	o the cause(a) and mannime, data and place, and	or as stated.	a) and manner as stated.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatle event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	. 5	OF STA	1	IAR
1	. DE	CEO	ENT'S	NAR
	Н	e	nr	У

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE O	F DEATH	R	EG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)	HENR	Y DUMAS			2. DATE OF 1	DEATH	ly .	YEAR	3. TIME OF DEAT	Н
	Henry 4. SOCIAL SECURITY NUMBER			Dumas		11	1		1991	9:40	A_M
	A CONTRACT C	10000	E (In yrs. last birthday)	MONTHS DAY		7. DATE OF E	BIRTH (人 Year)		8. BIRTH Countr	IPLACE (State or Fory)	oreign
	236-28-8085	1 💢 M 2 🗆 F	69 YRS.			11-3-	22			"W. Va.	
œ	9e. FACILITY NAME (If not institution, give si			9b. CITY, TOW	N OR LOCATION OF D	EATH		9c. COU	INTY OF D	EATH	
5	1020 Bennett RESIDENCE OF DECEDENT	Place		Balt	imore						
띭	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	
BALTIMORE 10							LIMITS?				
A	10e. STREET AND NUMBER				101. ZIP COOE			10a. CIT	IZEN OF Y	WHAT COUNTRY?	NO
FUNERAL DIRECTOR	1020 BENNETT PLAC	E			21223			. 1000		S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS D	ECENDENT OF HISPAI	NIC ORIGIN? (S	pecify Yee	or No—		— American India	en.
ВУ Б	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 V YE	DATES 1	If yee,	specify Cuben, Mexico ES 2 NO Specif	n, Puerto Ricen y:	i, etc.)		Black	k, While, etc.	
			_							"y: BLACK	
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade	completed)	16e. DECEOENT'S (Give kind of	USUAL OCCUPA work done during se retired.)	TION most of working	16b. KIN	D OF BUS	SINESS/INC	DUSTRY		
21	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT US	se reared.)		STEW	ΙΔΡΤ	MOVE	P C		
N N	17. FATHER'S NAME (First, Middle, Lest)								.1\3		
ŏ	Smokey				EDNA PE		, Maiden	Surneme)			
띪	19e. INFORMANT'S NAME (Type/Print)		105 11411 1110	4D00500 (0)							
2	CORRINE E. DUMAS		1020 B	FNNETT	PLACE/BAL	TIMORF	Ity or Town	7, State, Zip	223		
	20e. METNOD OF DISPOSITION	2	0b. PLACE AND DATE			OATE			City or To		
1	1 Donellon 5 Other (Specify)	ovel from State	GARRISON	FORE ST	VA CEMET	FRY				MD, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	WHITE SOIL		AND AGORESS OF FA		OHII	103 1	11660	, 110	
- 1	· +	108-			MAROULE	/1101	-	NO DE	T.1. 01	/ENUIE	
\rightarrow	22 DADT I Enter the discuss of	1	7		.MARCH F.					ENUE	
	23. PART I. Enter the diseases, or c shock, or heart fellure. I	List only ons cause on	ed the death. Do r each lina.	not anter the n	noda of dying, auc	h as cardiac	or reapi	ratory an	raat,	Approxima	
	IMMEDIATE CAUSE (Final disease or condition	0. 1								Onsst and	
	reaulting in death)	. Lirrko	A CONSEQUENCE OF	m to							
_	_	3		AL.	oholish						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7110	ond lish	~					
S	cause. Entar UNDERLYING									ĺ	
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	F):							
	resulting in death) LAST	4									
2	PART II. Other aignificant conditions	a contributing to death	but not resulting	in the underly	na cause alves le	Dord I Day	14000 444				
EDICAL			out not resulting !	iii tila uliueriy	ing cause given in	Part 1. 248.	PERFOR	AUTOPSY MED?	24b.	WERE AUTOPSY FIL AVAILABLE PRIOR	то
						— <u>ア</u>	YES 2	□ NO	- }	COMPLETION OF CO	AUSE
Σ						-				YES 2 N	10
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (Ch	****					
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Ou	Instinct 3 004	OTHER:							
Ĭ	27. MANNER OF OEATH	28e. OATE OF INJURY	28b, TIM		HUURY AT	28d. DESÇRIB		IIIIBY OC	CUBED		
- 10	1 Natural 5 Pending	(Month, Day, Year)	2380	URY	YORK?					minu	
BÁ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	RY — Al home, ferm, s			281. LOCATION		nd Number	or Bural B	Custo Number	, —
H	4 Nomicide determined	building, atc. (Sp	(sedion			Balt	yn, Stete)	10	20 B	ennet 11	ace
ן ב	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno			to and alone and d		nuce	4 /10			
COMPLETED	(Check only one) 2 X MEDICAL EXAMINER	R: On the basis of examinat	on and/or investigation	n, in my opinion.	death occured at the	time, date and a	end men	ner ee atst f due to th	ed.	and manner so at	ato d
	29b. SIGNATURE AND TITLE OF CERTIFIER										
8	29d. DATE SIGNED (Month, Dey, Year)										
유	30. NAME AND ADDRESS OF PERSON WHO			Print)	[O.C.M.]	ь.					
	0				root n	. 1 <i>h</i> - 1		M	3 3	1 0300	, 1
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	enn St	reet. B	altimo	ore	Mar	vlar	nd 2120	
	NOV 2 1 1991	Lucia Davidso	n-Randell								



DHMN-16 Rav 1/89

= 11 =11

14

an 145 a.c

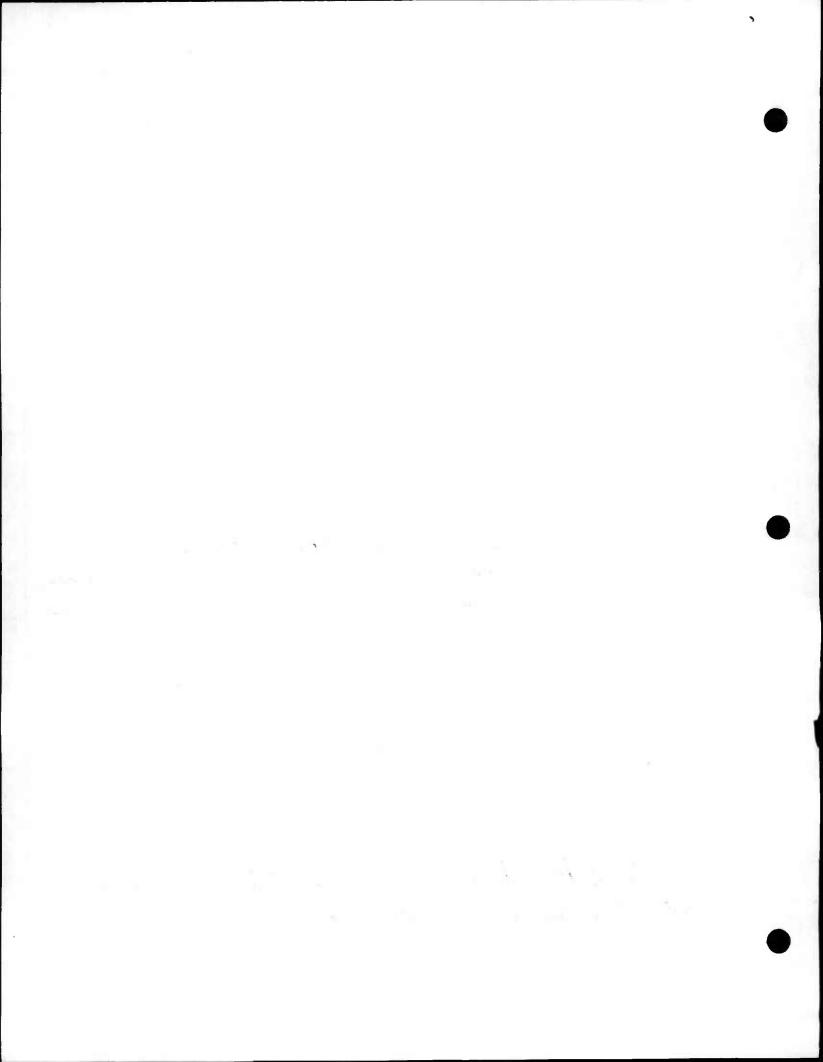
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death carificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burish-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Oppt. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND	MENTA	AL HYGIEN					
		ARY C. ENGEL			B- 40. C	2. DAT	E OF DEATH	î, 199î	AR 3.	8:45		м
	4. SOCIAL SECURITY NUMBER 216-09-0299	1 □ M 2 📆 🗶 8	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mor	E OF BIRTH oth, Day, Year) IL 19,	8.8	IRTHPL ountry)	ACE (Store of	r Foreign	
CTOR	90. FACILITY NAME (# not institution, give MERIDIAN NURSING RESIDENCE OF DECEDENT			CATONS	OR LOCATION OF C	HTA30		9c. COUNTY		rH LTIMO	RE	
- DIRECTOR					RSTOWN					LIMITS?		
FUNERAL	96 EWING DRIVE	I to the property sizes			7. ZIP CODE 21136				S . A		r	
B	1 Never Married 2 Merried 3 XXWidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2XXNO	If yes, sp	CENDENT OF HISPA Decify Cuban, Maxic S 2/XNO Speci	an, Puarto	IN? (Specify Yed Ricen, etc.)		RACE — Black, W Specify:	American In thite, etc.	ndlen,	
COMPLETED	15. DECEOENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)	16e. DECEDENT'S U (Give kind of we life. Do NOT use SEAMSTR	ork done during me retired.)	ON ost of working	16	CLOTH	SINESS/INDUST	PY.			
	17. FATHER'S NAME (First, Middle, Last) FRANK CIMINO		DEAMSTK	E 55	18. MOTHER'S NA		Middle, Maiden					
TO BE	190. INFORMANT'S NAME (Type/Print) PATRICIA M. ENGE	L			end Number or Rural ENUE, CA	Route Nun	nber, City or Tow	n, State, Zip Gode		1228		
	20e. METHOD OF DISPOSITION 1 N Juriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	MO	PLACE AND DATE OF	EDISPOSITION (N.	R CEMETE	RY 1	TE 20c. LO	CATION — CHY O	or Town,	State E, MAR	YLA	ND
	21. SIGNATURE OF FUNERAL SERVICE LI			LEROY 1630	M. & RU	SSELI N AVI	L C. WI	ITZKE F	UNE LLE	RAL H	OME:	S 8
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused. List only one cause on each a. DUE TO (OR AS A	ach line.							Approxi interval Onset a	Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE OF)							YEA	RS US	
CERTIF	that initiated eventa resulting in death) LAST	d.	CONSEDUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to death bu	ut not resulting in	the underlyin	g cause given in	Part i.	24s. WAS AN PERFOR 1 TYES 2	MED?	CO OF	RE AUTOPSY AILABLE PRIC MPLETION D DEATH?	OR TO OF CAUSE	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only o	ne)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT RK? YES 2 NO	Y		JURY OCCURE)			-
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, str			28f. LOC City	ATION (Street a or Town, State)	nd Number or Ru	ral Route	Number,		\dashv
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS one) 2 MEDICAL EXAMINE	BICIAN: To the beet of my knowle	edge, death occurred	at the time, date	end place, end due	to the car	use(e) and men	ner se stated.	se(e) en	d menner e	e stated.	
TO BE C	29b. SIGNATURE NO TITLE OF CERT FIE	iles & mos			D278			29d. DATE SIG				7
	4801 DORSEY HA	CL DRIVE &	TH (ITEM 27) (Type, P		MO	210	1/2					
	31. OATE FILED (Month, Day, Year) NOV 2	32. REGISTRAR'S/SIGNA		-	f.							





1 - FOR STATE REGISTRAR

	HEGISTHAN		CEI	KIRK	CALE OF	DEATH	REG. NO),			
	1. DECEDENT'S NAME (First, Middle, Last) Felsenh	ield.		Er	nna	М.	2. DATE OF DEATH MONTH	AY 17 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218 18 2190	5. SEX 8. AG	E (In yrs. last b		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar. 12,	1900	IRTHPLACE (State or Foreign punitry) MD		
J.R	9a. FACILITY NAME (If not institution, give s Baltimore Co.		pital	1		on Location of D	PEATH	9c. COUNTY C	timore		
K	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	Y			altimo				10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO		
FUNERAL	100. STREET AND NUMBER 4800 Seton Driv	7.P.			10	of, ZIP CODE 21	215		OF WHAT COUNTRY?		
밀								0	S A		
E	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 7 YE	IN U.S. ARME	D	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ya	a or No 14. F	ACE — American Indian, Black, White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			1 - YE	S 2X NO Speci	an, Puarto Rican, atc.) fy:		White		
	15. DECEDENT'S EDU (Specify only highest grade	CATION Completed	18a. DECE	DENT'S U	SUAL OCCUPAT	ON	16b, KIND OF BU	SINESS/INDUSTR	IY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do		rk done during m retired.) cical	ost of working	Bal	timore	Co., Md.		
ō	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	ME (First, Middle, Maiden	Sumamal			
BE	August He	enry May				M	lary				
2	Mr. John A. Zin	gor	19b. N	543	5 Sprin	nglake Wa	Route Number, City or Jow AY Baltin	n, State, Zip Cope lore, MC	21212		
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	b. PLACE AND	DATE OF Other Law	disposition (N	ery		Baltimo	ore, Md.		
	21. SIGNATURE OF PUNISAL SERVICE LIC	n Denny, Jr.	1		22. NAME A MIT(ND ADDRESS OF FACE HELL-WIF York Ro	DEFELD HOM	ME, INC.	1d. 21212		
	23. PART I. Enter the diseases, or c	/	ed the death	Do not							
	shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a	each line.			of dying, suc	in as cardiac or respi	iratory errast,	Approximata interval Between Onset and Death		
N	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUE	ENCE OF):							
CATIC	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUE	CONSEQUENCE OF):							
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUE	ENCE OF):							
ਹ	PART II. Other significent condition	e contribution to death	hut ant circ	alalm m. I.m.		- 05.00.000					
MEDICAL		ever CH		uiting in	the underlyin	g causa given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							_	7	OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.0	LACE OF DEATH (Ch	not only only				
잃	EXAMINER? 1 YES 2 K NO	HOSPITAL:			THER:						
≚	27. MANNER OF DEATH	1 Ninpatiant 2 ER/Ou					8 Other (Specify)				
BY P	1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	21	8b. TIME (INJUR	Y WO	DURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED			
- 12	3 Suicide 8 Could not be determined	28a. PLACE OF INJUR building, atc. (Sp	IY — At home, ecify)	farm, stre	et, factory, offic	0	281. LOCATION (Street a City or Town, State)	and Number or Rui	ral Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2	CIAN: To the beat of my kno	wiedge, death	occurred a	at the time, data	and place, and due	to the cause(a) and man	iner as stated.			
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI			IED (Month, Day, Year)		
0 1	2-1	Caro				D378	573	▶ (1)	17/91		
		Tibell MD		7) (Type, Pr	Park H	reights 1	Ave. Battr	rove M	\$ 217.08		
	31. DATE FILE NATIONAL MENT 1991	32 HEMSING ALL	WATUR TONO	dell							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.

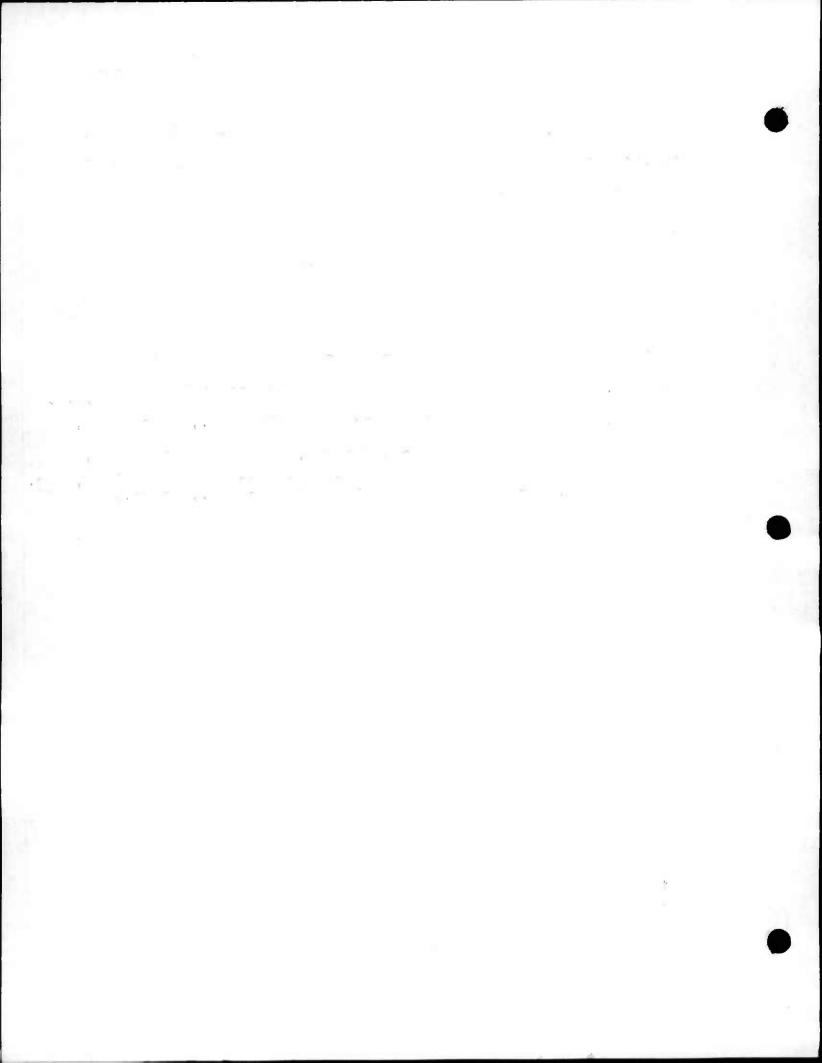
1 - STATE

-	TIEGISTITATI		U	ENTIF	ICALE	UF	DEA	Н		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH	AY		3. TIME (OF DEATH
	CATHERINE	G.	FULL	ER					NOVEME			YEAR QQ1	1.	30 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF		J, 1	8 BIRTI	IPI ACE /St	ete or Foreign
1	212-30-7455	1 M 2 TyF	75	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D.	ay, Year)	016	Count	ry)	
	Sa. FACILITY NAME (If not institution, give st	43	15		21. 2				APRIL	2/,1				RE, MD
œ							OR LOCATION	ON OF DE	EATH		9c. COL	JNTY OF D	EATH	
2	446 FURROW STREE	TT	<u> </u>		BA	LTI	MORE							
DIRECTOR	10a. STATE 10b. COUNTY	,		40- 017										
<u>E</u>	1127112			100. 011	Y, TOWH O	H LOCAI	ION						10d. INSI	DE CITY TS?
	MARYLAND				BAL	TIM	ORE						1 X YES	2 🗌 NO
₹	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CI	IZEN OF	WHAT COU	NTRY?
FUNERAL	446 FURROW STREET	Γ					212	23				U.S.	Δ	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. W	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (S	Specify Yes				an Indian
	1 Never Married 2 Married	FORCES? 1		MO	11	yes, spe	2 X NO	n, Mexica	n, Puarto Rica	n, etc.)		Blac	E — Americ k, White, at	c.
B	3 Widowed 4 Divorced		W ON BAILD			∐ TE3	Z NO	<i>эреспу</i>	/:			Spec	"WHIT	TE.
COMPLETED	15, DECEDENT'S EDUC	CATION	16a. D	ECEDENT'S	USUAL OC	CUPATIO	N		185 KII	ND OF BU	SINESS/IN	DUCTOV		
	(Specify only highest grade Elamentary/Secondary (0-12)			live kind of v	vork done di	uring mo	st of workin	g	I IGU. KII	TO OF BU	SINE 35/IN	DUSTRY		
2	8TH GRADE	College (1-4 or 5+)							- 1					
Σ	17. FATHER'S NAME (First, Middle, Last)			IOMEM	AKER									
							18. MOTE	IER'S NAI	ME (First, Midd	le, Maiden	Surname)			
BE	UNAVAILABLE						ı	JNAV.	AILABL	E				
2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street e	nd Number	or Rural F	Route Number,	City or Tow	n, State, Zi	p Code)		
F	WILLIAM C. FULLE	ER							D, CAT				212	20
	20a. METHOD OF DISPOSITION		20b. PLACE					ROLL				City or To		.20
1	1 N Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	cemetery co	ematory or of	ther niecel				1				wn, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	MEADO	MKTDO					11/22	EL	KRID	GE		
		1					D ADDRES		CAL HO	MTP .	TNC			
	> Dawn 2	Dinhe	1											
-	23. PART I. Entar the diseases, or c	pmplications that	caused the de	neth Do n	Di enter i	107	WILK	ENS	AVE,	BALI	LMORI	ML e		
	shock, of hadre lange, t	lst only one caus	e on each line	a.	Drainer (illa IIIO	ua or uyr	ng, aucr	n sa cardiac	or respi	retory ar	reat,		roximata rval Between
ı	IMMEDIATE CAUSE (Final		A					77.0						at and Death
	disease or condition resulting in death)	Bresen DUE TO (sol C	التسيا	ree	a	un	elly	me					
ł		DUE TO (OR AS A CONSE	OUENCE OF	7:	_	- () \)				1	
z		Court TO (due h	مموه	d.	R	. 0.	ىگ					1	
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF	7:	1							-	
ξI	cause. Entar UNDERLYING				- (j	
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE OF	7:									
E I	resulting in death) LAST	,			,.								i	
9														
AEDICAL CERTIFICATION	PART II. Other eignificant conditions	contributing to d	laath but not	raaulting i	n the und	larlying	COURD O	Iven In I	Part I 24	. WAS AN	ALITODON	1	trefred atom	
5						anymy	codae y	IVAII III I	rart 1, 241	PERFOR		246.	AVAILABLE	
ā									10	YES 2	□ NO	1	OF DEATHS	ON OF CAUSE
₩									1			ł	t 🗌 YES	
ä									_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Che	ick only one)					
8 1	EXAMINER?	HOSPITAL: 1 Inpatient 2	ED/Output		OTHER:									
<u></u>	27. MANNER OF DEATH	28a. DATE OF II		_				idenca 1	8 Other (Sp					
	1 Natural 5 Pending	(Month, Day		28b. TIMI	URY	28c. INJL WOF		- 1	28d. DESCAI	BE HOW II	JURY OC	CURED		
≧	2 Accident Investigation				М		ES 2	NO						
	3 Suicide 8 Could not be	26a. PLACE OF building, at	INJURY - At he	me, farm, s	treet, factor	ry, office			281. LOCATIO	N (Street a	nd Number	or Rural A	oute Numbe	W,
	4 Homicide determined	The Section of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						City or io	wn, State)				
ا ج	29a. CERTIFIER	TAN: To the heat of m	no benevita da esta de											
¥	(Check only one) 2 MEDICAL EXAMINED	On the harts of	ry knowledge, de	em occurre	a at the tim	10, data i	and place,	and due t	to the cause(s) and man	ner as sta	led.		
COMPLETED	2 MEDICAL EXAMINER	on the besis of axa	mination and/or	investigation	n, in my opi	inion, de	ath occurs	d at the t	lime, data and	placa, and	dua to th	ne cause(s)	and mann	er as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	00	-0	11			29c. LICE	NSE NUM	BER		29d. DAT	E SIGNED	(Month, Day	(Year)
	Stephen [of low	llu	V			1	-	100		> 11	110	10	
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) /Bros	Print)		Ve)) \	120		- (1	111	17/	
						D 4 = -	m T 3 () =		N.C.					
		HIII. 1 - 3/4	49 WII.K	LINS /	AVE.	BAL,	TTMOI	KE.	MI).					
	DR. STEPHEN PLANT		15 11111		1129			,						
	31. DATE FILED (MONTH), Day, Year) 1991		SON MANUEL	andelse										

0	
9	
∞	
BOX 68760,	
-	
\sim	
0	
m	
-	
<u>.</u>	
P.0	
A'	
4	
S	
=	
4	
0	
O	
\sim	
ш	
RECORDS,	
I OF VITAL	
-	
Q	
\vdash	
_	
>	
11	
=	
O	
-	
~	
0	
=	
S	
DIVISION	
>	
=	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DE	PARTMENT	OF HEALTH AN	D MEN	TAL HYGIEN							
	1. DECEDENT'S NAME (First, Middle, Last) Mildred S.	Gehr			2. DATE OF DEAT MONTH 19				3. TIME OF DEATH 3:00am M					
	216-22-8821	1 🗌 M 2 🔀 F	M 2 K F 76 YRS. MONTHS DAYS HOURS MIN. 09-						BIRTH 8. BIRTHPLACE (State or Foreign					
OR	9a. FACILITY NAME (If not institution, give street and number) Carroll County General				rown or Location of estminst			%. COUNTY OF DEATH Carroll						
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			c. CITY, TOWH OF				10d, INSIDE CITY						
뜸	Maryland Carroll			Westminster										
¥	10e. STREET AND NUMBER						1 ☐ YES 2 💢 NO I OF WHAT COUNTRY?							
Ä	73 Timber Ridge Road			21157					USA					
₩ I	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 YES, GIVE WAR O	ES 2 XNO	It	PANIC OF clean, Pus ecity:	IIGIN? (Specify Yea irto Rican, atc.)	RACE — American Indian, Black, White, atc. Specify: White							
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)		ENT'S USUAL OCC	CUPATION ring most of working		16b. KIND OF BUS	INESS/INOUST						
COMPLETED				Homem:				Home						
8	17. FATHER'S NAME (First, Middle, Last)						rst, Middle, Malden S	,						
8	James E. Shill:	rug	105. 844	II INC ADDRESS	Street and Number or Ru		ae Tayl		01100					
2	James E. Gehr													
	20a. METHOD OF DISPOSITION 1 Burlat 2 K Cremation 3 Remove 4 Donation 5 Other (Specify)	THOD OF DISPOSITION 20b. PLACE					y Rd., Manchester, MD PATE 20c. LOCATION - City or Town, Stata L1-20 Baltimore, MD							
	21. SIGNATURE OF FUNERAL SERVICE PICE	11-	22. NAME AND ADORESS OF FACILITY Cremation Society of Maryland,											
-	George E. M			29	99 Frede:	rick	Rd.	Balto	o. MD 21228					
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metalatic Paucreatic Malignancy DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c													
ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
CALC	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part								24b. WERE AUTOPSY FINDINGS					
MEDI	PERFORMED? 1 □ YES 2 NO							AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL													
Sici	EXAMINER?	10 SPITAL:	Nutration 2 D D	OTHER:	28. PLACE OF DEATH									
PHYSICIAN:	27. MANNER OF OEATH	26a. DATE OF INJUI	RY 28b	. TIME OF 2	g Home 5 - Residence Bc. INJURY AT	_	ther (Specify) OESCRIBE HOW IN	JURY OCCURE	E0					
à	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO													
	4 Homicide détarmined					201.	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	1/	J			29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
OMPLETE	(Check only CERTIFYING PHYSICIA	N: To the best of my kr	nowledge, death or	courred at the time	e, data and place, and d	ua to the	cause(s) and mann	er as stated. dus to the ca	use(a) and mannar as stated.					
BE COMP	(Check only CERTIFYING PHYSICIA	N: To the best of my kr	nowledge, death oc ation and/or investi	coursed at the time	e, data and place, and data nion, death occured at t	he Ilme, d	lete and place, and	dua to the ca	use(a) and mannar as stated.					
38	(Check only one) 2 MEDICAL EXAMINER:	On the beals of examina	mtion and/or investi	Igetion, in my opin	nion, death occured at t	he Ilme, d	lete and place, and	dua to the ca						
TO BE	(Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CENTIFIER WON DEED	On the beals of examina	mtion and/or investi mt DEATH (ITEM 27) 224 W	Igetion, in my opin	nion, death occured at t	he Ilme, d	lete and place, and	dua to the ca						



FOR

	REGISTRAR	CERTIFICATE OF DEATH REG. NO.									
	1. OECEDENT'S NAME (First, Middle, Last)	GERALD AND	REW GALVIN		NAY YE	EAR 3. T	TIME OF DEATH				
	214-36-9175	E (In yrs. last birthday)			7. DATE OF BIRTH (Month, Day, Year)	11	6. BIRTHPLACE (State or Foreign Country) Maryland				
TOR	98. FACILITY NAME (If not institution, give a ST. JOSEPH FRESIDENCE OF DECEDENT	Mospital 9	To W	SON T	Cowson	on BACTIFICAL					
DIRECTOR	Manyland 'N		BALTIMORE B			ltimore		10d. INSIDE CITY LIMITS? VES 2 NO			
FUNERAL	4300 N. CHAR	les Street	10f.	21218	21218	21218 10g. CITIZEN OF WHAT COUN					
BY FUN	11. MARITAL STATUS 1 Never Married 2 Withmred 3 Widowed 4 Divorced 12. WAS DECEDENT_EYER FORCES? 1 NYES FORCES? 1 NYES FORCES? 1 NYES WITH YES, GIVE WAR OR				cify Cuben, Mexicar	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No— 14.	Black, Wh Specify:	ACE — American Indien, Black, White, etc. White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 5+		t6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)		N t of working	16b. KIND OF BU	cal Do				
MO	17. FATHER'S NAME (First, Middle, Last)		Gynecologist 18. MOTHER'S NAI			ME (First, Middle, Maide		CLOI			
	John Thomas Galv	vin Sr.			CAT DE ASSESSED	gnes Keou	,				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street or		loute Number, City or To		ide)			
٩	Elsie M. Galvin		4300 N.	Charle	s Street	Baltimor	e, Mar	yland	1 21218		
	20e. METHOD OF OISPOSITION **X**Burlel 2	oval from State	206. PLACE AND DATE Of cometary, crematory or Val	ley Mem	cation — city thervi	N — City or Town, State erville Maryland					
	Lennis Stephen Cenake				AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home York Road Baltimore, Maryland 21212						
	23. PART I. Enter the diseases, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	SUBA					Piratory arrest	t,	Approximata Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (DISEAS										
ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
EDICAL C	PART II. Other significant condition	a contributing to death	but not resulting in	the undarlying	cause given in	PERFO	24a. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MED	CITED TO		1 ☐ YES 2 ☐ NO OF DEATH? 1 ☐ YES 2 ☐ NO								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	and and the state of bearing one)									
YSI	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	n) injuf	M 1 N	RK7 ES 2 NO	28d. DEŞCRIBE HOW					
	3 Suicide a Could not be 4 Hornicide determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, ferm, str ipecify)				LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE JAMES Jales	Choo 57	TAFF MD		D 30 2			SIGNEO (MO	onth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WI-	KHOO W	10 5	rint)	ЕРН НО	SPITAL					
	31. DATE FILEN WORD 20. Mar 1991 32. DEGISTRAR'S SIGNATURE Junia Davidson Randste										

as the burial-transit permit. Pages 1, 2, 3 should

atte	Se	
0 0	10	
spita	9	
po	tach	6
the	e de	0
5	D	6
inec	Pon	ile ile
rete	50	Tot
- Pe	age	be
Ha	, p	15
6	recti	Ē
Page	5	Je
ath.	Der	E
de	e =	e X
afte	y th	ca
TIL	inb	9
5	lled	E
n 24	ation	=
Mithi	plete	ent.
pel	al c	5
T) as	Page	atic
8	an a	E
te b	Sici	E
III	ene	her
9	Hain	10
eath	after	0 %
e d	Mer	Ä
at the	and and	y ir
s th	ned	an
uire	SE	SAC.
rec	Deer	S
WB.	Den	23
Ĕ	ate	E
AN	Tiffe S	0.1
Sic	h th	Ď,
F	A A	rke
NG NG	After	Ě
END	JR:	50
ATT	ECT.	1 21
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Deat, of Heath and Mental Hydiere prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TAL	1 2 K	=
SPI	INEF	N
E H	FE	HTA
E	TH	0
2	2 3	Ξ

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First Middle Leet) 2. DATE OF DEATH 91 YEAR 3. TIME OF DEATH MONTH 11 VERNON FRANCIS HUTSON 21 7a 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 9/20/1920 tX M 2 ☐ F HOURS MIN YRS 075-16-7490 Boston, Mass. 9e. FACILITY NAME (If not institution, give street end number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 4115 BELVIEU BALTIMORE CITY AVENUE (Res. 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1X YES 2 □ NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4115 BELVIEU AVENUE 21215 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE — American Indien, Bleck, White, etc. 1 Never Merried 2 Merried BY 1 YES 2 X NO Specify: 3 Widowed 4 Noivorced Specify: BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) FRED HUTSON DAISY NURSE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4115 BELVIEU AVENUE BALTO., MD VERLYNNE HERRING 21215 þe 20e METHOD OF DISPOSITION
1 Buriat 2 Cremation 3 Removat from State
4 Donatto 5 Other (Specify)
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCATION — City or Town, State DATE must Nat'lVet. Calverton Long Island, N.Y Cem examiner LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART 1. Enter the diseases, pr complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac pr respiratory arrest, shock, or heart reliure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Prostate Metastat.c thear DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 0 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 TYES 2 NO OF DEATH? 1 - YES 2 (NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem **EXAMINER?** OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 0 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28 is marked, 26d. DESCRIBE HOW INJURY OCCURED Natural Natural NATURAL PEATH 5 Pending Investigation 79 " BY 11-21-91-2XP 1 YES 2 NO Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide HOME- BXP 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as stated. 2 ___ MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Oay, Year) Poulton MD 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Lock Ravon Blud, Balt imore, M. 21218 Poulton

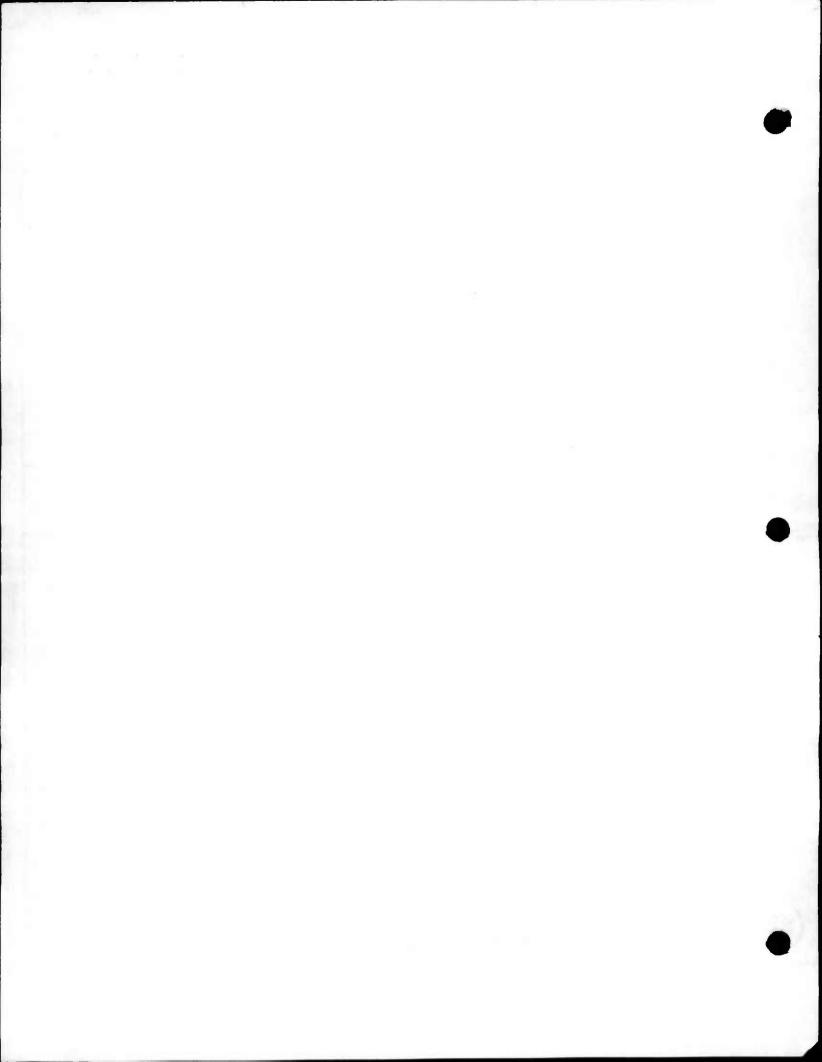


Lulia Davidson

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Oay, Year)

OHMH-16 Rev 1/89



	he	deta	00
	9	28	F
	ned	Ding	led
	retai	SS	tot
î	8	age	be
	TO THE JOSTIC ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the I	TO THE PRECIODS. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detail be file with the state Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT II from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
É	906	direct	E
	9.	erai.	nine
	dear	Ę,	пех
ì	fter	the Sale	10
	IIS a	ren by	edic
	hou	ed i	E
	1 24	ly fill	the state of
)	vithi	rem	ent,
,	ed v	al C	\$
)	ecut	Duni	atic
	e ex	an a	Ē
)	ite b	Sici	E
	tifica	do c	the
,	Cer	Hydin	0 20
	eath	afte	7
)	the c	the	큳
	hat	and by	h
)	res t	igne	8
l	inba	en s	how
(WE	TO THE ACCOUNT After this certificate has been signed by the attending physician and completely filled in by the be fine when a situate the state Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	23 8
	The	te ha	E
	AN:	tifica e Sta	=
	Sici	th th	d, c
1	H	This is	arke
	DING	After	Ē
	EN	DR.	8 15
9 1	AT	ECTI IS a	11 2
1	8	-	ş
- 10	ø	香蕉	E
200	髪	影	卷
	Ŧ	93	8
	0	D 90	MP
	-		_

NOV21 1991

Juna Daydon-Handall

	91-6802-510							9		318	395	5	
	1 - FOR STATE REGISTRAR	STATE OF M				F HEALTH AND OF DEATH	MENTA	HYGIEN	-				
	1. DECEDENT'S NAME (First, Middle, Last)							OF OEATH			3. TIME	E OF DEAT	Н
	Michelle			Har	rod		MONT	18	NAY	YEAR	3 . 5	3	D M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YE			OF BIRTH		8. BIRTI	IPLACE ((State or Fo	reign
	219-70-1951	13€ M 2 🗆 F	34	YRS.	MONTHS DA	YS HOURS MIN.		3-195	7	Count	(17)		
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOV	WN OR LOCATION OF I		3-193		UNTY OF E	EATH		
DIRECTOR	Bon Secours Ho	spital		- 1	B = 1 + i	m 0 m 0							
5	Bon Secours Hospital Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 140d INSIDE CITY												
<u>=</u>	100.				, TOWN OR LO	CATION			10d. IN				
	MD.				BALTIM						1-7 Y	ES 2	NO
FUNERAL	Control of the Contro				10f. ZIP CODE				10g. Ci	TIZEN OF	WHAT CO	UNTRY?	
밀	66 SOUTH FRANKL					21223				JSA.			
E	1X Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 XN	MED	13. WAS	DECENDENT OF HISPA , specify Cuban, Mexic	ANIC ORIGIN	7 (Specify Ye	a or No-	14. RACI Blac	E — Ame	rican India	ın,
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			YES 2 X NO Spec		noun, oton		Spec	thv:		
8	15. OECEDENT'S EDUC	ATION	18a DEC	CEDENT'S	USUAL OCCUP	MTION	120			BLA	ICK		
161	(Specify only highest grade Elementary/Secondary (0-12)		(Gi	ve kind of w Do NOT use	ork done during e retired.)	most of working	190.	KIND OF BU	ISINESS/IN	DUSTRY			
립	Content y Secondary (0-12)	College (1-4 or 5+)		IEMPL									
COMPLET	17. FATHER'S NAME (First, Middle, Last)		0.			18. MOTHER'S N	AME /First A	Aiddle Maide	Cumanal				
						ic. morrier 3 iv	AME (Frist, i	noore, marcen	i aurneme)				
BE	19a. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Stre	et and Number or Rural	Courte Mund	or Chi or Fou	on Chula 7	- 0-4-1			
임	BEVERLY BROCK										MD	. 21:	223
	20s. METHOD OF DISPOSITION												
	1 Remo	wal Irom Stata	cemetery, crer	natory or oth	her place)		DAII						
	21. SIGNATURE OF FUNERAL SERVICE-PLICENSEE ATT. ZIÓN CEMETERY BALTIMORE, MD.												
	+ (harle	ne)D.	Bro	un	4			R. FUN	IERAL	HOM	E, P	A.	1.1.22
	JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate												
	intervel Between												
	IMMEDIATE CAUSE (Finel disease or condition Hypertensive Cardiovascular Disease Onset and Deeth												
	DUE TO (OR AS A CONSEQUENCE OF):												
2	TO LOT HE A CONSCIOUNCE OF J.												
ERTIFICATION	Sequentially list conditione, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):												
<u>8</u>	cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
ᇤ	resulting in deeth) LAST												
Ö	BART II Color de Mina										-1-		
¥	PART II. Other aignificent conditions	contributing to d	eeth but not re	suiting in	the underly	ying cause given in	Part I.	24e. WAS AN PEREOF		24b.		UTOPSY FIN	
MEDICA	YES 2 NO COMPLETION OF CAUSE												
		1 _ YES 2 _ NO											
PHYSICIAN:													
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	heck only one)					
YS!	1 X YES 2 NO	1 Inpatient 2 ER/Outpetient 3 DOA OTHER:											
H	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIME INJU	OF 28c.	INJURY AT WORK?	28d. DE\$	CRIBE HOW I	NJURY OC	CURED			
B	1 Natural 5 ending 2 Accident investigation					YES 2 NO							
ED	3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, streat, factory, office building sto (Specific)						281. LOCA	281. LOCATION (Street and Number or Rural Route Number,					
	4 Homicide determined						l ony c	r Town, State)					
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the beat of m	y knowledge, dea	th occurred	at the time, d	lete and place, and du	to the caus	e(a) end mar	nner as ste	ted.			
MO	one) 2 MEDICAL EXAMINER	i On the besis of exer	mination and/or in	veatigation	, in my opinio	n, death occured at the	Ilme, data	and place, an	d due lo li	ha causela	and me	nner aa ete	nted.
	296 SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU							
BE	Warner The Uh	JL.	In.						29d. DAT		D (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Time I	Print)	0.C.1	М.Е.			1 1	9	199	
	MAYLONDO 1	1.160 000		y 1 /ypo, 1									

BALLIMORE, MARYLAND	fter death. Page 6 may be retained by the hos	the funeral director, page 5 should be detache loval.	al examiner must be notified at once.
CHISTON OF VITAL RECORDS, F.O. BOA 60160,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE H	TO THE FU.	IMPORTA

										91	318	96	
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR	RTMEN	T OF H	HEALTH DEAT	AND I	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)	Holling							2. DAT	OF OEATH			3. TIME OF DEATH
	Geraldine B	. Holli	naswot	h					MOM	11-20	YAY	YEAR	10:300
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UND	ER 1 YEAR	IF UNDER	R 24 HRS.		OF BIRTH	-9I	S BIRTHRI	ACE (State or Foreign
İ	229-18-4705	1 M 2 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	1010	Country)	
	9a. FACILITY NAME (If not institution, give a	street and number)	12		9h CI	TY, TOWN C	OR LOCATI	ON OF DE		0-10-	_	NTY OF DEA	rginia
Œ			1		J	,	on Localii	ON OF DE	EAIR				
18	2000 Cedar Ci	ICIE DI	Tve								Ba	ltime	ore
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION					1	Od, INSIDE CITY
	Maryland Ba	ltimore		l								1,	LIMITS?
A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT		AT COUNTRY?
EB	2000 Cedar Ci:	rcle Dr:	ive				212	28			11	.S.A	_
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AI	RMED	13	. WAS DEC	ENDENT C	OF HISPAN	NIC ORIGI				
	1 Never Married 2 Married	FORCES? 1	YES 2 T	NO		If yes, spe	2 XNG	n, Maxica	in, Puerto	Rican, atc.)	0. 1.0		- American Indian, White, atc.
BY	3 Widowed 4 Divorced						- 177.37	Specify	у.			Specify:	White
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. Di	ECEDENT'S	USUAL	OCCUPATIO	ON		16	. KIND OF BU	SINESS/INI	DUSTRY	
🖳	Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of a b. Do NOT us	se retired.) auring mo:	st of worker	ng					
COMPLETED	un	ζ	I	Home	mak	er				own I	Home		
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
w	Thomas Guy Bu	cch						Imod	gene	Sim	oson		
0 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	SS (Street a	nd Number	or Rural F	Route Num	ber, City or Tou		Code)	
=	Roy J. Holling	jsworth	Jr. 2	2000	Ce	dar	Cir	cle	Dri	ve		228	
	20a. METHOD OF DISPOSITION 1 Description Burnell Bur		20b. PLACE	ANDDATE	OF DISPO	SITION (Na	me of		DAT	E 20c. LC	CATION	City or Town	State
	4 Donation 5 Other (Specify)	oval from Stata	cemetery, cre	ematory or o	ther plece) + C~		4-0	1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		311 IAIL	22	NAME AN	D ADDRES	SS OF FAC	CILITY	-2B F	sa I t	imore	2
1	Deland O A	1.11	F) 1100			Ster	ling	g As	shtc	n Fui	nera.	l Hon	ne, Inc.
\vdash	Notana FX/2	aces 11	- 1100	600	_ ['	736	Edmo	onds	son	Ave.	Bal.	to. N	1d.21228
	23. PARTU. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.											Approximats	
1 1	IMMEDIATE CAUSE (Finsi												Interval Between Onset and Death
	disease or condition resulting in death)	e. No.	· 11-	ds 1c	in	4.	- at		•				84
		DUE TO	(OR AS A CONSE	OUENCE OF	7:		-						1 -40
Z	Sequentisity list conditions,	b											
CERTIFICATION	if any, leeding to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	7):								
2	Cause. Enter UNDERLYING CAUSE (Disease or injury	2											
1	thet initieted events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	7):								
19	resoluting in dealth) EAST	1											
	PART II. Other significent condition	s contributing to	deeth but not r	ssuiting i	n the u	nderiving	COURA	dven in i	Dort i	24- 480-44	ALETORAL		
S		_					, couse g	prediction in	rait i.	24a. WAS AN PERFOR		Abi	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
									-	1 TYES 2	□ NO		OMPLETION OF CAUSE F DEATH?
Σ												1	YES 2 NO
PHYSICIAN: MEDICAL													
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Che	ock only or	ne)			
YS	1 TES 2 NO	1 Inpetient 2	ER/Outpatient 3	□ DOA		rsing Home	5 (LRen	sidence	8 🗆 Othe	r (Specify)			
H	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIMI	E OF URY	28c. INJU WOR	JRY AT		28d. DES	CRIBE HOW I	NJURY OCC	CURED	
B	1 Accident 5 Pending Investigation				М	-	ES 2 [NO					
	3 Suicide 8 Could not be	28e. PLACE Of building.	F INJURY At ho atc. (Specify)	me, farm, s	treat, fac	tory, office			28f. LOC	ATION (Street a	and Number	or Rural Rout	le Number,
	4 Homicide determined								City	or Town, State)			
7	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	ath occurre	d at the	time, data e	and niese	and due	to the sc	reals) and	mar an ata	ed.	
COMPLETED	one) 2 MEDICAL EXAMINE	1: On the beals of ax	amination and/or i	Investigation	n, in my	opinion, de	eth occur	ed at the t	time, dete	and place on	d due to th	e Coupe(e)	ad menner en eteted
	29b. SIGNATURE AND TITLE OF CERTIFIER						_						
H	C 4 CK	Lem	i mi				Zac. LICE	NSE NUM	BER	,	29d. DATE	SIGNED (M	onth, Gay, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH ATE	M OT /Fire	0-7-41		D	10	071			11/2	1 191

21204

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

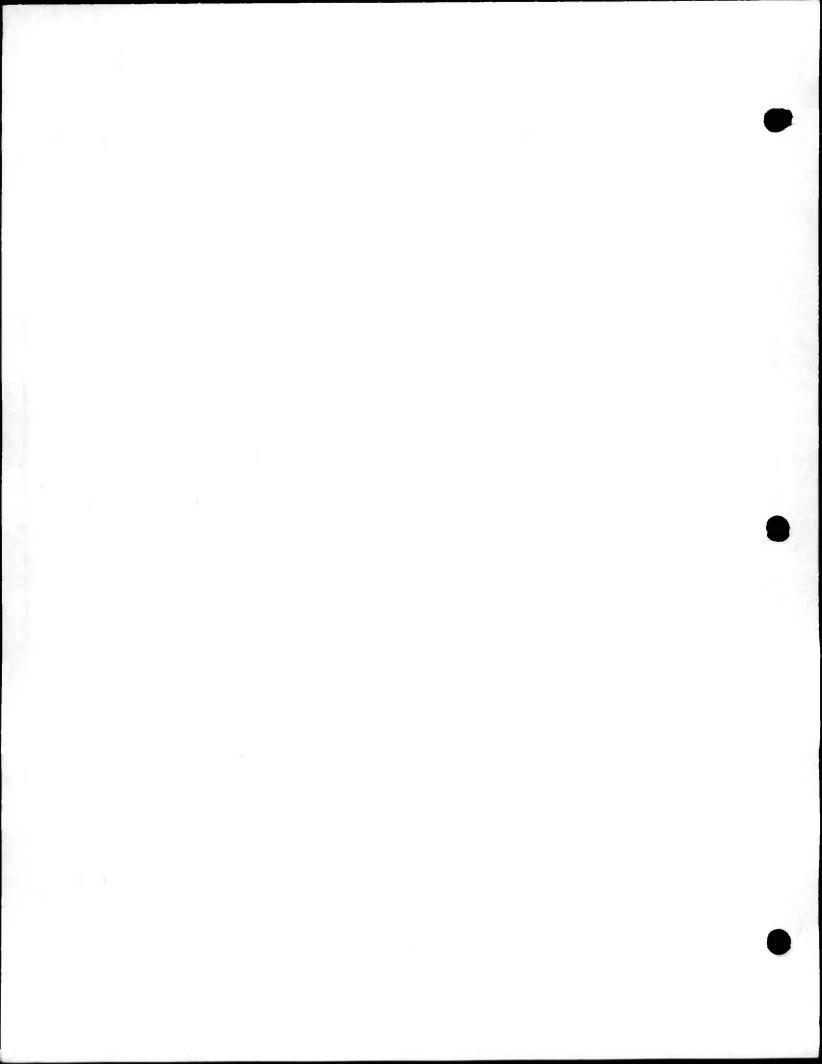
32. REGISTRAR'S SIGNATURE Wha Davidson-Randall

Yor16

7 6 25 8 31. DATE FILED (Month, Day, Year) NOV 2 1 1991



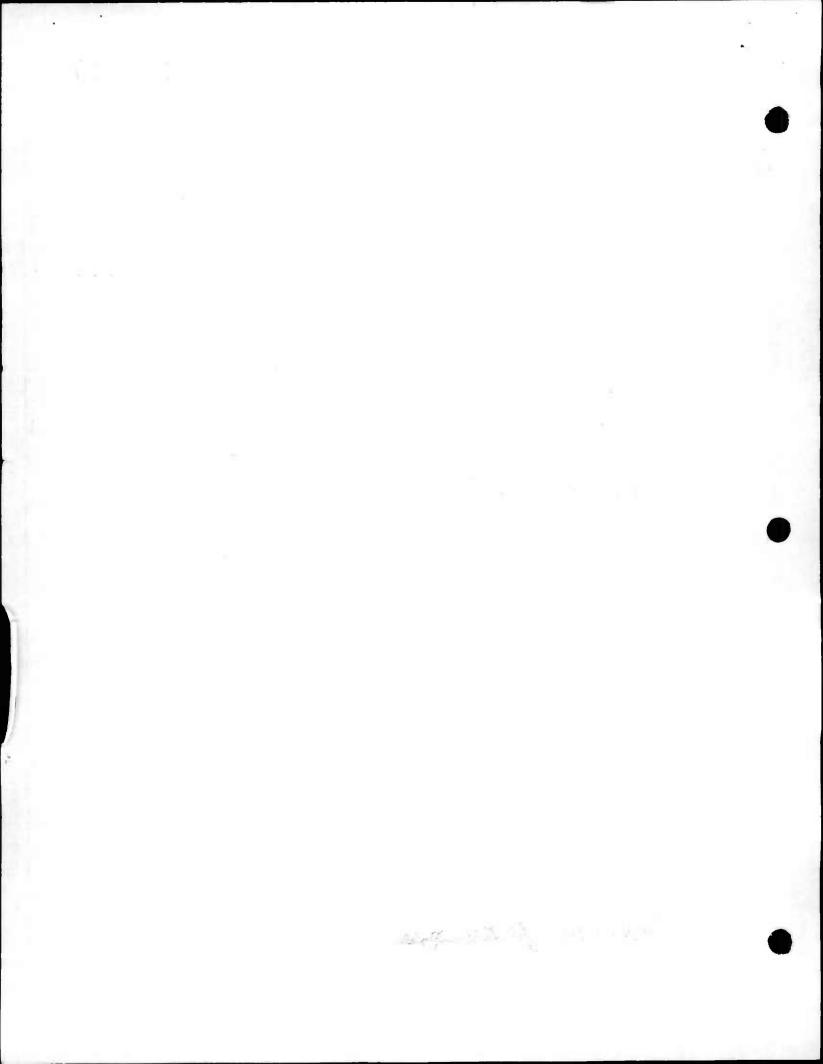
DHMH-18 Rev 1/89



	V	es 1, 2, 3 mould	
BALTIMORE, MARYLAND 21215-0020	Nurs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page in removal.	redical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 hound be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND	MENTAL	HYGIEN REG. NO		•			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O			EAR	3. TIME OF DEATN		
		N. Harding				11			91	M		
	4. SOCIAL SECURITY NUMBER	CONTRACTOR OF THE PARTY OF THE	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	6.	BIRTNI	PLACE (State or Foreign		
	577-10-1864 9s. FACILITY NAME (If not institution, give		80 YRS.	9b. CITY, TOWN O	HOURS MIN.	1	29	1911 9c. COUNTY	Vi	rginia		
DIRECTOR	553 Bayside	Drive		Dı	ndalk	Balto.						
REC	10e. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOCAT	ION				П	10d. INSIDE CITY		
	MARYLAND B	BALTIMORE			DUNDALK ZIP CODE			40 OITIZE		LIMITS? 1 Tes 2XX NO HAT COUNTRY?		
FUNERAL	553 BAYSIDE DRIV				212			U.S.A.				
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR OA	13. WAS DEC	ENOENT OF NISPA ecity Cuban, Mexico 2XXNO Speci	NIC ORIGIN? en, Puerto Rid fy:	(Specify Yes can, etc.)	y Yas or No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE					
8	15. DECEDENT'S EO (Specify only highest grad	UCATION to completed	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. I	KIND OF BUS	SINESS/INDUS	ΓRY			
COMPLETED	Elementary/Secondery (0-12) 8TH GRADE	College (1-4 or 5+) N/A	FORE	ork done during mo retired.)	st of working	PI	ETULE	HEM ST	CTI	<u> </u>		
8	17. FATHER'S NAME (First, Middle, Last)	14/14	TORL	IVITAIN	40 MOTNEDIO 41				CEL	CUKP		
Ö	MAURICE T. HARDI	NG			18. MOTNER'S NA							
BE	19a. INFORMANT'S NAME (Type/Print)	140	404 4444 1140	10000000		IE TIN			_			
2	MARJORIE M. HARD				nd Number or Rural DRIVE					21222		
	20a, METNOD OF DISPOSITION 1/ Burial 2 Cremetion 3 Res	moval from State Cem	PLACE AND DATE O	F DISPOSITION (Na	ment	DATE	20c. LO	CATION - CITY	or Ton	un State		
7 J	4 Donation 5 Other (Specify) 21. SIGNATURE OF JUHERAL SERVICE L	G	ARDENS O	F'FAITH	CEMETER	y 11-2	2 0 B/	ALTIMO	RE,	MARYLAND		
	· Chala	Fish			Ruck Fur	79		se Ave		21222		
	23. PART I. Enter the diseasee, Dr	complicatione that caused	the deeth. Do n	ot anter tha mo	de of dying, euc	ch ee cerdle	none	ratory arrest	ual	Approximate		
	ahock, or heart feilure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditione, If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART It. Other eignificent condition	ne contributing to death be	ut not resulting in	the underlying	ceuse given in		24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
≥						_				1 TES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch							
2	EXAMINER?	HOSPITAL:		OTHER:								
¥	27. MANNER OF OEATH	1 Inpatient 2 K ER/Output 28a. DATE OF INJURY			5 🗆 Reeldence							
	Matural 5 Pending	(Month, Day, Year)	26b. TIME INJU	IRY WO	PRY AT PRK? PES 2 NO	26d. DESC	RIBE NOW II	NJURY OCCUR	ED			
D BY	2 Accident Investigation 3 Suicida 6 Could not be	26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, st			26f. LOCAT	ION (Street a	nd Number or I	Rurai Ac	oute Number,		
ELE	4 Homicide determined		*			City or	Town, State)					
COMPLETED		SICIAN: To the beat of my knowle IER: On the beels of examination							use(a)	and manner as ateted.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI					Month, Day, Year)		
10 B	John H	m whole			D Z60	2		▶ v /	17	91		
F	30. NAME AND ADDRESS OF PERSON W	,										
	Dr. John Eppler	32 REGISTEMI'S SIGNA	Sister Pi	erre Dr	. Suite	205	Т	owson,	Мо	1. 21204		
	1661 T 2 Anu	31. DATE FILM OF 27 1991 32 hagist par's signature										



DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A the first death. Page 6 may be retained by the hospital or attending physician.

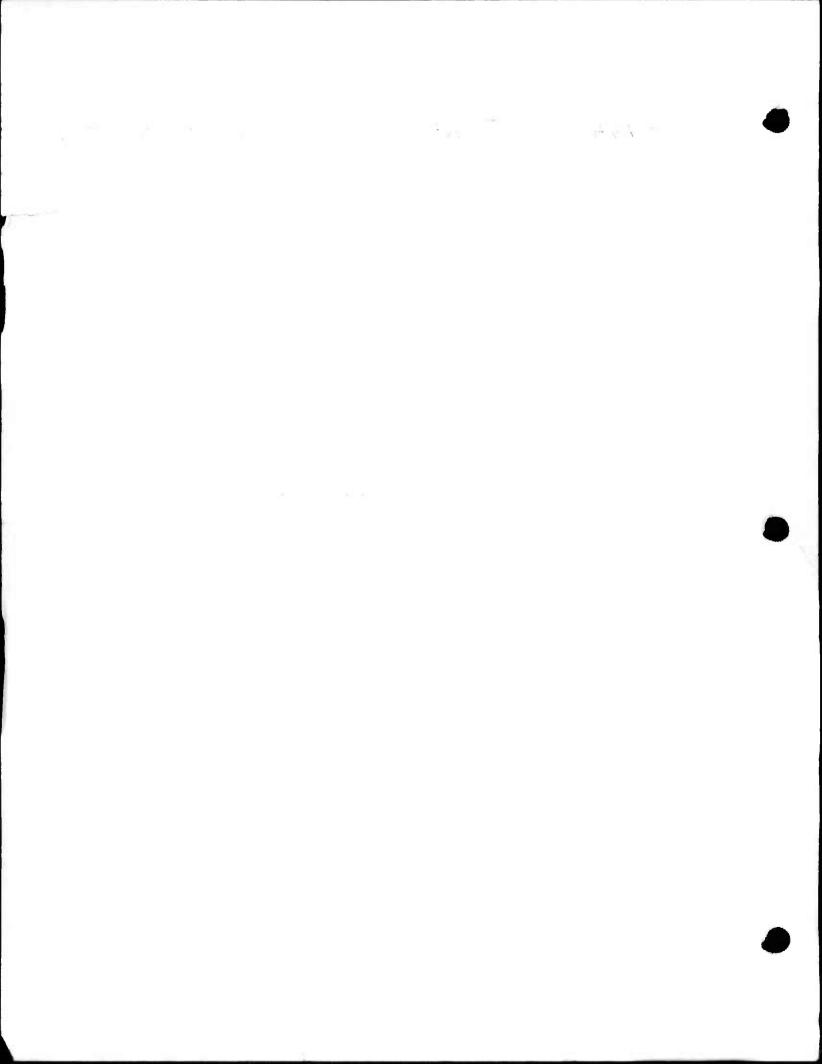
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

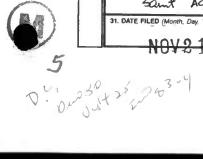
	1 - FOR STATE OF MARYLAND / I CE			HEALTH AND I	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) ANNA H JONE	ES S			2. DATE OF DEATH	- 47	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 215-12-8459 1 M 2 F 80 98. FACILITY NAME (If not institution, give street and number)	YRS.	F UNDER 1 YEAR ONTHS DAYS b. CITY, TOWN	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 5-9-11 EATH	9c. COUNTY OF C	Pa.				
DIRECTOR	HARBOR HOSPITAL	BALTIMORE									
	10a. STATE 10b. COUNTY MD 10a. STREET AND NUMBER		TIMORE	ot. ZIP CODE		10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	1010 W. BALTIMORE STREET APT.			21223		U.S.A.					
B≼	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. ARM FORCES? 1 YES 2 WM 14 FORCES? 1 YES 2 WM 15 YES, GIVE WAR OR DATES		If yes, s		NIC ORIGIN? (Specify Yee o in, Puerto Ricen, atc.) y:	Blac	E — American Indian, ck, White, atc. city: BLACK				
COMPLETED	(Specify only highest grade completed) (Giv Elementary/Secondary (0-12) College (1-4 or 5+)	EOENT'S US to kind of word Do NOT use to ESTIC	NUAL OCCUPAT k done during n retired.)	ION ost of working	16b. KINO OF BUSIN	HESS/INDUSTRY					
	17. FATHER'S NAME (First, Middle, Last) GEORGE AYERS	20110			ME (First, Middle, Melden St						
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b.			and Number or Rural	Route Number, City or Town,	State, Zip Code)					
٦	20s. METHOD OF DISPOSITION 20b. PLACE C	OF DISPOSIT	ION (Name of c	emetery, cremetory or	MORE, MD 21	1206 ATION — City or T	Town, State				
	1 M Burial 2 Crametion 3 Removal from State 4 Domation 5 Cher (Specify)	MEMOR	IAL PA	RK .		ALLSTOWN	N, MD				
	I proced Tower	5	WM.C.	MARCH F.H	1./1101 E. N		/ENUE				
	23. PART Enter the diseased, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Approximate intervel Batween policy and Death Cancer of the Concer of the										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERT	resulting in death) LAST a Deep Vein Thrombon's Right Leg										
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VSS 2 NO 1 Appetient 2 ER/Outpetient 3		OTHER:	PLACE OF OEATH (Co							
ву РНУ	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Dey, Year) Accident Investigation	28b. TIME INJUI	OF 28c. I	NJURY AT VORK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCUREO					
8	3 Suicide 6 Could not be datermined 28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, str	eet, factory, of	ice	281, LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or i						o(e) end menner ee stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Winala House	st-	#	29c. LICENSE NU	MBER	29d. DATE SIGNE	8 S/				
-	30. NAME AND ADORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITER 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	300/	"S. F	anover	st, Bal	himor	e, md,				
	NOV 21 1991 Julia Davidson-Rando	روو									





1	after	
	S'HOURS	
	thin	
,	3	
)	ecuted	
	\$	
,	a	
	certificate	
	death	
	he	
	that t	
	ires	
	reg	
	No.	
	The T	
	SICIAN	
	PHYS	
	JOSPITAL OR ATTENDING	
	OR A	
	10SPITAL	

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	TMENT OF	HEALTH AND) (0))				
	1. OECEDENT'S NAME (First, Middle, Last)	JOHNS				2. DATE OF DE		YEAR 3. TIME OF DEAT	TH A so			
	4. SOCIAL SECURITY NUMBER 281-14-9377		s. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day, 1 11/11/	TH (bar)	BIRTHPLACE (State or For Country) Ohio	oreign			
R.	90. FACILITY NAME (If not institution, give a Saint Agnes Hosp	street and number)			n or location of	OEATH	9c. COUNT	Y OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		100 017	Y, TOWN OR LO			Dd	ltimore				
		altimore	NG. CIT	Baltir	nore			10d. INSIDE CITY LIMITS? 1 X YES 2				
ERA	2105 KoKoLane				101. ZIP CODE 21216			S.A.				
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	V NO	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— If yes, specify Cuben, Maxican, Puerto Rican, stc.) 14. RACE — Ar Black, Whit 1 — YES 2 N NO Specify: Specify:								
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION 15s completed)	DECEOENT'S	vork done durina	ATION most of working	16b. KIND (OF BUSINESS/INDU	Black				
BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Reti	e retired.)								
00	17. FATHER'S NAME (First, Middle, Last)					IAME (First, Middle, A						
5	Betty Chin											
	Betty Chin 2105 KoKo Lane Baltimore, Md. 21216 Sety METHOD OF DISPOSITION All Burlai 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Western Star Cemetery 11/23 Baltimore, Md.											
	21. SIGNATURE OF TUNERAL SERVICE LA	ENSEE /	estern	22. NAME	ANO ADDRESS OF F	ACILITY						
	W"42	refun/		W11	11am C. 1	Brown Coi th Ave Bi	mmunity altimore	Funeral Hom	je			
	iMMEDIATE CAUSE (Final disease or condition	complications that caused the List only one cause on each	e death. Do n line.	ot enter the	mode of dying, au	ch as cardiac or	reapiratory arres	Approximating interval Be Onsat and	ate etween			
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, PNEUMONIA, PROBABLE URINARY TRACT INFECTION, C											
CATI	If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):								
	PART II. Other algnificant condition	s contributing to death but n	ot resulting i	n the underly	ing cause given in	Part I 24s W	AS AN AUTOPSY	24b. WERE AUTOPSY FII				
PHYSICIAN: MEDICAL	SENILE DEM	ENTIA				PI	ERFORMED?	AVAILABLE PRIOR COMPLETION OF C	TO			
ME	CHF						ro z Mino	OF DEATH?	10			
AN	25. WAS CASE REFERRED TO MEDICAL											
SICI	EXAMINER?	HOSPITAL:	2 000	OTHER:	PLACE OF DEATH (C							
λH.	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 26c.	oma 5 🗆 Residence		y) HOW INJURY OCCU	REO				
BY	1 Natural 5 Pending 2 Accident Investigation	28a. PLACE OF INJURY — A		M 1	WORK? YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide detarmined	28f. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,								
3 Suicide 6 Could not be detarmined 298. FLACE OF INJURY — At home, farm, street, factory, office 298. LOCATION (Street and Number or Rura City or Town, State) 298. FLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rura City or Town, State) 298. FLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rura City or Town, State) 298. FLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rura City or Town, State) 298. FLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rura City or Town, State) 298. LOCATION (Street and Number or Rura City or Town, State) 298. LOCATION (Street and Number or Rura City or Town, State)												
TO BE C	SIGNATURE AND TITLE OF CERTIFIER	for DR. KOM	AL DAN	G	29c. LICENSE NU		29d. DATE S	HIGNEO (Month, Day, Year)				
É	Sant Agnest	o completed cause of Death (Hospital, Ball	ITEM 27) (Type,	Print) MD 2	1229				\neg			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E									
	NOV 9 1 1991	Julia Davidson-V	fandall.									



DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

E	5	
y be	age	1
S ma	tor, p	
age (direc	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and after death. Page 6 may be ret	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled way, the funeral director, page 5 s	
ter c	the	K
TO.	10.	rem
1.	ed.	OF
24	1	finn
within	pletel	Сгета
ted	E00	e
nae	P	per
9	an	7 20
ate t	hysici	orio :
THE STATE OF	0	ien
90 (iği	¥
death	atte	ental
the	#	N
hat	E P	l an
uires 1	signe	Health
red	een	of
MP :	as b	Dept
Ē	ate	tate
AN	tific	S
SIC	S	th th
£	this	W
DING	After	death
TEN	38	ffer
3 AT	360	ICS 3
0	ā	hou
ITAL	RA	2
HOSP	FUNE	within

	1. DECEDENT'S NAME (First	t, Middle, Last)	BABY	JERM	AINE	KILL	ET:	Г		2. DATE OF	DEATH	w	YEAR	3. TIME OF DEATH
	JERMAINE			KILLETT			T			NOVE	MBER	17,	1991	6:24P
	4. SOCIAL SECURITY NUM 218-23-33		5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, E	BIRTH Day, Year)		6. BIRTI	HPLACE (State or Foreigny)
	9a. FACILITY NAME (If not in				2 YAS.						7-89			MD
TOR		HNS HO	PKINS HO	SPITAL	,			OR LOCATION IMORE					ALTI	MORE CITY
DIRECTOR	10a. STATE	10b. COUNTY	1			Y, TOWN O								10d, INSIDE CITY LIMITS?
	100. STREET AND NUMBER		ER ST.				-	01. ZIP CODI	213			10g. CIT		VHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Dive	Married	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	NO NO	1 11	yes, s	CENDENT O	F HISPANI In, Maxican	C ORIGIN? (Specify Yea in, atc.)	or No-		
ED	. (Specify on	CEDENT'S EDUC ly highest grade	CATION completed)	16	e. DECEDENT'S	work done a	CUPAT	TON nost of working	ng	16b. KI	ND OF BUS	INESS/IND	DUSTRY	BLACK
COMPLET	Elamentary/Secondary (I		College (1-4 or 5	+}	CHI						CHI	LD		
О Ш	BOBBY GE		T. T. E.T.T							DA B				
10 86	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING			and Number	or Rural Ac	oute Number,	City or Town	n, State, Zip		
	TOWANDA E	ION	W	20b. PL/	1724				R ST	-/BA	7	ORE		21213
	1 X Burlet 2 Cremetic 4 Donation 6 Other	(Specify)		cemeter	y, crematory or c	other place)	AI.	PARI						OWN, MD
	22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE													
	23. PART Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, about, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or conditions)													
	disease pr condition												36 hrs	
NO O	Sequentielly list condit	lone,	Cent	al Line	Segs									36nes
3	If any, leading to imme cause, Enter UNDERLY CAUSE (Disease or Inju	ING	. Acul	~ Re	Spirato	~ 2	iste	ese 5	かりかのい	>4				12 Day
ERTIFICATION	that initieted events resulting in death) LAS	т			NSEQUENCE O	-								12 Day
AL C	PART II. Other algolifice				not resulting	in the unc	lerlyin	ng cause g	jiven in P	ert I. 24	a. WAS AN		24b	. WERE AUTOPSY FINDIN
EDICAL			E Refiu							_ 1	PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Σ		_	ation - Ca	ושלים	Philsey					_				1 🗌 YES 2 🗌 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF DE	EATH (Chec	k only one)				
SICI	1 YES 2 NO		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER 4 Nursi				☐ Other (S	pecify)			
ВУ РНҮ		Pending Investigation	28a. DATE OF (Month, D	INJURY lay, Year)	28b. TIM		28c. IN. W	JURY AT ORK? YES 2		26d. DESCR		JURY OC	CURED	
	3 Suicide 6	Could not be	28a. PLACE O building,	of INJURY — A atc. (Specify)	At home, farm,	street, facto	y, offic	Ca		28f. LOCATIO	ON (Street ar own, State)	nd Number	or Rural R	loute Number,
OMPLE	29a. CERTIFIER (Check only one) 2 MEDI	TIFYING PHYSIC	CIAN: To the beat of	my knowledge	e, death occurre	ed at the tin	ne, data Inlon, d	a and placa, death occure	and dua to	the cause(a) and mani	ner as stat	ed. a cause(s) and manner as stated
Ä C	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	NSE NUMB	ER		29d. DATI	SIGNED	(Month, Day, Year)
0 0		100	mp					AJH	1473	57 00	1590	1	11	191
	DANA S	TEARN			STREE		BAI	LTIM	OSCE,	mo				
	NOV 21	1991	30. REGISTRA	R'S SIGNATUE	andiese									
	MUY ~ I	1001	17											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BABY JERMAINE KILLETT

Maria II in the second of the

	inion
46	a man mining
LAND 21203-3146	and the second s
212	1
9	1
Z	
MARYL	A Company
Σ	
띭	
3ALTIMORE,	
Ē	4
M	

burial-transit per

tached for use as the

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

e hos	etach		ace.
y th	pe q		e E
pa pa	밁		Pe
etain	Sho		盲
pe r	200		9
nay	pa.		2
9 6	ecto		Ë
Page	II dir		ě
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 👡 wours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defactive.		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
p set	the	Na.	9
s af	2	remo	dic
jō.	. pa	0	E
5	y fill	ation.	the
withic	pletel	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	rent,
uted	00	nal.	5
EXEC	and	200	nati
pe	cian	lor to	De
cate	Shirt	e pr	er t
ertif	ing	oje/	to to
ath c	tend	a H	6
e de	he at	Vent	Š
at th	5	pue	y in
S th	ned	alth.	an
quire	n Sig	He	8
₩ re	Dee	H. 0	3 84
e la	has	Del	1 2
E N	cate	State	ē
SICIA	certif	the	9
SH.	this	With	ked
NG	fter	eath	E
END	R: A	er d	-59
A	65	s aft	1 28
B	S.	hour	Hen
IAL	RA	2	=
4SO	UNE	rithin	ANT
포	포	w pa	ORT
10	10	he fil	MP
	-	-	-

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE 2

	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR					MEN	TAL HYGIENE REG. NO.	E			
	DECEDENT'S NAME (First, Middle, Last)	LILLIAN	N LASE	K						ATE OF DEATH DAY		91	3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER 214-01-8034	5. SEX 1 M 2 F	6. AGE (In yrs. la:		IF UNDER	DAYS	IF UNDER	MIN.	(A	ATE OF BIRTH forith, Day, Year)		8. BIRTH Countr	(Y)	State or Foreign
CIOR	90. FACILITY NAME (If not institution, give to 109 ROCHESTER FRESIDENCE OF DECEMENT				BALTIMORE			9c. COUNTY OF			INTY OF D	EATH		
DIMEC	100. STATE 10b. COUNT	Υ			ALT]								LIA	SIDE CITY AITS? ES 2 NO
EHAL	100. STREET AND NUMBER 109 ROCHESTER	PLACE				10 2 1	224	E				SA	WHAT CO	UNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2			If yes, sp		en, Mexica	ın, Pue	HGIN? (Specify Yes erto Ricen, etc.)	or No—	Spec	k, White,	
IPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)			16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER										
E COMPL	17. FATHER'S NAME (First, Middle, Last) STEFAN DOMZAL	SKI					18. MOT	_		irst, Middle, Msiden :	sumeme) CALI	KΑ		
10 8	190. INFORMANT'S NAME (Type/Print) MR. ANDREW LASE	K	11							Number, City or Town			122	4
	20e. METHOD OF OISPOSITION 1X Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE other s HOLY	olace)			metery, cre METE		11			- City or To		
	H. SHONATURE OF FUNERAL SERVICE L	CENSEE	wesk	li	K			NSKI	F	UNERAL REET B		_	ID	21224
	23. PART I. Enter the diseases, pr shock, pr haert fellure. iMMEDIATE CAUSE (Finel disease pr condition resulting in death)				not ente		ode of dy				ratory e	rreet,	- tr	pproximete nterval Betwee Inset and Dea
		DUE TO	(OR AS A CONS	EOVENCE	OF):	1	42 5	The	6	Tures				

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

25. WAS CASE REFERRED TO MEDICAL EXAMPLE??

1 D YES 2 NO

27. MANNED OF DEATH 1 Natural 5

2 Accident

3 Sulcide

4 Homicide

PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24a. WAS AN AUTOPSY 1 YES 2 NO

1 - YES 2 - NO

a Other (Specify) 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 YES 2 | NO

26. PLACE OF DEATH (Check only one)

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

OTHER:

2 MEDICAL EXAMINER: On the ba investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) and manner as stated. 29c. UCENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER

HOSPITAL:

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TORRES, ELL Wood AUE Dal MELI MO TO

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. DATE OF INJURY (Month, Day, Year)

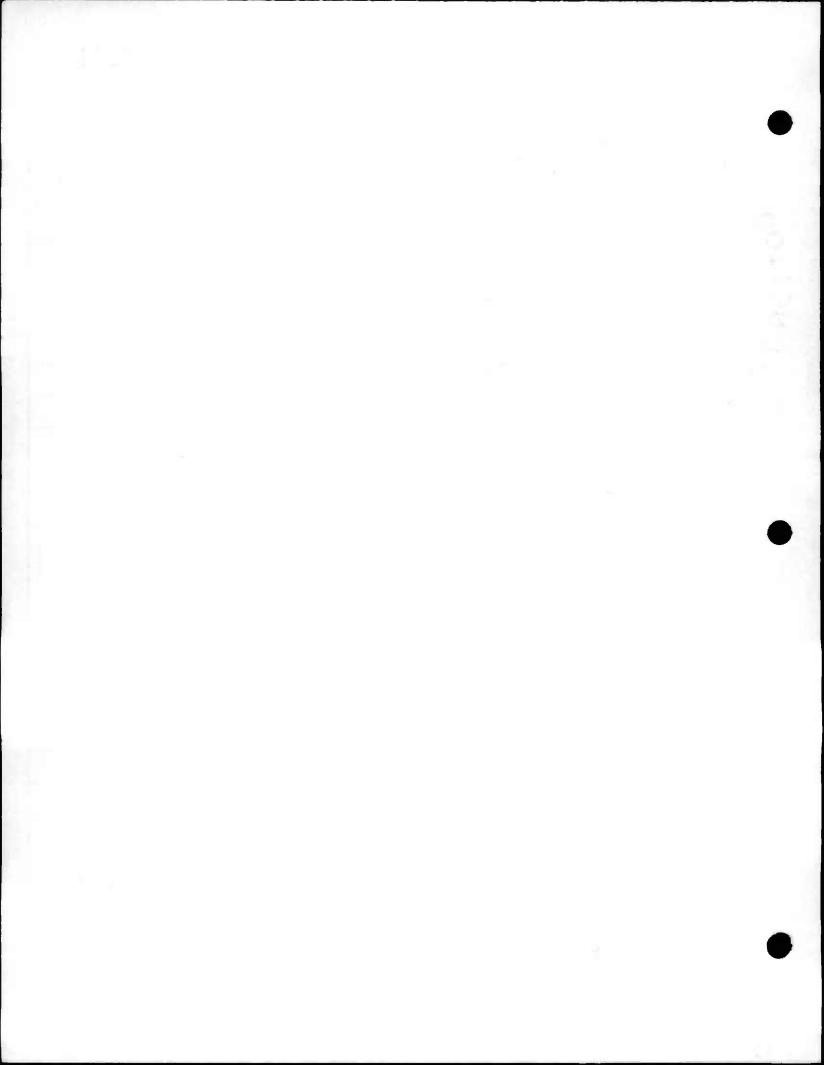
DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

31. DATE FILED (Month, Day, 32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

1224



Item: 6, per F.H. G-681 11/25/91 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN Richard L. Ledbetter 11 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Foreign 72.75 YRS. 1 🛛 M 2 🗌 F 218-10-3488 7 16 0klahoma use as the bunial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Fallston General Hospital Fallston Harford 10a. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Street 1 YES 2 X NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 4218 Federal Hill Road 21154 U.S.A. rurs after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— It yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 Never Married 2 X Married В 1 TYES 2 (NO Specify: 3 Widowed 4 Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) page 5 should be detached for College (1-4 or 5+) Pastor Colonial Baptist Church once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) F John Ledbetter BE С. Edith notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Sue Ledbetter 4218 Federal Hill Road Street, Maryland 21154 ě 20a. METNOD OF DISPOSITION
1XC Burial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE funeral director, Mt. Pleasant Cemetery 4 Donation 5 Other (Specify) 11/20 Gamber, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. ion, or removal. 8728 Liberty Road Randallstown, MD 21133 medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not anter the mode of dying, such as cerdiac or reepiretory arrest, Approximate shock, or heert fellure. Liet only one ceuse on each line. 6 intervsi Between **IMMEDIATE CAUSE (Finei** Onset and Death the disease or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, DUE TO (OR AS A CONSEQUENCE OF): bunal. nyach CERTIFICATION and Sequentielly list conditions, attending physician a intal Hygiene prior to DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other 1 DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST ò this certificate has been signed by the atten with the State Dept. of Health and Mental I irked, or item 23 shows any Injury, o PART ii. Other eignificent conditions contributing to death but not resulting in the undariying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY 1 TYES 2 T NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only onli) **EXAMINER?** HOSPITAL OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH is marked, (28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending . DIRECTOR: After the hours after death w BY 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Sulcide COMPLETED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 4 🗌 Nomicide Hem 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as steted. FUNERAL I IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER THE F BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) trend 030 223 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Morton Ellin 5310 Old Court Road Randallstown, MD 21133 32 REGISTRAN SUSPIATION OF THE STATE OF THE

and the second of the second

-

5.4	No.	irmit. Pages 1, 2, 3 should	-4
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the burnal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hydrage 20 of target actions or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The I	TO THE FUNERAL DIRECTOR: After this certificate hat be filed within 72 hours after death with the State D.	IMPORTANT: If Item 28 is marked, or item :

000

FOR STATE TO BE COMPLETED BY FINERAL TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR			CENTIF	ICATE	OF DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) JERINA M.			MEEKI	MEEKINS			MONTH DAY YEAR		3. TIME OF DEATH 9:28A		
- 3	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las									_	IPLACE (State or Foreign
214-38-9902 ¹□M²ৠF 48				YRS.	MONTHS D	AYS HOURS MH	v. 6	Month, Day, Year)		Count	MD
	9e. FACILITY NAME (If not institution, give st	reet end number)	40		9b. CITY, TO	WN OR LOCATION O		23-43	9c. COL	INTY OF D	
DIMECTOR	THE JOHNS HO	PKINS HO	SPITAL			LTIMORE (ORE CITY
וני	10e. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR I	OCATION					404 1110170 01714
_	MD			- 1	OMITIMO						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
\$	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CI1	IZEN OF V	WHAT COUNTRY?
UNEHAL	4410 MARBLE HALL	ROAD	APT	. 318		21218				U.	S.A.
5	11, MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.	ARMED	13. WAS	DECENDENT OF HIS	PANIC OF	RIGIN? (Specify Yes	or No-	14. RACE	E — American Indian, k, White, etc.
5	3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 NO Sp		erio riicari, atc.)		Speci	BLACK
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	18a	DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	SINESS/IN		
<u>,</u>	Elementary/Secondary (0-12)	College (1-4 or 5 a)	life. Do NOT us	e retired.)	ng most of working					
	12TH			NURSE				SELF EN	1PLOY	ED_	
3	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (F	irst, Middle, Maiden	Surneme)		
10	IKE MEEKINS 190. INFORMANT'S NAME (Type/Print)					MAGGI					
2	RUFUS DAWSON, JR	•		196. MAILING 4127 W	I NDMIL	reet end Number or Ru L CIR./R	ANDA	Number, City or Yow LLSTOWN .	MD	2113	3
	20e. METHOD OF DISPOSITION 1 (X Burlal 2 Cremation 3 Remo	oval from State	20b. PLA	CE AND DATE (OF DISPOSITIO	N (Name of			_	City or To	
	4 Donation Other (Specify)	A 0	VOS	HELL M		L GARDEN			TIMO	RE,	MD
	21, SIGNATURE OF FUNERAL SERVICE LIC	1//	44.70			ME AND ADDRESS OF					
	DMRUCE	XI	1111	the		.MARCH F					ENUE
	23. PART Linter the diseases, or c shock, or heart failura. I	omplications the	ceused the	death. Do n	ot enter the	mode of dying, s	uch ss	cerdiec or respi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Finel	,,	oc on cacin		87						Intervel Between Onset and Deeth
	disease or condition resulting in deeth)	Resoi	ratory	, 10:1	ure					10 days	
		DUE TO	OR AS A CON	e heart da lure Zi					1.00.27.		
:	Sequentially list conditions,	CON	sestin	re hear	-t de	1. lure					10 days
:	If sny, lesding to immediate	DUE TO	OR AS A CON	SEOUENCE OF):						
	CAUSE (Disesse or Injury										
	that initiated events resulting in death) LAST	DUE TO	OR AS A CON	SEQUENCE OF):						
	PART II. Other significent conditions	contributing to	death but no	ot resulting i	n the under	lying ceuse given	In Part	I. 24a, WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
	Lupus							PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
	End Stage 18	end dis			· · · · · ·			1 - YES 2	XNO		DF DEATH?
	GI Weed		Case								1 VES 2 HNO
	25. WAS CASE REFERRED TO MEDICAL	7			2	8. PLACE OF DEATH	Check on	Ar one)			
	EXAMINER?	HOSPITAL:	FR/Outpetlant	3 □ 004	OTHER:						
	27. MANNER OF BEATH	28e. DATE OF	INJURY	28b. TIME	-	Home 5 Reelden		DESCRIBE HOW IN	LILIBY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ry, Year)	IUNI		WORK? YES 2 NO	1			CONLD	
	3 Suicide 8 Could not be	28e. PLACE Of building.	FINJURY — AI	home, farm, a	treet, factory,	office	28f.	LOCATION (Street e	nd Number	or Rural R	loute Number,
4 Homicide determined											
29e. CERTIFIER 1 (Check only one) (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date and place, end due to the cause(e) end menner as stated.											
one) 2 MEDICAL EXAMINER: On the beate of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner as atal							end menner en stated.				
296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Mopth, Day, Y						(Month, Day, Year)					
	Janola F		MO)		Foz	19		> (1/18	8/91
	LANGE AND ADDRESS OF PERSON WHO	1/0	E OF DEATH (I	-	Print)					1	
	31. DATE FILED (Month, Day, Year)	CI~C				-					
	NOV 9 1 1001	32. REGISTRAL	rent Ranc	400							
	MAN ET 1221	7 4 100 1010 100	21-1								

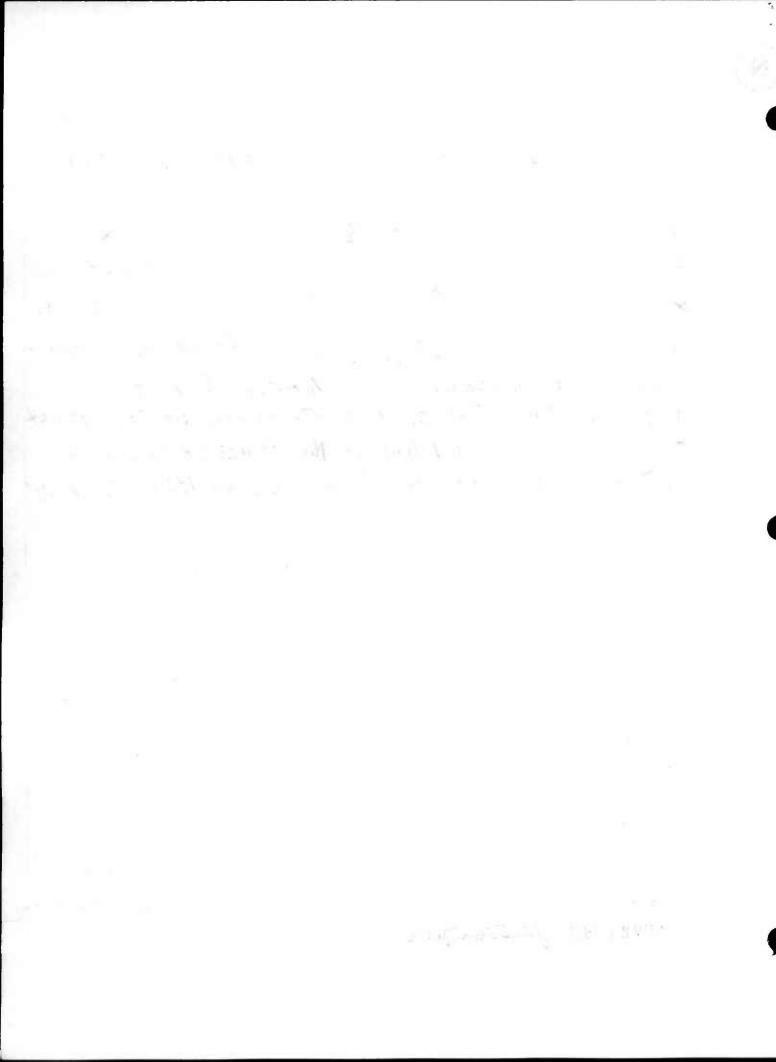


1 X :

5.84

335	director, page 5 should be detached for use as the burial-		
9	he		
9	1 S		
2	99		
	5		
9	9		
1	hed		
	tac		
	g		
5	đ		
1	Did		
	Sho		
	2		
	906		
-	0		
,	Ď,		
b	Jire		
	ai		
	ner		
	\$		
	the	DVa	
	à	r remova	
	.⊑	7 (
find financial and for any formation of the same of th	id completely filled in by the funeral	Mental Hygiene prior to burial, cremation, or	
	ely	nati	ì
	plet	ren	
	E O	ď,	
	O	nuja	,
	an	90	
	an	37 10	
	ysic	ğ	
	F	90	
	ttending physician and	gie.	
	bua	Ĩ	
	atte	ntai	
	the	Me	
	à	g	
	been signed by the att	pt. of Health and M	
	ij	ealt	
	S U	T	
	pee	1.0	
		0	3

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI CERTIFICA	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) JEROME A	MOSELY			2. DATE OF DEATH MONTH D	9 97	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	1 M 2 □ F	82 YRS. MONT		12/2//		RTHPLACE (State or Foreign unitry)
TOR.	9a. FACILITY NAME (If not Institution, give THE UNION MEMORI RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF D		9c. COUNTY O	F DEATH
DIRECTOR	10e. STATE 10b. COUNT	Υ	10c. CITY, TOV	VN OR LOCATION			10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER	ently	and	10f. ZIP COOE	24	10g. CITIZEN C	F WHAT COUNTRY?
BY FUN	1 Never Merried 2 Merried Widowed 4 Divorced	12. WAS DE EDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR OAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 JANO Speci	ean, Puerto Rican, etc.)	В	ACE — American Indian, lack, Whita, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S USUA (Give kind of work de life. Do NOT use reg	one during most of working	16b. KINO OF BUS	SINESS/INDUSTR	Dr ansportion
	17. FATHER'S NAME (First, Marche, Last)	. moseL	V	18. MOTHER'S N.	AME (First, Middle, Maiden	Surname)	
TO BE	199 INFORMANT'S NAME (Type/Print)	· HRISTIAN	19b. MAILING ADDR	ESS (Street and Number or Rural		m ms n, Stete, Zlo Code) BALTO	1 2 2 2 2 2 1/1
	20a. METHOD OF DISPOSITION Burlel 2 Cremation 3 Rem Donation 5 Other (Specify)	noval from State 20b. F	LACE AND DATE OF DIS		DATE 20c. LOC	CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LI	b. Lonk	9	22. MME AND ADDRESS OF FA	ACILITY HOME 1:	3047.	Central as
	23. PART I. Enter tha diseases, or shock, or haart failure. IMMEDIATE CAUSE (Final	List only one causa on and	ch Ilna.			ratory arrest,	Approximata Interval Batween Onsat and Death
	disease or condition resulting in death)	a. CAROTOCOR AS A C		1010085			
MOIT	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A)	Le DIC	gan tai	ture		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in dasth) LAST	OUE TO (OR AS A C	CONSEQUENCE OF):				
CAL CE	PART II. Other algnificant condition		not resulting in the	underlying cause given in	Part I. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC					1 🗆 YES 2	1	COMPLETION DF CAUSE DF DEATH? 1 YES 2 NOT
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C/	heck only one)		
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Propellent 2 ER/Outpet 28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?	8 Other (Specify) 28d. OESCRIBE HOW IN	JURY OCCURED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY — building, atc. (Specify	At home, larm, street,	1 YES 2 NO	281. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the beat of my knowled	ige, death occurred at th	e time, data and place, and due	to the cause(a) and mane	ner sa stated.	
BE CO	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the bade of examination a	and/or investigation, in m	ry opinion, death occured at the			e(a) and manner as stated. EO (Month, Day, Year)
TO B	30. NAME AND AODRESS OF PERSON WH		H (ITEM 27) (Type, Print)	MD M 32	2659	▶ 1	19 191
	31. DATENHANIMOND. POY. MOTO 1	GHEOR (GHW PRE	MOIMNI	MEMI	PIAC	- HOSPITA
	NOV2 1 1991	Juna Davidson-A	andell				

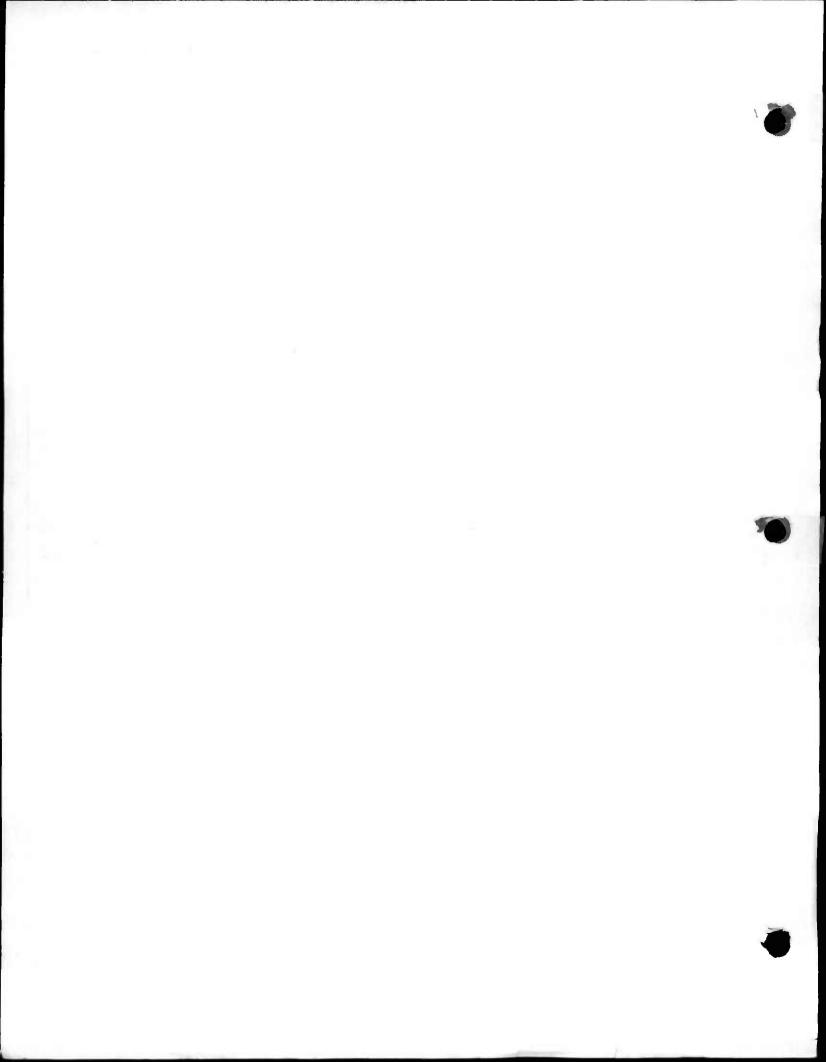


DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	
111	afte	
		1
BOX 68760,	ate be executed within	
ORDS, P.O.	s that the death certific	
OF VITAL REC	PHYSICIAN: The law require	
DIVISION	L OR ATTENDING	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 attended to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND REGISTRAR	/ DEPARTME	NT OF H	EALTH AND DEATH	MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT	Н		3. TIME OF OEATH
	JOHN MUIR JR.				1 1 —	1 Q 1	YEAR QQ1	2./E M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs.	lest birthdey) IF UNIC	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes			IPLACE (State or Foreign
	266-05-6283 1 ¹ ⋅x M 2 □ F 88	VDC	UAYS	HOURS MIN.	(monn, buy, ro			TERN SHORE
œ	9a. FACILITY NAME (If not institution, give street and number)	9b. Cf	TY, TOWN O	R LOCATION OF D	EATH	9c. COL	JNTY OF D	EATH
DIRECTOR	611 NORTH LONGWOOD ST.		BALT	IMORE				
E C	10e. STATE 10b. COUNTY	10c. CITY, TOWN	N OR LOCATI	ON				10d, INSIDE CITY
듬	MD.		BALT	IMORE				LIMITS?
A	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CIT	TIZEN OF W	WHAT COUNTRY?
FUNERAL	611 NORTH LONGWOOD ST.			21216			USA.	
NO.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 V	ARMED 1	3. WAS DECE	NDENT OF HISPAI	IIC ORIGIN? (Specif	y Year or No-		E — American Indian, k, Whita, atc.
BY	1 Never Married 2 Married FORCES? 1 YES 2 X 3 X Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	JNO		2 X NO Specif	n, Puarto Rican, etc	.)	Speci	
								ACK
=	(Specify only highest grade completed)	DECEDENT'S USUAL (Give kind of work don ife. Do NOT use retired	ne durina mos	t of working	16b. KIND OF	BUSINESS/IN	DUSTRY	
2	Elementary/Secondary (0-12) Collega (1-4 or 5+)	WOOD C				BOATS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	WOOD C.	ARVER	18 MOTHED'S NA	ME (First, Middle, Ma		<u> </u>	
EC	JOHN MUIR SR.				JONES	iden Samemej		
0		19b, MAILING ADDRE	SS (Street en			Town, State, Zi	n Code)	
2		611 NORT						1216
	20s. METHOD OF DISPOSITION 20b. PLACE	E AND DATE OF DISP	OSITION (Nan			LOCATION -		
	4 Donation 5 Other (Specify) ST	JAMES CE		Y	C	RIOLE,	MAR	YLAND
	21. SIGNATURE OF KUNETIAL SERVICE LICENSEE			ADDRESS OF FA	CILITY			
	- Charlese on	110	305EPI 913 W	H H. BKU BALTIMORE	WN JR. F	MD 21	. HUM.	P.O. BOX 4433
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentically list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 26. PLACE OF OEATH (Check only one) 27. MAINNER OF DEATH 1 PROPRIED OF CAUSE (Morth), Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 27. MAINNER OF DEATH 1 PROPRIED OF COURSE (Morth), Day, Year) 28c. INJURY AT WORK? 1 YES 2 NO							
חשושי	4 Homicide determined building, etc. (Specify)							
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or	death occurred at the r Investigation, in my	time, data a	nd place, and dua th occured at the	to the cause(s) and time, date end place	manner as ata	fed. he cause(a)	and manner as stated.
O DE	296 HIGHATUPE MICHITLE OF CERTIFIER M. D.		3	29c, LICENSE NUN	BER 25	29d, DAT	E SIGNED	(Month) Day, Year)
	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (IT	morial,	Hagin	ie //4	YE W	pireisi	13 P	hu, 2/2/8
	NOV 2 1 1991 32. REGISTBAR'S SIGNATURE NOV 2 1 1991	- Randall	V					1



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burishtranet name to a subject of the burishtranet name to a subject to the burishtranet page 1.9.3 personal	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYL	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
IAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

	1 - STATE OF MARYLAND / DEPARTMENT OF HEATER	ALTH AND MENTAL HYGIEN EATH REG. NO						
	1. DECEOENT'S NAME (First, Middle, Last) Phy 115 Mc Queen	2. DATE OF DEATH	NAY YEAR 3. TIME OF DEATH 2025 PM					
	218-74-3066 1□ M XXF 32 YRS. MONTHS DAYS H	7. DATE OF BIRTH (Month, Day, Year) 06-08-59	BIDTHOLACE (State or Coming					
TOR	9a. FACILITY NAME (# not institution, give street and number) University Of Maryland Med Cen Baltimo		9c. COUNTY OF GEATH					
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore		10d. INSIDE CITY LIMITS? 1.XX YES 2 \(\triangle \) NO					
FUNERAL	1015	21213	10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
ВУ	1 Never Married 2 Married PORCES? 1 YES 2 KINO If yes, specific	PENT OF HISPANIC ORIGIN? (Specify Ye y Cuban, Maxican, Puarto Rican, etc.) NO Specify:	a or No — 14. RACE — American Indian, Black, White, atc.					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 13e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the property of the	working 16b. KIND OF BU	ISINESS/INOUSTRY					
CON	17. FATHER'S NAME (First, Middle, Last) Alec Mc Queen	MOTHER'S NAME (First, Middle, Meiden Threatha Gr	aves					
TO BE	190. INFORMANT'S NAME (Type/Print) Aleg McQueen 19b. MAILING ADDRESS (Street and 1317 N. Ell	Number or Rural Route Number, City or Tow Wood Ave. Bal	vn, State, Zip Code)					
	20s. METHOD OF DISPOSITION 1	DATE 20c. LC	CCATION — City or Town, Stata tonsville, Md.					
		DORESS OF FACILITY	.Balto Md. 21213					
ICAL CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Bacterial SLDSIS DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): A DUE TO (OR AS A CONSEQUENCE OF): A DUE TO (OR AS A CONSEQUENCE OF):	uee given in Part I. 24e. WAS AN PERFOR	Interval Between Onset and Death 2 days 5-7 days 5-7 days AMILABLE PRIOR TO COMPLETION OF AMERICAN FOR MICE AMERICAN FOR THE PRIOR TO COMPLETION OF AMERICAN FOR					
PHYSICIAN: MEDICAL	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO							
YSICI/	HOSPITAL: OTHER:	OF DEATH (Check only one) □ Residence S □ Other (Specify)						
ВУ РН	27. MANNER OF DEATH 28s. DATE OF INJURY (Morith, Dsy. Year) 29b. TIME OF 28c. INJURY WORK?		NJURY OCCURED					
	3 Suicide 6 Could not be 4 Homicida 6 Could not be building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death	place, and due to the cause(a) end mar occured at the time, date and place, an	oner as stated,					
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER W. D	: LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)					
	31. DATE FILE PYNGTIN Day Year) 1 32. REGISTINAR'S SIGNATURE	Dept of Modicine						
	11012 1 1991 June Davidson Randose		31					

-	
13146,	
w	
ਚ	
_	
-	
n	
_	
P.O. BOX	
×	
0	
m	
ш.	
_	
\sim	
п.	
_	
RECORDS, P.	
U,	
_	
m.	
_	
\sim	
$\mathbf{\mathcal{C}}$	
(1	
_	
ш	
-	
ш.	
_	
A.	
_	
┝-	
<u> </u>	
=	
5	
5	
Y	
آ 	
N HC	
OF VITAL	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
DIVISION OF VI	
-	
-	
-	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29-mours after death. Page 6 may be retained by the hospital or attending physician.

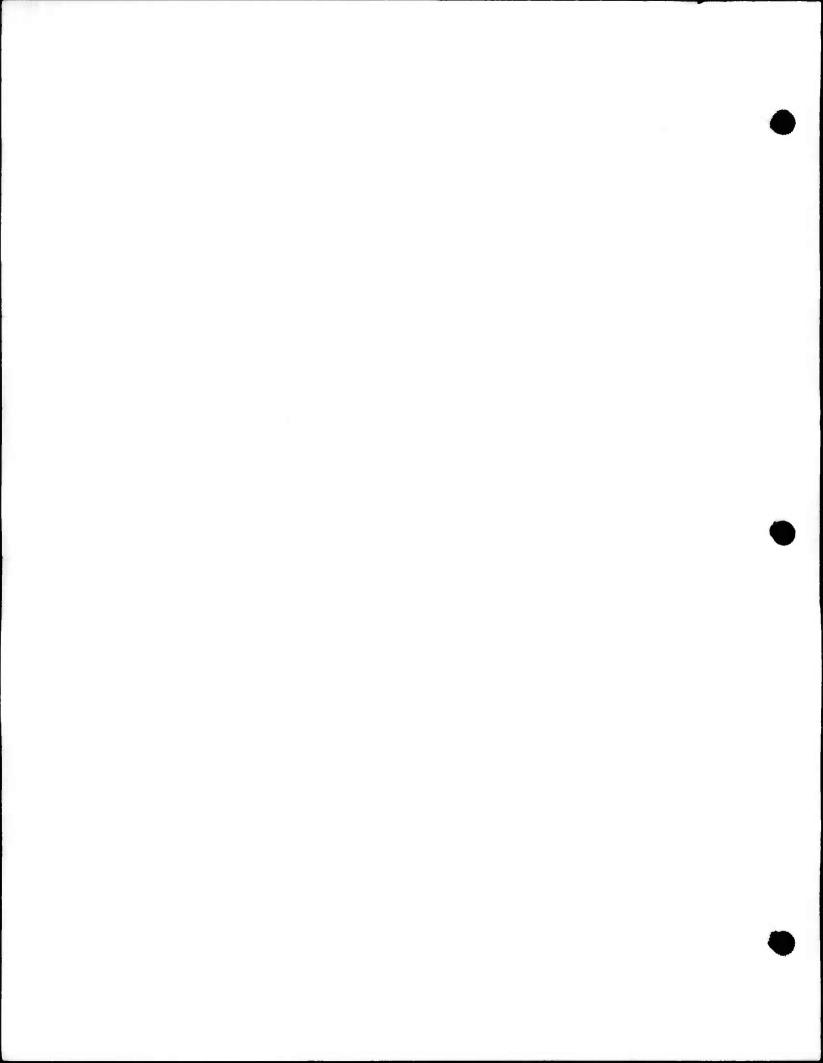
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICAT	TE O	F DEAT	ГН		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	· May			2. DATE OF DEATH MONTH	9 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-56-0628	5. SEX 6. AGE (III)	yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
E I	98. FACILITY NAME (If not institution, give stre	bet and number)	96.	CITY, TOWN OR LOCATION OF DE		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1700	10c. CITY, TO	WN OR LOCATION	-		10d. INSIDE CITY	
	100. STREET AND NUMBER	0	BA	LTIMORO 101. ZUA CODE		10g. CITIZEN	1 VYES 2 NO	
FUNERAL	904 N. Cara	ey Street 12. WAS DECEDENT EVER IN U		13. WAS DECENDENT OF HISPAN		or No.— 14.	RACE — American Indian,	
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced		2 NO	If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puarto Rican, atc.)		Specify: BLACK	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		8a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	lone during most of working	18b. KIND OF BUS	SINESS/INDUST	rry	
	17. FATHER'S NAME (First, Middle, Lest)	3		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)	and or	19b. MAILING ADD	RESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Coo	oo)	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetlon 3 Remo	val from State 20b. P	her place)	N (Name of cemetary, cretinatory or	20c. LO	CATION — City	pr Town, Stata	
	4 Donetion 5 Other (Speedly) 21. SIGNATURE OF FUNEBAL SERVICE U.S.	USEE OD	4.	22. NAME AND ADDRESS OF FA	bility 1	1	Charles of the Control of the Contro	
	23. PART I. Enter the dissass, or co	and	be death December	1712 WI	North	Asa	Approximate	
	shock, or heart failure. I	but only one cause on each	h line.	ardome	Regar	ny	Interval Between Onset and Death	
ATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF:					
CAL	PART It. Other algorificant conditions	contributing to death but	not resulting in th	s underlying causs given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDI							OF CEATH?	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lor	28. PLACE OF DEATH (C/	eck only one)		L	
HASI	1 U YES 2 D NO 27. MANNER OF DEATH	1 Inpatient 2 PER/Output 28e. DATE OF INJURY	lent 3 DOA 4 DOA 28b. TIME OF	Nursing Home 5 - Realdence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED	
BY PI	1							
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — Af home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — Af home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	(Critick Orlly			the time, date end place, end due my opinion, death occured at the				
BE	290 SIGNATURE AND TITE OF CERTIFIER	1000	hear	290. LICENSE NU	MBER 37263	29d, DATE 9	12/0/91	
10	30, NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF BEAT	H (TEM 30 (Son Prin	Ah Poo	ISON	Ba	EMER	
	31. DATE FILED (Month, Day, Year) NOV 2 1 1991	32 MEGISTRAS SIGNAT	-Randelle	1191	1		21223	





use as the burial-transit permit. Pages 1, 2, 3 should ours after death. Page 6 may be retained by the hospital or attending physician. to be detached once. Ħ funeral director, page 5 should notified ě must examiner removal. medicai £ 0€ filled the cremation, completely event, 1 HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within burial. other traumatic and signed by the attending physician ar Health and Mental Hygiene prior to ¹ 6 injury, i 23 shows any certificate has been in the State Dept. of item 2 TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the IMPORTANT: If Item 28 is marked, or o the

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9:51 A HELEN MACKEL 11 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8, BIRTHPLACE (State or Foreign 1 🗌 M 2 212-26-9644 6/25/29 9e. FACILITY NAME (If not institution, give street end no 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1226 DRUID HILL AVE. DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore, Maryland TYNES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1226 Druid Hill Ave 21217 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Merried ВУ 1 YES 2 NO Specify: 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY B we kind of work done

Do NOT use retired. Elementary/Secondary (0-12) College (1-4 or 5+) 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BEATRICE HAYNIE 8 James Mackel 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 1226Druid Patricia&Tony Boyd Ave. Balt.Md.21217 20s. METHOD OF DISPOSITION

| METHOD OF DISPOSITION | 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (No DATE Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY dere 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. intervel Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Cardiovascular Atherosclerotie reauiting in death) MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? associated with Chronic Alcohol Abuse VES 2 NO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 Inpatient 2 ER/Outpetient 3 I DOA 4 - Nursing Home 5 N Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

Found un-coponsive Natural 2 Accident 5 Pending BY 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 281. LOCATION (Street end Nu City or Town, Stete) Number of Rural Route Number, 1226 Druid Hill 4 Homicide

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) bute mis O.C.M.E. 11/20/91 30. NAME AND ADDRESS OF PERSON HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET, BALTIMORE, MARYLAND 21201 31. DATE-FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson NOV91 1991

MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the cause(a) and manner as stated,

1 _ CERTIFYINO PHYSICIAN: To the beet of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menr

29e CERTIFIER

BE

9

296. SIGNATURE AND TITLE OF CERTIFIER.



FOR STATE 1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	FICATE C	F DEATH	F	REG. NO				
	1. DECEDENT'S NAME (First, Middle, MARI							2. DATE OF DEATH NOVEMber 16,199 YEAR 3. TIME OF I			
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEA				М			
	212-01-5667	212-01⇒5667 XX M 2 □ F 76			IF UNDER 24 HRS. 'B HOURS MIN.	7. DATE OF (Month, Do Sept.	23,	1915	BIRTHPLA Country)	CE (State or Foreign	
	9e. FACILITY NAME (If not institution,				N OR LOCATION OF	DEATH		9c. COUNT	Y OF OEATI	н	
DIRECTOR	14 Rhodes Pl		Tin	onium			Balt	timor	e		
띭	10e. STATE 10b. C	OUNTY	10c. Cl	TY, TOWN OR LO	CATION				100	I. INSIDE CITY	
	Maryland 100. STREET AND NUMBER	Baltimore		Timoni						d. INSIDE CITY LIMITS? YES XX NO	
FUNERAL	14 Rhode		101. ZIP CODE 21093			10g. CITIZEN OF WH					
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (S	pecify Yes	or No- 14	. RACE —	American Indian, hite, etc.	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? X YE IF YES, GIVE WAR OR		If yes	, specify Cuben, Mexic YES 2 NO Spec	can, Puerto Rice	n, atc.)		Black, Wi Specify:	White	
COMPLETED	15. DECEDENT: (Specify only highest	S EDUCATION grade completed)	16a. DECEDENT'S	S USUAL OCCUP work done during use retired.)	ATION most of working	16b. Kil	ID OF BUS	SINESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		rvisor		U.S	. Po	stal S	Servi	ce	
8	17. FATHER'S NAME (First, Middle, La				18, MOTHER'S N	ASSE /First Adiabat	la Administra	0			
BE C	Anthony	Maggenti			Maria		dolf				
0	19e. INFORMANT'S NAME (Type/Print		19b. MAILING	ADDRESS (Stre	et and Number or Rura	/ Route Number, (City or Town	n, State, Zip Co	ode)		
-	Rose Magger			e As #1							
:	20e. METHOD OF DISPOSITION 1	Removal from Stale	emetery cremetory or	CE AND DATE OF DISPOSITION (Name of crematory or other place) Iney Valley Mausoleum 11-19-91 Timonium, Maryl							
1	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	AND ADDRESS OF F	ND ADDRESS OF FACHIY TOWSON Funeral Home, Inc.							
	► Wallac	2 S. Brooks	Ar.	1050	York Roa	ad. Tow	son.	Md. 2	21204		
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of duling such as cardiac or population are the production of the control of t										
	shock, Dr haert fallure. List only one ceuse Dn each line. IMMEDIATE CAUSE (Final Approximate Interval Setween Onset and Death										
	The state of the s										
	resulting in death) a. 9/13blas force MULTI FORME DUE TO (OR AS A CONSEQUENCE OF):										
NO NO	Sequentially liet conditions, If any leading to immediate Due to (or as a consequence of):										
SA	cause. Enter UNDERLYING										
E	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS	A CONSEQUENCE O	F):							
EDICAL CERTIFICATION	resulting in death) LAST										
4	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY FINDINGS										
DIC	Asthma PERFORMED? ANAIL COMP										
ME								_ n.		DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)					
YS	1 YES 2 NO	1 🗆 Inpatient 2 🗆 ER/Ou	stpatient 3 DOA	OTHER: 4 - Nursing H	ome 5 Residence	8 Other (Sp	ecity)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		IURY	NJURY AT WORK?	28d. DESCRIE	BE HOW IN	JURY OCCUR	ED		
2 Accident Investigation M 1 YES 2 NO											
							281. LOCATION (Street and Number or Rural Route Number, City or Town, Steta)				
٦	290. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my kno	mindre death seem	-4 -4 -4							
OM	(Check only one) 2 MEDICAL EXA	MINER: On the basis of examinat	on end/or investigation	on, in my opinior	ne end place, and du	e io ihe cause(s e lime, date end) end men place, end	ner es stated. I due to the c	euse(s) end	menner es stated.	
	296. SIGNATURE AND TITLE OF CER				29c. LICENSE NU					oth, Day, Year)	
TO BE	Jarry Jo	ugher M			0266			//,	/18/	31	
-	39. NAME AND ADDRESS OF PERSO				origon Ma	m.land	2120	1/			
	Barry Josephs				owson, Ma	TYTANG	2120	-1			
	31. DATE FILE NOV 2 T 19	991 32 HEGISTRATE SIG	son-Handell								

	-
	-
60,	ecuted within
L RECORDS, P.O. BOX 68760	executed
\tilde{a}	pe
ĕ	ificate b
0	sertific
ري ص	death
õ	the
H	that
ECC	i: The law requires that the death certificate
ш	*
4	8
F	Ē
DIVISION OF VITAL I	OR ATTENDING PHYSICIAN:
Ž	9
0	9
S	E E
2	8
	0
	HOSPITAL
	보부

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be medical at once.

	FOR STATE OF	MADVI AND / DEDART	MENT OF BEALTH AND I	71 J	1910					
_	REGISTRAR	CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.						
		is - Norn	is	2. DATE OF DEATH DAY	YEAR 11.53 A M					
	4. SOCIAL SECURITY NUMBER 5. SEX 218-28-9610 1 M 2 9 F		F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Del, Year)	8. BIRTHPLACE (State or Foreign Country) North Carolina					
TOR	JOSEPH RICHED HOSPICE BOLL BUTTON TOWN OR LOCATION OF DEATH Sec. COUNTY OF DEATH BOLL MA JOSEPH BOLL MA JOSEPH Sec. COUNTY OF DEATH BOLL MA JOSEPH Sec. COUNTY OF DEATH									
DIRECTOR	10a. STATE Baltimore		TOWN OR LOCATION Baltimore		10d. INSIDE CITY LIMITS? 1 VY YES 2 NO					
FUNERAL	1509 Clearidge Roa d		10f. ZIP CODE 21207	10g. Cd	ITIZEN OF WHAT COUNTRY?					
BY FUN	1 Never Merried 2 Y Y Merried FORCES?	NT EVER IN U.S. ARMED 1 ☐ YES 2X XNO WAR OR DATES	13. WAS DECENDENT OF HISPAN If yee, specify Cuban, Maxicai 1 YES 2 NO Specify	HC ORIGIN? (Specify Yes or No— n, Puarto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: Black					
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINESS/IN						
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	ife. Do NOT use (rk done during most of working retired.) S Examiner	Social Sec	curity					
	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maiden Surname)						
BE	Luther McNeil 190. INFORMANT'S NAME (Type/Print)	105 MAILING A		Mcneil Mcneil						
2	David C. Norris		poress (Street and Number or Rural R learidge Road Ra							
2001	David C. Norris 1509 Clearidge Road Baltimore, Md. 21207 209. METHOD OF DISPOSITION 10 Burlet 2 Cremation 3 Removal from State 4 Donetion 6 Other (Specify) 20b. Place AND DATE Of DISPOSITION (Name of Cartifor City or Town, State Park 20c. LOCATION — City or Town, State 20c. Baltimore									
	21. SIGNATURE OF MARIAL BERTIES LICENSEE		22. NAME AND ADDRESS OF FAC							
	23. PART I. Enter the disease, or complications the ahock, or hear mailure. List only one ca	at coused the deeth. Do not	enter the mode of dying, such	as cardiec or reepiratory a						
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Bram	netretree	L.	interval Between Onaet end Deeth					
	OUE TO	O (OR AS A CONSEQUENCE OF):	Ar D							
CERTIFICATION	Sequentielly liet conditions, if any, leeding to immediate	O (OR AS A CONSEQUENCE OF):	0 7	45						
S	cause. Enter UNDERLYING CAUSE (Disease or injury									
H.	thet initieted evente DUE TO resulting in death) LAST	O (OR AS A CONSEQUENCE OF):								
CEI	d									
CAL	PART ii. Other significent conditions contributing to	deeth but not resulting in t	the underlying cause given in I	Part I. 24a. WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO					
MEDICAL				1 YES 2 NO	OF DEATH?					
				_	1 TYES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Che	ck only one)						
YSI	1 YES 2 NO 1 Inpatient 2	☐ ER/Outpatient 3 ☐ DOA 4	THER: Nursing Home 5 Residence to	3 Other (Specify)						
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	Day, Year) INJUR	Y WORK? M 1 YES 2 NO	26d. DESCRIBE HOW INJURY OF	CURED					
<u>G</u>	3 Suicide 8 Could not be 4 Homicide determined	OF INJURY At home, ferm, stre- , atc. (Specify)	et, fectory, office	26f. LOCATION (Street and Number City or Yown, State)	v or Rural Routa Number,					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of the control one)	f my knowledge, death occurred a	at the time, data and place, end due t	o the ceuse(e) end manner as at	ated.					
Ö	MEDICAL EXAMINER: On the basis of a	examination end/or investigation, i	in my opinion, death occured at the t	ime, date end piece, end due to t	ha cause(e) end menner as stated.					
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Co4th	29c. LICENSE NUM	94 29d. DA	TE SIGNED (Month, Day, Year)					
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type, Pri	int)		1/11/					

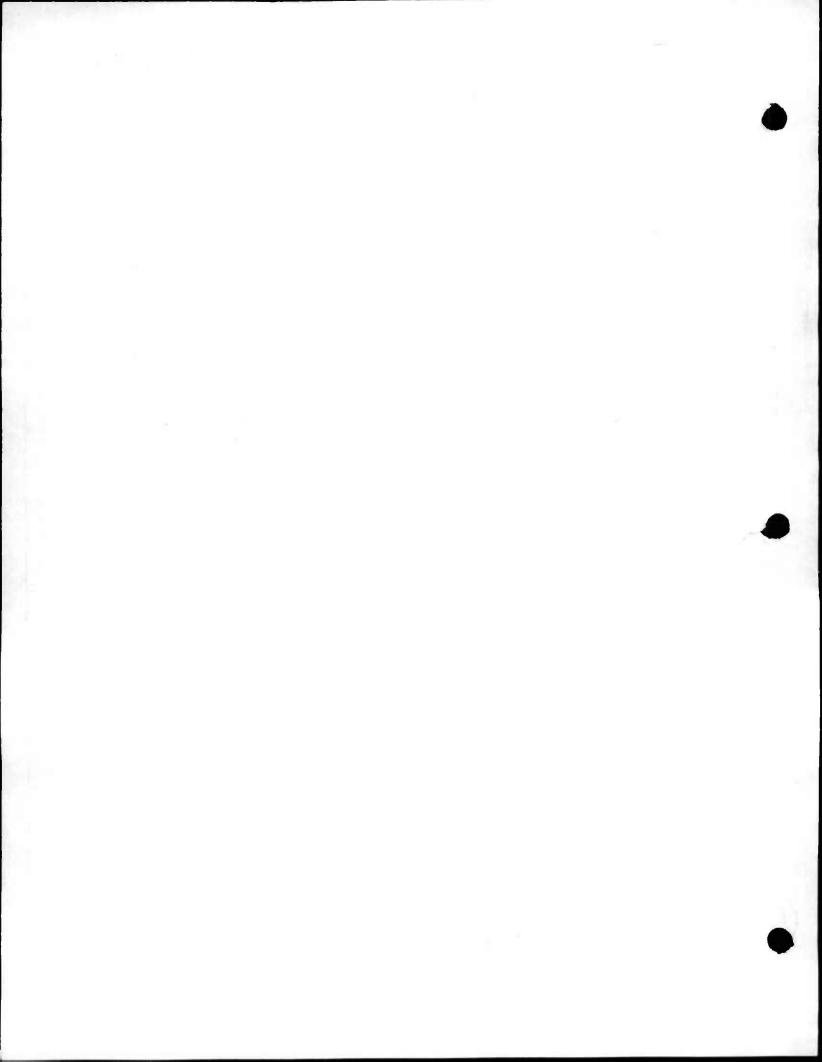


31. DATE FILED (Month, Day, Year)

NOV21

1991

32. REGISTRAR'S SIGNATURE

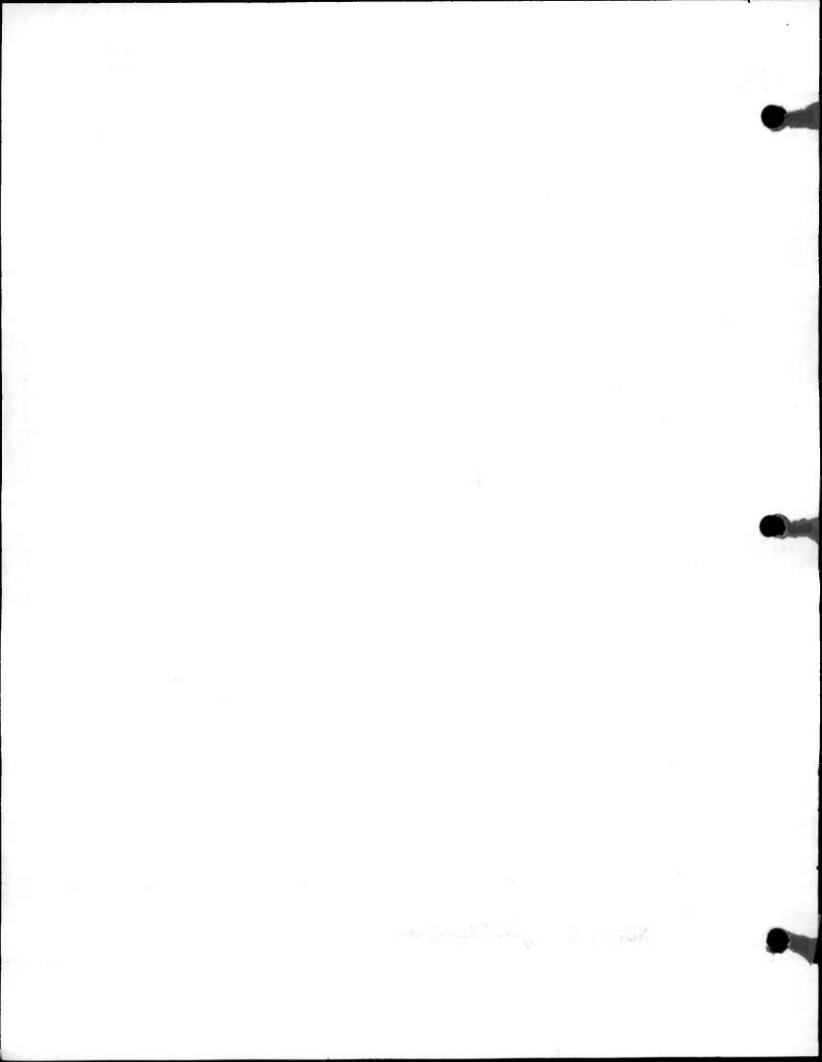


1	NI
1	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE OF	DEATH	RI	G. NO.				
	1. DECEDENT'S NAME (First, Midd	fie, Last)				2. DATE OF DEATH					3. TIME OF DEATH	
	Marshall	Vernon Ogle					11-17-1991			TEAR	12:00 AM	
	4. SOCIAL SECURITY NUMBER	5. \$EX	B. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B (Month, Day	IRTH		8. BIRTH	PLACE (State or Foreign	
	216-10-7926 ¹\\$\mu \ 2 \subseteq \ \ 79			YRS.	MONTHS DAYS	HOURS MIN.	3-27-	1912	: [Mary	yland	
	9a. FACILITY NAME (If not institution				96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN			
FUNERAL DIRECTOR	3214 Mayfield	Ave.			Balti	nore			Balt	imoı	re County	
띪	RESIDENCE OF DECEDE	COUNTY		104 CITI	, TOWN OR LOCA	71011						
<u>E</u>	1.35.5.00	ltimore				TION					10d. INSIDE CITY LIMITS?	
4	100. STREET AND NUMBER		ва	ltimore	r. ZIP CODE			1 YES 2 K NO				
A A	Section of the sectio	A					10g. CITIZEN OF WE				HAT COUNTRY?	
¥	3214 Mayfield	AVE .	EVED IN US ADM	IED.	140 1400 05	21207						
	1 Never Married 2 Marrie	manage . F	YES 2 X NO	0	If yes, s	CENDENT OF HISPA Decify Cuban, Maxic	en, Puerto Ricen	ecify Yas , etc.)	or No-	Black,	- American Indian, White, atc.	
B	3 Widowed 4 Divorced	IF TES, GIVE WA	H OH DATES		1 U YE	3 2 📉 NO Speci	fy:		1	Specify	White	
ETED	15. DECEDEN	T'S EDUCATION est grade completed)	16a, DEC	EDENT'S	USUAL OCCUPAT	ON	16b. KINE	OF BUS	INESS/IND	JSTRY		
91	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	rork done during m e retired.)	ost of working						
M M	11th Grade		Mac	hini	st		K	орре	rs			
COMPL	17. FATHER'S NAME (First, Middle,					18. MOTHER'S NA	AME (First, Middle	Maiden .	Sumame)			
BE	George R. Ogle						ie P. M					
6	19a. INFORMANT'S NAME (Type/Pri					and Number or Rural				Code)		
	Mrs. Erma E. C)gle				d Ave. I	Baltimo	re,	MD 2	21207	7	
	20a, METHOD OF DISPOSITION NO. 3		camatani cram	atonior at	F DISPOSITION (N				CATION — C			
	4 Donation 5 Other (Speci		Mt. 01:	ive (Church (Cem. 11-2		Ran	dalls	town	ı, MD	
1.	The send send	MICE LICENSEE			Loris	nd Address of FA	Funera.	l Di	recto	rs.	Inc.	
	John K	. pry roll				Liberty				_		
	23. PARTM. Enter the disease	es, or complications that	caused tha daa	th. Do n							Approximata	
	IMMEDIATE CAUSE (Final											
	disease or condition											
	a. Alzeheing In death) Due TO (OR AS A CONSEQUENCE OF):											
2	Sequentially list conditions, If any leading to immediate DUE TO (OR AS A CONSCOUENCE OF):											
CERTIFICATION	ti any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
은 	CAUSE (Disease or injury	C. Mitha	PAS A CONSECU	U ~	P. s. Le	-5 m						
Ē	that initiated events resulting in death) LAST		II AS A CONSECU	DENCE OF	,.							
빙		d									-	
EDICAL	PART II. Other significant co	nditions contributing to d	aath but not re	sulting i	n tha underlyin	g cause given in		WAS AN	WTOPSY		WERE AUTOPSY FINDINGS	
음	Malnulai	tron						YES 2	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	Dehy Dra	Lion									1 YES 2 NO	
ż												
5	25. WAS CASE REFERRED TO MED EXAMINER?					ACE OF DEATH (Ch	eck only one)					
YS!	1 TYES 2 NO	HOSPITAL:	R/Outpatient 3	DOA	OTHER: 4 Nursing Hor	ne 5 Rasidence	8 Other (Spe	crty)				
PHYSICIAN: M	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME		JURY AT	28d. DESCRIB	E HOW IN	JURY OCCI	RED		
B≼	1 Natural 5 Pendir 2 Accident Investi	getion			M 1 🗆	YES 2 NO						
							28t. LOCATION City or Tow	(Street a	nd Number o	r Rural Ro	ute Number,	
		lined										
릴	29a. CERTIFIER (Check only	G PHYSICIAN: To the best of m	y knowledge, daat	th occurre	d at the time, date	and place, and due	to the cause(s)	and man	nor as atato	d.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and ma									and manner as stated.		
BEC	29b. SIGNATURE AND TITLE OF CI	ERTIFIER				29c. LICENSE NUI	MBER		29d. DATE	SIGNED (Month, Day, Year)	
8 p	cellan	2 clies	nu	n n	D	029	085		>	11	8 61	
F	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)		- 3 -			1.11	0 1-11	
	Allen J.C	hineus	M.0	8	507 h	Buch	RA	2	1183			
	31. DATE FILED (MORTY, Day, Year)	1991 32 MEGISTHAN	S SIGNATURED									
II.	HOTEL	100										



BALTIMORE, MARYLAN	24 nours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detach-	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hydlene brior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	N	1	

FOR 1 - STATE REGISTRA		STATE OF M	ARYLAND	/ DEPAR	TMENT (OF HI	ALTH /	AND I	MENT	AL HYGIEN	E			
	AME (First, Middle, Last)	Maria	MeCle	1 -	orte	r			2. DAT	REG. NO		_91 3	TIME OF DEA 5: 25	
4. SOCIAL SECUE 579-44-5	1734 9734 E (If not institution, give s	5. SEX 1 M 2 2	6. AGE (In yrs. I	ast birthday)	IF UNDER 1 1	DAYS	IF UNDER 2 HOURS	4 HRS.	08-	31-19		6. BIRTHPL Country) Kans	ACE (State or Foreign	
Freder	Frederick Memorial Hospital						leri		ATH			eder		
	nd Fr					rec	» leri	ck					DI. INSIDE CITY LIMITS? YES 2 X NO	
	Peters R	oad	EVED IN II C	2450	T			701			1	USA	AT COUNTRY?	
10e. STREET AND 8 21 0 11. MARITAL STAT 1 Never Merrie 3 Widowed (S Elementary/Sec 1 2 17. FATHER'S NAM	d 2 Married	FORCES? 1 [IF YES, GIVE WA	YES 2 X	INO	ll y	es, spec	NDENT OF Hy Cuban, NO	Maxica	n, Puerto	IN? (Specify Yes Rican, stc.)	or No—	14. RACE — Black, V Specify:	American Indian, Thite, stc. White	
Elementary/Sec	15. OECEDENT'S EDU specify only highest grade condery (0-12)	Cation completed) Callege (1-4 or 5+)	S. S.	Give kind of w e. Do NOT use	DENT'S USUAL OCCUPATION Ind of work done during most of working NOT use retired.) Homemaker Home									
17. FATHER'S NAM	E (First, Middle, Lest) Francis	McLear	1	пош	emak					Hom Middle, Maiden Muell	Sumame)			
19a. INFORMANT'S				9b. MAILING . 8210	ADDRESS (S	treet and	Number o	r Rural F	Route Nun	Muell deric	n, State, Zip (Code) D 21	701	
4 Donation 5	Cremation 3 Rem Other (Specify)		20b. PLACE cemetery, or M C	AND DATE O	FOISPOSITIO	M /Nam	0.01		0.41	200 100	CATION — C	ON - City or Town, State Saltimore, MD		
Center Comparison Compari							nd							
immediate can disease or con- reaulting in des Sequentially lie if any, leading to cause. Enter Ut CAUSE (Disease that initiated ex-	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, shock, or heert failure. List pnly pne cause on each line. Approximate intervel Between Onset and Death Approximate intervel Between Onset and Death Approximate intervel Between Onset and Death Approximate intervel Between Onset and Death Approximate intervel Between Onset and Death But To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):													
PART II. Other eignificent conditions contributing to deeth but not resulting Hyperten Sion, Renal Fa					in the underlying cause given in Pert I.				I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 ANO		AM CC DF	24b WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REF EXAMINER? 1 - YES 2	NO MEDICAL	HOSPITAL:	ER/Outpetlant 3		OTHER:		5 Resk							
27, MANNER OF DE 1 Notural 2 Accident	ATN 5 Pending Investigation	28e. DATE OF IN (Month, Day,		28b. TIME INJU	OF 28c	. INJUR	Y AT	T		SCRIBE NOW IN	JURY OCCU	RED		
3 Sulcide 4 Homicida	Suicide 6 Could not be 28s. PLACE OF INJURY — At home, ferm, strest, factory, office 28s. LOCATION (Street and Number or Rural Ro							Rural Route	Number,					
2	E CERTIFYING PHYSIC MEDICAL EXAMINER ID JITLE OF CERCUTER	CIAN: To the best of m	y knowledge, de mination and/or	esth occurred	st the time, In my opini	on, dast	h occured	at the f	ime, data	use(a) and man	due to the	cause(a) an		
We	HESS OF PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type, F	Print)	3 \$	9c. LICENS	35,	18	3	> //	//	7/9/	
31. DATE FILED (MO	1991 fr	32. REGISTRAR	s signature - Randall	000	vc	7	20	1	11	eder	ICK	1	The state of the s	

_	
~	
-	
9	
5	
b	
ш	
Œ	
JIRE	
=	
9	
Œ	
ш	
Z	
UNE	
17	
>	
m	
_	
C	
ш	
\equiv	
ETE	
=	
4	
2	
0	
COMPL	
ш	
m	
_	
0	
F	

	ermit		
	nsit p		
ySiciar	rial-tra		
	he bu		
tendi	e as t		
0.0	or us		
OSPILA	ched 1		6
il au	deta		ONC
en où	old be		ed a
100	5 sho		notifi
dy De	page		be
0 2	ector,		SHE
740	ral dir		iner
neam	fune		Exam
dile	by the	moval	cal
HOUSE	ui pa	Or re	med
47 11	ely fille	lation,	the
all the	mplete	, crem	yent
20000	oo pu	burial	atic
3	ician a	ior to	maeu
III Care	phys	ane pr	her t
100	ending	Hygi	or ot
near	he atte	Mental	UN.
ומו ווו	by t	and	U AU
200	signe	Health	WS 3
hola	peen	t. of	sho
ווכ ומ	le has	te Deg	m 23
	rtifical	e Sta	or ite
2	his ce	with t	ked.
2	After t	teath	mar
T I I I	TOR:	after c	28 is
5	DIREC	POULS	tem
2	ERAL	121	11.1
3	FUN	with	TAN
to the root that our microsofter the law requires that the beam continued to execute which I will despite the property of all	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif permit.	e filed	IMPORTANT: If item 28 is marked, or item 23 shows any jajury, or other traumatic event, the medical examiner must be notified at once.
-	-	Ω	=

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLET

8

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MARY BLANCA PASCO 18 MONTH 11 91 10:45 AM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 218-54-8777 DAYS HOURS 1 M 2XXF 91 YRS. 5-6-00 Maryland 9e. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Istitute of Notre Dame Baltimore N/ARESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY IBC. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland N/A Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 901 Asquith Street 21202 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Ricen, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, etc. 1 XX Nor Merried 2 Merried 1 TES 2 NO Specify: Specify: 3 Widowed 4 Divorced White DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only high 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Teacher Religious 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Michael J. Pasco Mary Aurelia Krevene 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) S. M. Bernice Feilinger 6401 N. Chas. St. Baltimore, Maryland 21212 20e_METHOD OF DISPOSITION
1X Pauriet 2 Cremetton 3 Removet from State
4 Done from 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State netery, crei Maria 11/21 21. SIGNATURE OF FUNCHAL SERVICE LICENSEE Glen Arm Maryland 22. NAME AND ADDRESS OF FACILITY Mitchell-Wiedefeld Home Dennis Stephen Xenakis M00640 6500 York Road Baltimore, Maryland 21212 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardisc or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. intervai Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Exacerbertar resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury TO (OR AS A CONSEQUENCE OF): that initiated events reauiting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause givan in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TES 2 NO Inpatient & ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural N 5 Pending м 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be 4 Homicide determined 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es attated. 2 MEDICAL EXAMINER: On the basis of examination end/or inve stigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner se stated. 296. SIGNATURE AND TITLE OF BERTIFIER 29d. DATE SIGNED (Month, Dir 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. D. 83/C.
32 MEGISTRAY'S SIGNATURE
TIME WALTINGSON- Francisco

1991

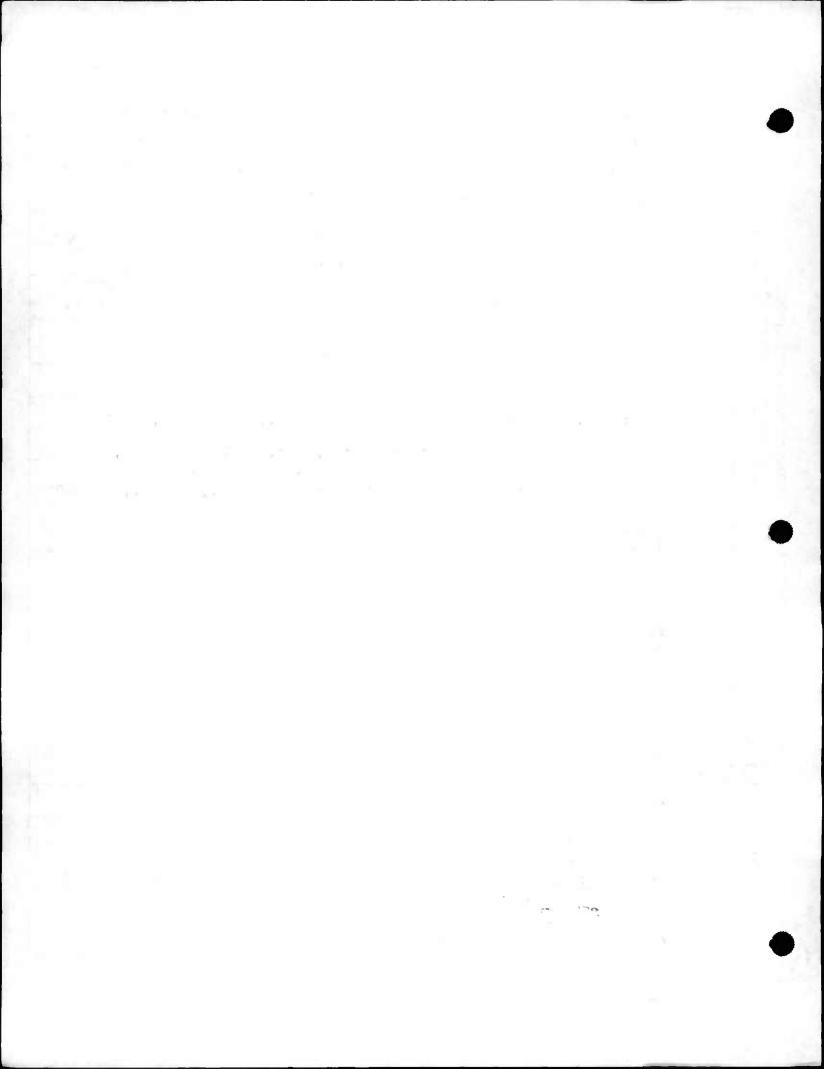
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29 nours after death. Page 6 may be retained by the hospital or attending physician.

REGISTRAR 1. DECEDENT'S NAME (First, Middle,	Last) Salva	tore Jo		CATE OF Cimir			OF DEATH I	1-20-	91 3.	TIME OF DEATH : (
SALVE	TORC,	Cimii	_			MONTH	20	9	EAR	3 pm
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (Day, Year)		BIRTHPL/ Country)	ACE (State or Foreign
216-16-2245	1 👸 M 2 🗆 F	66	YRS.			41	7/25	5		ARYLAND
90. FACILITY NAME (If not institution, 4107 Cliffva RESIDENCE OF DECEDEN	ale Road	2123			on Location of Di	EATH			of DEATH LIMORE	
	OUNTY		10c. CITY,	TOWN OR LOCA	TION				10	d. INSIDE CITY
Maryland	Baltimor	re		Balti	more				1	YES 2 NO
10e. STREET AND NUMBER				1	H. ZIP CODE					T COUNTRY?
	ale Road			_	1236-10				ISA	
11. MARITAL STATUS 1 Never Married 2 Karried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 (X) YES 2 (WAR OR DATES L 946	NO	If yes, s	pecify Cuban, Mexico 8 2 NO Specifi	n, Puerlo F		or No.— 14.	Black, W Specify:	American Indian, Thite, atc. White
15. DECEDENT': (Specify only highest	S EDUCATION	18a. C	DECEDENT'S U	SUAL OCCUPATI	ION cet of working	16b.	KIND OF BUS	INESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5	- 1	ife. Do NOT use	retired.)						
8th			Truc	k Driv			Deliv		g Br	ead
7. FATHER'S NAME (First, Middle, La	•				18. MOTHER'S NA					
Salvatore C		1.	19b. MAII ING A	ADDRESS (Street	Teres		Rob	part .	orde)	
Florecne E.					rale Rd					21236
20a. METHOD OF DISPOSITION		20b. PLAC	E AND DATE	OF DISPOSITION	N (Name	DATI	20c. LOC	ATION City	y or Town.	State
1 Donation 5 Other (Specify		_ Meti	ro Cr	emator	cy, Inc.	11-	21 Ba	ltimo	re,	MD
21. SIGNATURE OF FUNERAL SERV	1 10									
2001	ICE LICENSES	H		22, NAME A	AND ADDRESS OF FA	COC 1	etw o	f Mar	פוזי	nd
George E. 23. PART I. Entar tha disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death)	MacNabb s, or complications the	A Co	ne.	299 ot enter the m		ick l	Rd., :	Balto	٠,	MD 21.228 Approximate Interval Between
23. PART I. Enter the disease shock, or heert fa IMMEDIATE CAUSE (Final disease or condition	MacNabb s, or complications the filture. List only one ce e		SEQUENCE OF:	299 ot enter the m	Freder	ick l	Rd., :	Balto	٠,	MD 21.228 Approximate Interval Between
23. PART I. Entar tha disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	MacNabb s, or complications the filture. List only one ce e	O (OR AS A CONS	SEQUENCE OF)	299 st enter the m	Freder:	ick l	Rd., :	Balto retory arrest	24b. W	MD 21228 Approximate Interval Between Onset and Deatl
23. PART I. Entar the disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions.	MacNabb s, or complications the dilure. List only one ce e	O (OR AS A CONS	SEQUENCE OF)	299 at enter the management of	Freder:	ick he cerc	24a. WAS AN. PERFOR 1 YES 2	Balto retory arrest	24b. W	Approximate Interval Between Onset and Death Death Onset and D
23. PART I. Entar tha disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other aignificent conditions.	MacNabb s, or complications the diture. List only one ce e	O (OR AS A CONS	SEQUENCE OF) SEQUENCE OF) It resulting in	299 st enter the m	Freder:	Part I.	24a. WAS AN. PERFOR 1 YES 2	Balto retory arrest	24b. W	Approximate Interval Between Onset and Death Death Onset and D
23. PART I. Entar tha disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions or conditions in death aignificent conditions.	MacNabb s, or complications the diture. List only one ce e	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE OF) SEQUENCE OF) It resulting in	299 of enter the management of the underlying the underlying to the underlying to the underlying the underlying to the u	Freder: ode of dying, auc	Part I.	24a. WAS AN. PERFOR 1 YES 2	Baltoretory arrest	24b. W AACCO	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Death Onset and Death
23. PART I. Entar tha disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions are successed in the conditions of the conditi	MacNabb s, or complications the filters. List only one ce e	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O death but not	SEQUENCE OF) SEQUENCE OF) REQUENCE OF) REQUENCE OF) REQUENCE OF)	299 ot enter the management of the underlying the underlying the control of the underlying the control of the underlying the control of the underlying the	Freder: ode of dying, aud ng cause given in PLACE OF DEATH (C	Part I.	24a. WAS AN. PERFOR 1 YES 2	Baltoretory arrest	24b. W AACCO	Approximate Interval Between Onset and Death Death Onset and D
23. PART I. Entar the disease shock, or heert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions in death LAST 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin	MacNabb s, or complications the filters. List only one ce e	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	SEQUENCE OF) SEQUENCE OF) REQUENCE OF) REQUENCE OF) REQUENCE OF)	299 ot enter the management of the underlying the underlying the control of the underlying the control of the underlying the control of the underlying the	Freder: ode of dying, aud ng cause given in PLACE OF DEATH (C	Part I.	24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b. W A C C C C C C RED	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
23. PART I. Entar tha disease shock, or haert fa IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are successful to the conditions of the condit	MacNabb s, or complications the filters. List only one ce e	O (OR AS A CONS O (OR AS A CON	SEQUENCE OF) SEQUENCE OF) SEQUENCE OF) At resulting in 3 □ DOA 28b. TIME INJU home, farm, st	299 tenter the management of the underlying the underlying the control of the underlying the control of the underlying the und	Freder: ode of dying, aud ng cause given in PLACE OF DEATH (C	Part I. 6 Other 28d, DEt	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Rown, State)	AUTOPSY MED?	24b, W A CC O I	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset
23. PART I. Enter the disease shock, or heert fe shock, or he heert fe shock, or he he he he he he he he he he he he he	MacNabb s, or complications the siture. List only one ce e	O (OR AS A CONS O (OR AS A CON	SEQUENCE OF) SEQUENCE OF) SEQUENCE OF) At resulting in 3 □ DOA 28b. TIME INJU home, farm, st	299 tenter the management of the underlying the underlying the control of the underlying the control of the underlying the und	Freder: ode of dying, aud ng cause given in PLACE OF DEATH (C	Part I. Part I. 1 Part I. 28d. DES	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Rown, State)	AUTOPSY MED? NJURY OCCUI	24b. W A A CC O 1	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset
23. PART I. Enter the disease shock, or haert for shock, or haert for immediate sease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDIEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendin Investig and Suicide 6 Could determine the conditions of the country	MacNabb s, or complications the liture. List only one ce e	O (OR AS A CONS O (OR AS A CON	SEQUENCE OF) SEQUENCE OF) SEQUENCE OF) It resulting in 3 □ DOA 28b. TiMe INJU home, farm, st death occurred or investigation	299 ot enter the months and the underlying the unde	Freder: ode of dying, aud ong cause given in place of Death (Come 5 K Residence IJURY AT ORK? YES 2 NO ice te and piece, and du death occured at the	Part I. Part I. 1 Part I. 28d. Des	24a. WAS AN PERFOR 1 YES 2 ATION (Street a or Rown, State)	AUTOPSY MED? AUTOPSY MED? AND NO NUMBER OF COLUMN NUMBE	24b. W ARCO OI 1 RED RUTH ROU COURSE (a) a SIGNED (A)	Approximate Interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death



DHMH-16 Rev 1/89



Pages 1, 2, 3 should

DIRECTOR

B

COMPLETED

BE

~	
\mathbf{y}	
ш.	
_	
P. O.	
n	
~	
<u>-</u>	
ш.	
_	
•	
U)	
\cap	
=	
ㄸ.	
0	
RECORDS	
()	
\sim	
ш	
~	
-	
IITAL	
ď	
_	
_	
$\overline{}$	
~	
ட	
능	
U	
ISION	
=	
o	
_	
CO	
~	
ΣIG	
=	
u	

CERTIFICATION

item 23 shows any

6

marked,

28 is

MPORTANT: If item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH WILLIAM T. SCHWINGT HWINDT 1. DECEDENT'S NAME (First, Middle, Last) 5 10 AM WILLIAM 20 IF UNDER 1 YEAR IF UNDER 24 NRS. 7. DATE OF BIRTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. lest birthday) -01-3285 1 M 2 | F DAYS HOURS 76 124 Pennsylvania 12 Se. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH KESWICK RESIDENCE OF DECEDENT 21211 10d. INSIDE CITY 10b. COUNTY 10c. CITY. TOWN OR LOCATION Towson Maryland Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 105 Kenilworth Park Dr. 21204 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1.X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 1 Never Merried 2 Merried If yes, epecify Cuben, Mexicen, Puerto Rican, etc.)
t VES 2 NO Specify: IF YES, GIVE WAR OR DATES specify: white 3 Widowed 4 Divorced 16e, DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Line Inspector B.G. and E. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Solomon J. Schwindt Rachel 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State 24 Gode) 17 Kincaid Ct. Baldwin, Md. 21013 William J. Schwindt 20e. METHOO OF OISPOSITION
1 Ø Burlel 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 4 Donetion 5 Other (Specify) Loudon Park Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) Neumama DUE TO (OR AS A CONSEQUENCE OF): arced arkruselerosis with unvelvement Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING Cerebral and covenary CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PART ii. Other significant conditions contributing to deeth but not reculting in the underlying cause given in Part I. MEDICAL COMPLETION OF CAUSE 1 TES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO Home 5 ☐ Residence 6 ☐ Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER

Gregor no 13657 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TACGREGORITD. KESWICK, 700W.40% STREET, BALTIMORE, MD 21211

M. ISABELLE 32. REGISTEAR'S SIGNATURE LA DAVISON-Handell

m. Isabell has

notified at

pe

must

examiner

medical

the

event.

other traumatic

shows any Injury, or

filled in by the funeral director, on, or removal.

completely filled ial, cremation, o

an and com

the attending physician Mental Hygiene prior to

signed by the

s certificate has been s th the State Dept. of Hi id, or item 23 show

this c marked,

ВУ

COMPLETED

BE

2

5

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SELLERS, 199EAR ROBERT 19 SR. 5:05 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 213-52-3372 HOURS Maryland YRS. 9-29-49 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 2609 GATEHOUSE DRIVE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION tod. INSIDE CITY MD. Baltimore City 1 TYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2609 Gatehouse Drive 21207 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 LYES 2 NO IF YES, GIVE WAR OR DATES NAVY 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 KMarried If yes, specify Cuben, Mexican, Puarto Rican, etc.) ВУ 1 YES 2 NO Specify 3 Widowed 4 Divorced Specify: Black COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Steel Worker Beth. Steel 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Sam Sellers Jr. Elnora Gilmore BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
2307 Winchester St. Balto., MD. 21216 Marguerite Campbell 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 St Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Garrison Forest Vet.11-25-91 Owingsmills MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1721-27 N.Monroe St E.L.Phillips F/H #281 Balto.,MD. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE (Final Onset and Daeth Cardio vascular disease or condition resulting in death) Hypertensive DUE TO OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE YES 2 NO OF DEATH? YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 4 Nursing Home StatesIdence 8 Other (Specify)

XXYES 2 NO 27. MANNER OF DEATH

Natural

Accident 3 Suicide

1 Inpatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year)

28b. TIME OF INJURY 28c, INJURY AT t YES 2 NO 28e. PLACE OF INJURY — At home, ferm, street, building, atc. (Specify)

PENN STREET

28d. DESCRIBE HOW INJURY OCCURED unespons. 28f. LOCATION (Street e

8 Could not be determined 4 Homicide 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date end place, end due to the cause(s) end

29b. SIGNATURE AND TITLE OF CERTIFIES

2 X MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end manner ee stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

luste NA 30. NAME AND ADDRESS OF PERSON WH LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OCME

BALTIMORE, MARYLAND

▶ 11

21201

20

Gatehowe An

31. DATE FILED (Month, Day, Year) NOV21 1991

111 32. REGISTRAB'S SIGNATURE

JWR

Investigation

DHMH-18 Rev 1/89

The second secon and and the second

permit. Pages 1, 2, 3 should

the burial-transit

enc	25	
att	use	
0	Por	
Pta	99	
Pos	ach	
ag.	Ge	
à	2	
20	볼	
tain	Sho	-
e re	3	
ly b	pag	
E	9	1
e 6	ect o	
Pag	6	
ė.	era	
Jea	Ę	ı
-e	the sales	
aff	3	
Jul C	= =	
5	ed a	
2	Jy f	:
Ithi	lete Pm	
P	d o	
inte	d co	
exe	and	
pe	ian or to	
ate	ysic	
ific	는 의	
Cer	Sing N	1
ath.	al H	1
g	e at	
the	長 ₹	
hat	3 5	
Se	art art	1
in the	Sign He	
9	ee of	
WE	as t	
2	e h	
N.	Sta	:
CA	the the	
S	SC	
프	€ ₹	
NG	After	
S	R. A	
E	E #	
S.	IRE BES	
0 7	0 2	:
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artence	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as within 72 hours after health with the State Debt, of Health and Mental Hydiene prior to burial, cremation or removal.	TOTAL TOTAL
So	3	
I	Œ ≩	

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATN 3. TIME OF DEATN Albert J SKIRVANIS, Sr. November 20,199: 10:55 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 217-01-6958 8-16-1913 78 1 X M 2 - F Pennsylvania 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hosp. Rossville Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VES 2 NO Md. Baltimore Eastpoint FUNERAL 10a, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7215 Gough St. 21224 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married es, specify Cuban, Mexican, Puerto Rican, atc.) IF YES, GIVE WAR OR DATES ВУ 1 YES 2 X NO Specify 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Ret. Steel Worker Eastern Stainless Steel once. 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ಕ Stanley Skirvanis Julia Danas BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Verna Skirvanis 7215 Gough St., Baltimore, Md. 21224 pe 202 METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must etery, crematory or other place)

Lawn Cemetary 4 Donation 5 D Other (Specify) 11-23-91 Balto., Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd. Dundalk, Md. 21222 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrast, Approximata ahock, or haart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death the disease or condition Pharyngeal Carcinoma And Renal Failure resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): Chronic Obstructive Pulmonary Disease traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST ö PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA ŏ 27. MANNER OF CEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 200 TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER

(Charte only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I TEM 27) (Type, Print)

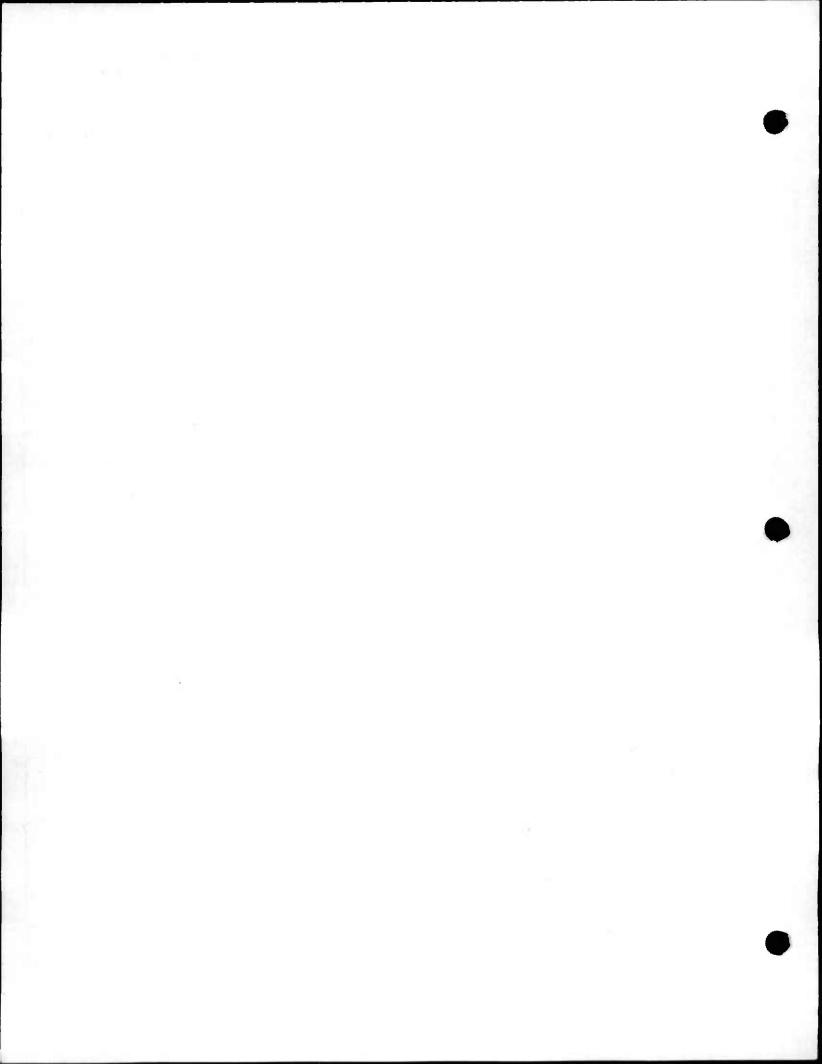
Jude Boyer MD. 9000 Franklin Square Drive 32. REGISTRAR'S SIGNATURE lia Davidson-Randale NOV 2 1 1991

Dozer

MD

DHMH-18 Rev 1/89

11/20/91



tor, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should

2	0	<u>e</u>	=
	E	9	Je l
	ath.	Der	he medical examiner m
Ţ	è,	2	ex.
3	fter	the sea	29
	55	5	ě
	100	P 6	E
	47	Jo,	1
	thin	mad	If.
ŝ	*	Cre	9
	Per	g 'E	2
2	Xec	and	Jat
<	9	ian or to	H.
)	ate	ysic	5
3	iffic	Pie Pie	he
j	Cert	d dig	0
	ath	tten tal	9
	e de	Aeral	3
Š	=	by th	三
Ē	tha	ed t	and a
?	Se	sign	2
Ú	nba nba	of F	ě
	×	2 4	65
ì	96	Pas De	n 2
2	E	cate	te
>	CIAN	the st	6
_	VSIC	S Ce	Ď,
)	E	E .	ž
Ę	S.	After	Ĕ
2	END	R. A	- 50
()	AT.	S ta	28
DIVISION OF VITAL RECORDS, F.O. DOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
2	A	342	=
	TIM	ER in 7	-
	50	E T	M
	뿐	里多	HO
	10	D =	7
	F	-0	=

shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

		CERTIFIC	MENT OF HI	DEATH	REG. NO			
1. DECEDENT'S NAME (Flist, Middle, I Marie Schaf				331	2. DATE OF DEATH DO NOTH DO 1 1 1 1 8		YEAR 3	. TIME OF DEATH 3: pm N
4. SOCIAL SECURITY NUMBER 216-03-4886		86 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPL	
Pa. FACILITY NAME (If not institution, some state of the	rsing Centr	1	9b. CITY, TOWN OF	R LOCATION OF DE	АТН		NTY OF DEA	тн
10a. STATE 10b. CO		10c. CITY,	TOWH OR LOCATION	ON				Od. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 1 Eastern B	lvd.		10f.	21221			S.A.	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spec		IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	or No-	14. RACE — Black, V Specify: Cau	- American Indian, White, etc.
15. DECEDENT'S (Specify only highest to the secondary (0-12) Unk .	EDUCATION grade completed) College (1-4 or 5+) Unk.	16a. DECEDENT'S U (Give kind of wr life. Do NOT use House	ork done during mos retired.)	t of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Las Christian H					ME (First, Middle, Maiden Smith	Surname)		
19a. INFORMANT'S NAME (Type/Print) Hilda Schwa	100	281 R	upert (Cir. Ba	Poute Number City or Tow ltimore,	Md.	212	
20e METHOD OF DISPOSITION 1 / Buriel 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramoval from Stata	cother place) Holy Red	eemer (/21/ Bal	timo		Md.
Comand	Delsan	lex.			Son Balt	imore	e, Md.	ore St. 21224
23. PART I. Enter the diseases, shock, or heart fall	ure. List only one cause on	each fine.					rest,	Approximata interval Between
iMMEDIATE CAUSE (Finel disease or condition resulting in desth)		S A CONSEQUENCE OF		nt F	MILURE			Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS		:	MT F.	AILURE			Onset and Deat
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	S A CONSEQUENCE OF	the underlying			ALITOPSY RMED?	o o	Onset and Deat Z. Kurrell
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	S A CONSEQUENCE OF	the underlying	cause given in	Part I. 24a. WAS AN PERFO	ALITOPSY RMED?	o o	Onset and Deat Z. Kuche // // O Y/Co WERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d	S A CONSEQUENCE OF S A CONSEQUEN	26, PL OTHER: 4 Nursing Home OF 28c. INJI RY WOI 1 Y	Cause given in ACE OF DEATH (Ch. 5	Part I. 24a. WAS AN PERFO 1 YES :	I AUTOPSY RMED? 2 NO	A C C C C C C C C C C C C C C C C C C C	Onset and Death Z. Kacraft / O Y/Ch / O Y/C
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions or injury that initiated events resulting in death) LAST	DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS d. LITIONS CONTRIBUTING TO death AL HOSPITAL: 1 Inpatient 2 ER/O 28s. DATE OF INJUR (Month, Day, Year tion at be	S A CONSEQUENCE OF S A CONSEQUENCE OF D but not resulting in the substant of t	26, PL OTHER: 4 Nursing Home OF 28c. INJI RY WOI 1 Y	Cause given in ACE OF DEATH (Ch. 5	Part I. 24a. WAS AN PERFO 1 YES : eck only one) 8 Other (Specify)	I AUTOPSY RMEO? 2 NO INJURY OC	A C C C C C C C C C C C C C C C C C C C	Onset and Deat Z. Macrach / O Y/Cb // O Y

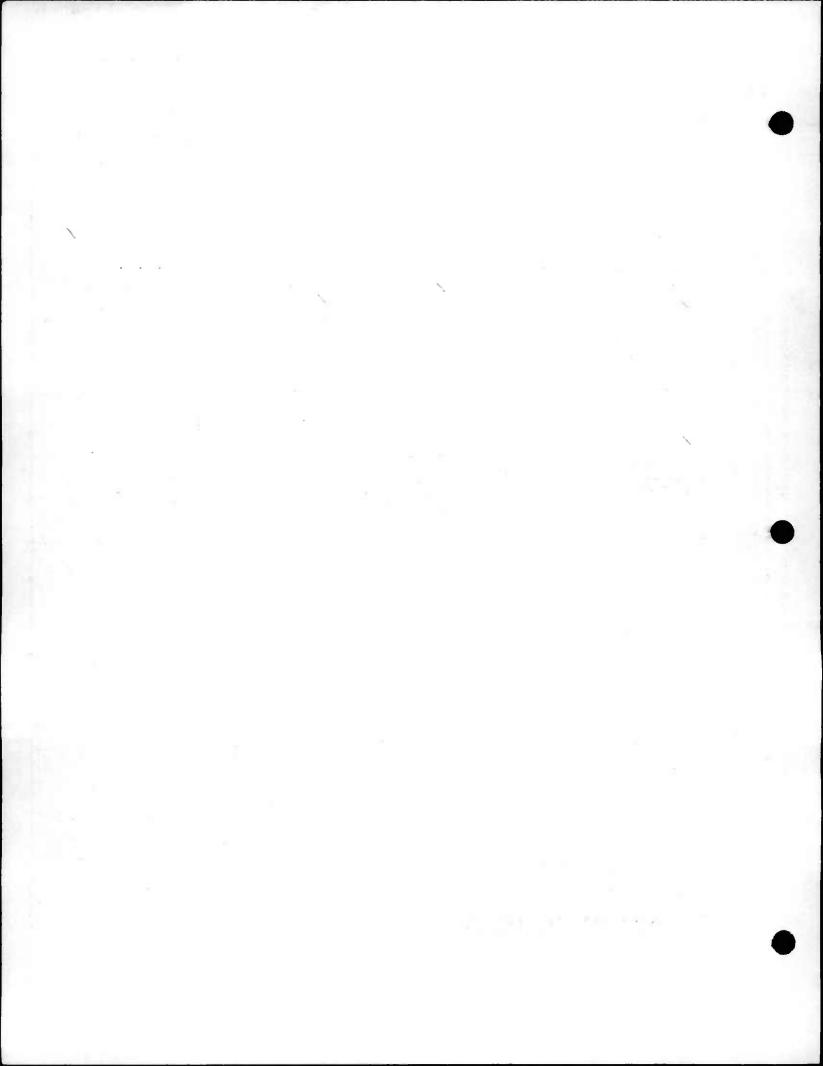
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
MD-D09019 29d. DATE SIGNED (Month, Day, Year)

| 1/19/9r

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (17/00, Print)

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (17/00, Print) EDMONDSON DU BACTUMO 21229

Julia Dair Kon-Randolle

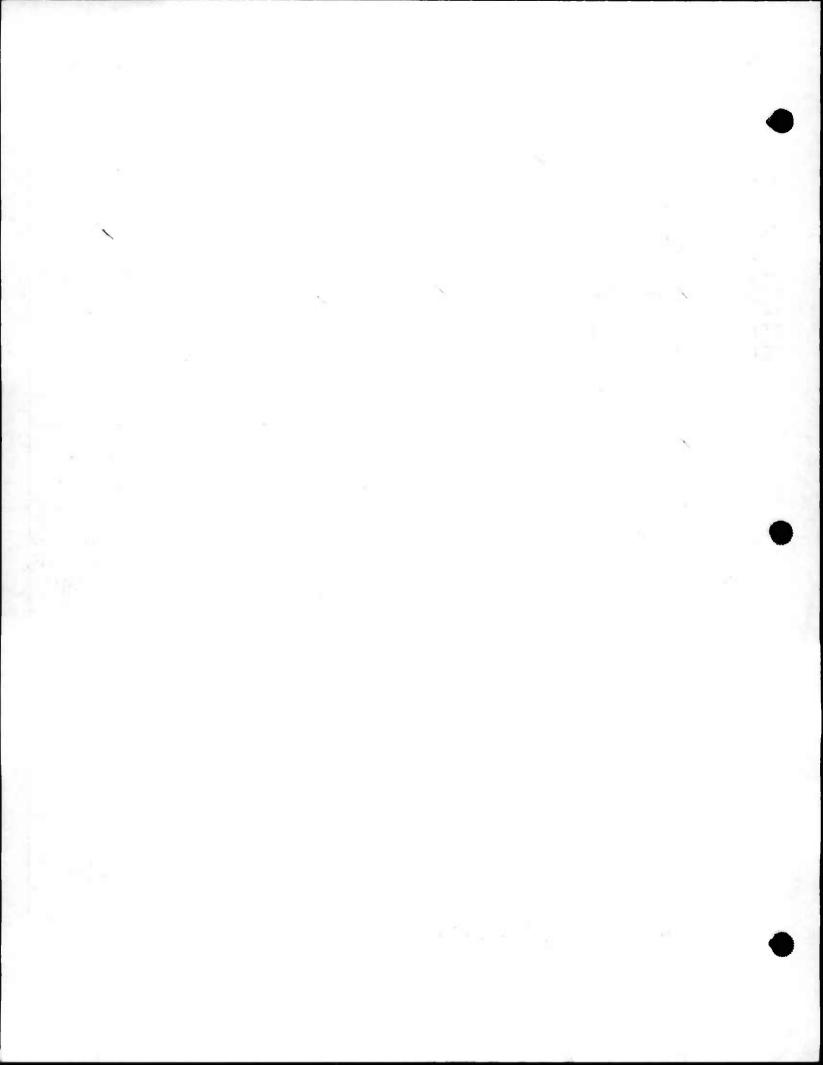




FOR

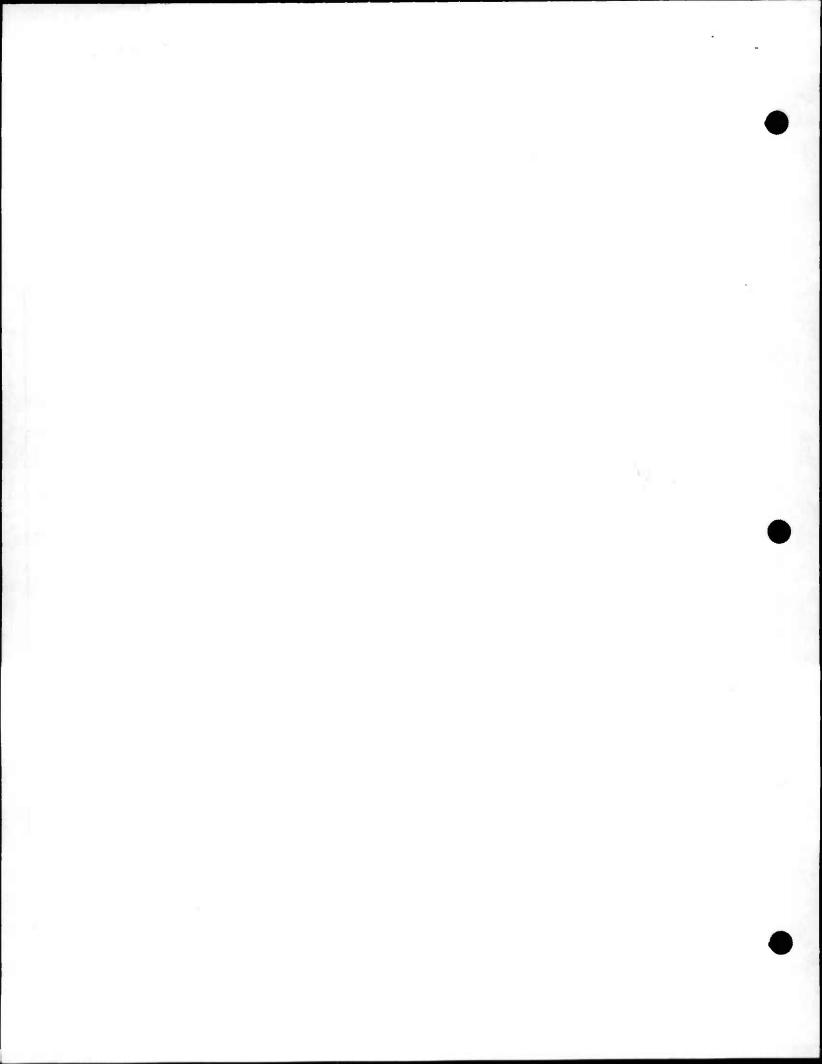
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	ATE OF	DEATH	REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Charles E. Schme:	izl Ir				MONTH D.		м
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
	212-48-6421 1ZM		MOR	THS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	ntry)
	9a. FACILITY NAME (If not institution, give street and no	umber)	9b.	CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY OF	
PO PO	1610 Ramblewood Ro	i.	В	altim	ore Cit	У		
ច្ឆ]	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CITY TO	WN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	Md.				City			1 YES 2 NO
	10e. STREET AND NUMBER				H. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	1610 Ramblewood Ro	d			212	39	U.S	. A
5	1 News Married 2 Married FOR	OECEDENT EVER IN CES? 1 YES	2 NO	If yes, s	pecify Cuban, Maxicar			CE — American Indian, ack, White, atc.
à	3 Widowed 4 Divorced	ES, GIVE WAR OR OA	TES	1 🗆 YE	S 2 NO Specify.			oolly: Cauc.
COMPLETED	15, OECEDENT'S EQUICATION		16a. DECEDENT'S USL	AL OCCUPAT	ION	16b. KINO OF BU	SINESS/INDUSTRY	
E	(Specify only highest grade completed Elementary/Secondary (0-12) College	(1-4 or 5 +)	(Give kind of work life, Do NOT use re	done during m tired.)	ost of working			
립	12	4	Manager			Unk		
<u>₹</u>	17. FATHER'S NAME (First, Middle, Last)		Hanager	_	18 MOTHER'S NAS	ME (First, Middle, Maiden	-	
	Charles E. Schmeiz	71 Cr			TIP. CONT. CO. S. HILLOW		our rame)	
BE	19a, INFORMANT'S NAME (Type/Print)	21 21.	405 4447 410 450	20500 (2)	Alma	DEWIZ	- 0 T- 0	
2	Alma Schmeizl							1 01000
. 1						. Baltim		
- 1	20s METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramoval from 4 Donation 5 Other (Specify)	State of g	PLACE AND OATE OF Emetary, crematory or of Bardens	olspositio	N (Name		CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Jardens		AND ADDRESS OF FAC	11/19 B	artimo	re. Ma.
	•					Son Balt	E. Balt	imore25t.
	23. PART I. Enter the diseases, or complica	tions that onused	the death Do not	enter the m	ade of dylpa such	o o oordigo or reer	leston, serest	Approximate
	shock, or heart failure. List only IMMEDIATE CAUSE (Finsi				out of dying, such	L Cardina di Tong	natory arrost,	Interval Between Onset and Death
	disease or condition resulting in death)	and	O /YUUN	My	oxa	meso		Kignoser
		OUE TO (OR AS A	CONSEQUENCE OF):	1	06	-4		12/2 wh
O	Sequentially list conditions,	PULL AS	CONSEQUENCE OF:	1 u	19 CO	ruch -		dow
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A	CONSEQUENCE OF):		arryl	all		
5	CAUSE (Disease or injury	DUE TO (OR AS A	SONSEQUENCE OF:		11	1	201	
Ē	that initiated events resulting in death) LAST	Mos	SONSEQUENCE OF):	100	Drain	1/1/00		1
Ü	d							
٦	PART II. Other significant conditions contri	buting to death b	ut not resulting in t	he undariyi	ng cause given in			24b. WERE AUTOPSY FINDINGS
EDICAL	***					PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_		OF DEATH? 1 YES 2 NO
Σ						- 1		1 1E5 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			-	N 405 OF BEATH 804	-tt		
o l	EXAMINER? HOSP		/10	THER:	PLACE OF DEATH (Ch	eck only one)		
YS		etlant 2 - ER/Outp			ma 5 Pasidence			
PHYSICIAN:		(Month, Day, Year)	26b. TIME O		JURY AT	28d. DESCRIBE HOW	INJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	11/15/6	11	M: 1 [YES 2 NO			
	6 Could not be	s. PLACE OF INJURY building, stc. (Spec	- At home, farm, stre	et, factory, of	ica	28f. LOCATION (Street City or Town, State		al Route Number,
TE	4 Homicide determined		HIM	~			,	4.00
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To							
0	2 MEDICAL EXAMINER: On the	- Design of axamination	and/or investigation, i	n my opinion,	oeatn occured at the	time, data and place, a	nd due to the cau	re(s) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1.1	/		29c. LICENSE NUI	ABER .	29d. DATE SIGN	IED (Month, Pay, Year)
TO B	Belling 4	MOX			M2214	11	11	18191
F	30-NAME AND ADDRESS OF PERSON WHO COMPLETED IN THE PERSON	ETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	m) BA	VO. W	10 212	39	
	31. DATE FINED (Magin Poy, 1990) 4	RESTRAP'S SIGN	Aundell.	101			,	



ъ	-		
pa	phi		3
ain	9		1919
E	10		6
8	90		9
nay.	Da		3
9	201		977
96	Trec		-
æ	ald		9
Ĕ.	ner		E
ê	2		Ä
ter	the	N/a	10
es es	3	em	-
DO	.5	7 7	9
-	Ped	9,	0
5	y	iţi	=
È	etei	ema	*
≩	Jan.	S	OA.
g g	00	ia,	-
DG.	B	ğ	100
8	n a	2	E
8	Cia	10	Ē
ate	S	ď	-
ij.	C.	en	ě
če	di-	2	0
듩	ten	70	C
g	e at	ent	Š
the	5	2	2
Jat	5	and	2
S	ned	듚	7
alle	Sig	Hea	3
requ	Le l	00	9
×	å	pt.	6
9	has	å	2
=	ate	tate	PER
Š	1 Fic	S	
3	Dec.	š	-
2	Si	ή	Ped
2	100	4	art
ž	\fe	eat	E
2	H.	D Ja	95
	Ē	afte	28
Y	REC	SIT	E
FITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained to	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	Till flem 28 is marked or item 23 shows any injury or other traumatic event the medical evantues named to motion a
¥	M	2	=
2	E	C	1

	1 - FOR STATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT Clinter ERMA	N	2. DATE OF DEATH MONTH 22 DAY	YEAR 3. TIME OF OEATH A		
	219-30-7231 MM2 DF 100 YRS. MC	UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 11, 1891	6. BIRTHPLACE (State or Foreign Country) Maryland		
TOR	Baltimore County General Hospital R	a city, town or location of di Candallstown		ty of DEATH Limore County		
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, T Maryland Baltimore City	own or Location Baltimore	10d. INSIDE CITY LIMITS? 1XX YES 2 \(\square\) NO			
FUNERAL	1410 Redfern Avenue 1410 Refern Avenue	101. ZIP CODE 21211		U.S.A.		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxica 1 YES 2 NO Specify	n, Puarlo Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5 +) IIIe. Do NOT use re	USUAL OCCUPATION Nork done during most of working				
OME	17. FATHER'S NAME (First, Middle, Last)		Refrigerati	.on		
BE C	Martin Luther Sherman	Amand	ME (First, Middle, Meiden Surname) a Warner			
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AO		Route Number, City or Town, State, Zip	Code)		
-	Mrs. Bernice F. Hull 14		nue, Baltimore,	Maryland 21211		
	20s. METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Removal from State 20b. PLACEANDDATEOFD 2metery, cremetry, cremetry, order	place)	DATE 20c. LOCATION - C			
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE	22. NAME AND ADDRESS OF FAC	11/23 Linebor	o, Maryland		
	* Timor Burger (Venas)	Burgee-Henss	Funeral Home			
	23. PART I. Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on asch line.	Sold Falls Roasing and street the mode of dying, auch	ad, Baltimore,	Maryland 21211		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		,,	Intsrval Bstwesn Onsat and Dsath		
	DUE TO (OR AS A CONSEQUENCE OF):					
ON	Sequentially list conditions, If any leading to immediate b. OUE TO (OR AS A CONSEQUENCE OF):					
CERTIFICATION	If sny, isading to immediats cause. Entsr UNDERLYING CAUSE (Disease or Injury					
E	that initisted events reaulting in desth) LAST					
CER	d					
AL	PART II. Other significant conditions contributing to death but not resulting in the	ne underlying causs given in i	Part I. 24a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS		
MEDIC	ELECTROLYTE IMBALA	NCE,	1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
W.	RENAL FAILURE		_	1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Che	ck only one)			
rsic		HER: Nursing Home 5 Residence				
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month. Day Year) 26b. TIME OF		26d. DESCRIBE HOW INJURY OCCU	JRED		
B	2 Accident Investigation	M 1 YES 2 NO				
COMPLETED	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, farm, atree building, etc. (Specify)	t, factory, office	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,		
PLE	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at	the time, data and place, and due to	to the cause(s) and manner or state			
MO	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in	my opinion, death occured at the t	lime, data and place, and due to the	cause(a) end manner as stated.		
BE	29b. SIGNATURE AND TITLINOF CERTIFIÈR	29c. LICENSE NUM	BER 29d. OATE:	SIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print	DALLSTOWA	J MD 211	37		
	31. DATE FILEO (Month, Day, Hear) 2 1 199 32. REGISTRAR'S SIGNATURE					





FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	ERTIF	CATE O	DEATH	O MILIT	REG. NO	_		
	1. DECEOENT'S NAME (First, Middle, Last)							ATE OF DEATH		3	. TIME OF DEATH
	Jeanette A. 1	Tapscott					MC	11-15		YEAR	2:50 P
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HI	- 44	TE OF BIRTH		. BIRTHPL	ACE (State or Foreign
	220-44.5671	1 □ M 2 🗗 F	96	YRS.	MONTHS DAYS	HOURS MI	. (*	10nth, Day, Year)	7	Country)	La. MD
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH								9c. COUNT		
DIRECTOR	Stella Maris				To	wson			Balt	imor	e County
ច្ឆ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT								Juli	711101	e country
<u>E</u>		imore Cou	ntz	_	OWSON	ATION				10	INSIDE CITY
	Maryland Balt:	Inore cou	псу								LIMITS?
FUNERAL	603 Wilton Road			10f. ZIP CODE							AT COUNTRY?
빌	11. MARITAL STATUS	10 440 0505000				21 20 4				U.S.	Α.
립	1 Never Married 2 Married		YES 2 XN		If yea, s	pecify Cuban, Ma	xican, Pua	IGIN? (Specify Yes	or No — 1	4. RACE — Black, V	American Indian, Vhite, etc.
B	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE W	MR OR OATES		1 🗆 YE	S 2 X NO S	ecify:			Specify:	White
<u></u>	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S I	JSUAL OCCUPAT	ION		16b. KIND OF BU	I -	- Trave	WILLCE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gi	Do NOT use	ork done during retired.)	nost of working		100. KIND OF BU	SINESS/INDU:	STRY	
ᆲ	9 years	30110g0 (1-4 01 3 Y	′	emake				1	N/A		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (FIG	st, Middle, Maiden			
BEC	Michael Bautz					Hann			Surienej		
	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	AOORESS (Street			lumber, City or Tow	n State 7in C	orde)	
임	Margaret Ann Wil	liams						ers, PA.			
1	20e. METHOD OF DISPOSITION		20b. PLACE A	NDDATEO	F DISPOSITION //	lame of			CATION — CI		State
	1 N Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	New C	atheo	iral Ce	meterv	1				Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE / /	00	1	22. NAME	NO ADDRESS OF	FACILITY			10, 1	laryrand
	T-1 0 D 1	toku	DRe	1)	Mit	chell-W	iedef	eld Hom	_		
\dashv	John G. Reit		0 /(1-	7/_	650	0 York	Rd. I	Baltimor	re, Ma	rylaı	nd 21212
1	23. PART I. Enter the diseases, of a shock, or heart failure.	List only one ceu	se on each line.	ath. Do no	ot enter the m	ode of dying, a	uch aa c	ardiec or reepi	ratory erree	t,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Fine)	_									Onset and Death
	resulting in death)	Recur	rent St	rokes							
			OR AS A CONSEQ								
5	Sequentially liet conditions,	sever	e Arter	ioscl	erosis						
ξ	if any, leading to immediate cause. Enter UNDERLYING			OENCE OF							
	CAUSE (Disease or injury that initiated events	. Demen	OR AS A CONSEQ	UENCE OF							
CERTIFICATION	resulting in deeth) LAST	72,09,007,07									i
		0,						120			
ŧ	PART II. Other significant condition	s contributing to	death but not re	ni golfluse	the underlying	g cause given	in Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
EDICAL								1 VES 2		00	MPLETION OF CAUSE
E I										955	DEATH?
έl				1							
ratoletan:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL	/	1 .		LACE OF DEATH	Check only	one)		_	
5	1 TYES 2 NO	1 inpatient 2	ENJoutpetient 3		OTHER: (V) Numbring Hor	ne 5 🗆 Realden		ther (Specify)			
1	27. MANNER OF DEATH	28s. DATE OF (Month, De		20b. TIME INJU		JURY AT DRIC?	28d. D	ESCRIBE HOW IN	NURY OCCUR	NED .	
	7 Natural 5 Pending 2 Accident Investigation	0.000000000	1/		The second second	YES 2 NO					
	3 Suicide & Could not be	26e. PLACE OF building, o	INJURY At hon	no, ferm, atr	eef, factory, offic	ie.	281. L	OCATION (Street a	nd Number or	Hurst House	Number,
ı	4 Thomicide determined						"	ny or sower, ocumi			
	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of r	ny knowledge, des	th occurred	at the time, date	and place, and o	be to the	cause(s) and man	ner se stated.		
	ovel 2 MEDICAL EXAMINE	R: On the basis of ex	smination and/or in	- Chillegellino	In my opinion,	Seath occured at	he time, de	ete and place, and	f due to the c	euse(x) are	d manner as stated.
1	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, afCynise I		- 1			
						9/11	3501	-			otti, Dey, War)
ŀ	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	E OF DEATH (ITEM	27) (Nov. F	7990		_		- 11	-15-	91
	Eddie Nakhuda M.D					Τ	. AAD	01004	r.		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	Oulanev I's SIGNATURE	valle	A KOUG	LOWSO	n IYIL	21204	-		
	NOV21 19	191 6	Mila	70.	44						

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

H

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

\simeq	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
	LESTER Nic	hols	TOT	WNER		NOVEMBER	5.199 TAR	9:27A M
	4. SOCIAL SECURITY NUMBER 5. SE	8. AGE (In yrs.	last hirthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		HPLACE (State or Foreign
	215-22-4992	M 2 □ F 85		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 12-02-05	Cour	ew York
	9a. FACILITY NAME (If not institution, give street and							
l nr							9c. COUNTY OF	DEATH
0	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE C							IMORE CITY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I too CITY	TOWN OR LOCATI				
<u>=</u>	3000							10d. INSIDE CITY LIMITS? YES 2 NO
	Maryland		Ба	ltimore				YES 2 NO
ĭ.	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	830 E. 40th Street				21 211		U.S	S.A.
15		AS DECEDENT EVER IN U.S.		13. WAS DECE	NDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14. RAC	E - American Indian,
ВУ	1 Never Married 2 Married IF	ORCES? 1 X YES 2 [YES, GIVE WAR OR DATES WW. I.I.	_]NO	If yes, spe	city Cuban, Maxican 2 □XNO Specity	n, Puarto Rican, etc.)		ck, White, etc.
	3 Widowed 4 Divorced	MMII						White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		DECEDENT'S L	JSUAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUSTRY	
Ψ.		ege (1-4 or 5+)	life. Do NOT use	retired.)	t or working			
르	4	yrs	Sa	les		In	surance	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden		
	Merle E. Towner				Elsie	Nichols	our individual in the control of the	
H	19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDRESS (Crown or		oute Number, City or Town		
2								
36	L. Eugene Towner					Maryland		
191	1 Burial 2 XCremetion 3 Removal fro	om Stata 20b.PLAC	CE AND DATE OF Crematory or oth	F DISPOSITION (Nar	ne of	DATE 20c. LO	CATION — City or 1	own, Stata
	4 Donaflon 5 Other (Specify)		n moun			1-18-91 Ba		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1200	1	22. NAME AN	chell-Wie	edefeld Ho	me	
	John G. Reitz	TOTHE KEL	()					land 21212
	23. PART I. Enter the diseases, or comprise	nations that saves the	death David					
. 1	shock, or heart failure. List or	nly one cause on each il	ne.	or enter the mod	le of dying, such	aa cardlac or respi	ratory arrest,	Approximate Interval Between
EX.	IMMEDIATE CAUSE (Final	•						Onset and Death
	disease or condition reaulting in death)	Myscardi	alln	far ctiz	n			10min
		Myscardi Due 10/08 AS A CONS Phumo Due TO (OR AS A CONS C. diff?)	SECUENCE OF					
Z	Semicontially that any date b.	Phumo	niti3	intest	maus	-		2 days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONS	SEQUENCE OF	_ /	, .			, ,
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. auti	cile 1	inteca	Ton			4days
	that initiated eventa	DUE TO (OR AS A CONS	SEQUENCE OF)	:				10
	resulting in death) LAST							
	DART II Other elevities of as all i							
EDICAL	PART II. Other algnificant conditions cont	inbuting to death but no	t resulting in	the underlying	cauae given in F	Part I. 24a. WAS AN		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	Squamous Ch	of mou	th			1 YES 2		COMPLETION OF CAUSE OF DEATH?
ME		D					^	1 TES 2 NO
						_		1 100 1/0 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Chec	ck only one)		
잃		PITAL:		OTHER:				
¥	70	8a. DATE OF INJURY	28b. TIME		5 Residence 8			
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY WOR	IK?	28d. DESCRIBE HOW IN	JURY OCCURED	
A	2 Accident Investigation				ES 2 NO			
	o occidino de	8a. PLACE OF INJURY — At building, etc. (Specify)	home, farm, atr	reet, factory, offica		28f. LOCATION (Street a: City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	4 Homicide detarmined					, ,		
2	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To	the best of my knowledge,	death occurred	at the time, data a	and place, and due t	o the cause/a) and man	ner se stated	
◙	one) 2 MEDICAL EXAMINER: On fr	ne beats of exemination and/r	or Investigation.	, in my opinion, de	ath occured at the ti	me, data and place, and	due to the cause	a) and manner as stated
	29b. SIGNATORE AND TITLE OF CERTIFIER							
H	ALALIA I	· Mmin	7 m	n	29c. LICENSE NUME	BER	29d. DATE SIGNE	(Month, Day, Year)
5	Heroran Co. St	wings	1111		167	4/	> ///	15/9/
-	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (IT	TEM 27) (Type, F	Print)	11 .	. ,1	11-	.,
	Veborah E. Se	1/meyer	MI	O Joh.	13 HORK	insHosoi	tal Ba	Himore mn
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNATURE						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	NOV 2 1 1991 4	ia Davidson-Pan	delle					

	1 - STATE REGISTRAR	, Last)	CEF		ICATE OF		REG. NO. 2. DATE OF DEATH		3. TIME OF DEATH	
	(Sister) Hele	n Tomashe	eck				"991/17/S	77	YEAR 10:45 A	
	4. SOCIAL SECURITY NUMBER 217-56-2474	5. SEX 1 M 3000F	6. AGE (In yrs. last b	irthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) 7/27/06		8. BIRTHPLACE (State or Foreign Country) Hungary	
OR	9a. FACILITY NAME (If not institution Villa Assumpt	a, 6401 N	eath e		nty of DEATH ltimore					
DIRECTOR	2000	COUNTY CALTIMORE		10c. CITY, TOWN OR LOCATION Baltimore						
FUNERAL I	100. STREET AND NUMBER 6401 N. Char	les St.			101	ZIP CODE 21212	47 - T	US.	1 UES 2 THE	
BY	11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARME 1 YES 2 TO WAR OR DATES	D	13. WAS DEC If yea, ap 1 YES	cify Cuben, Maxic	NIC ORIGIN? (Specify Yee an, Puerto Rican, etc.) fy:	or No	14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED		NT'S EQUCATION est grade completed) College (1-4 or 6 +) 5+ 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Teacher				166, KIND OF BUS				
OMP	17. FATHER'S NAME (First, Middle, Le	5+	Teac	ene	T.	18. MOTHER'S NA	AME (First, Middle, Melden		II.	
BE C	John Tomash	eck					erine Bil	,		
9	19a. INFORMANT'S NAME (Type/Print						Route Number, City or Town			
	S. Bernice F 200 METHOD OF DISPOSITION Compared to the second s		20b. PLACE OF	DISPO	N. Char SITION (Name of cer ria Cen	netery, crematory or	20c. LO	CATION —	Md. 21212 City or Town, State	
	4 Donation 5 Other (Spins)	LE LICE DEL A	2 V114a	Ma					m, Md.	
	Jonny XI	ALMXI Tephén Xe	nala				rtchell- Road Balt		de fe ld Home	
	23. PART I. Enter the disesse shock, or heart fe iMMEDIATE CAUSE (Final disesse or condition resulting in death)	s, or complications the liture. List only one ca	suse on each line.		not enter the mo	de of dying, suc	ch ss cardiac or reapl	retory are	Approximate interval Between Onset and Death	
z	resulting in death)	DUE TO							enie	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	۵	O (OR AS A CONSEQU	ENCE O	thetic	rortic i	la VASULLA PALVE			
CERTIF	that initiated events resulting in death) LAST	d	O (On AS A CONSEGU	ENCE O	T).					
DICAL (PART II. Other significant con	nditions contributing t	o daath but not res	ulting	in the underlying	csuse given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MED								and a	0F DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL:			26. PI	ACE OF DEATH (C	heck only one)		1	
IXSI	1 - YES 2 0000	1 inpatient 2	☐ ER/Outpatient 3 ☐		4 - Nursing Hom		8 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 2 Natural 5 Pendin 2 Accident Investig	getion	Day, Year)		M 1 .	RK? 'E\$ 2 \[NO	28d. DESCRIBE HOW I	NJURY OC	CURED	
	3 Suicide 6 Could 4 Homicide determ	not be building	OF INJURY — At home g, etc. (Specify)	e, farm,	street, factory, offic	•	281. LOCATION (Street of City or Town, State)	and Number	r or Rural Route Number,	
COMPLETED	ann)	PHYSICIAN: To the best of KAMINER: On the basic of							nted. the couse(e) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CE	ousi				D 15	MBER 7		TE SIGNED (Month, Day, Year)	
2		Boas, M.	D. 54	SCO	tt Adam	Road,	Cockeys	rill	e, Md. 21030	
	NOV2 1 190	32. REGISTE	MAR'S SIGNATURE	0A						

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× Yeurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 Tyler 11 5:15 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 21504944 88 (Month, Day, Year) 1903 cambridge, Md. 1 XM 2 | F permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Samacitan Good DIRECTOR Baltimore 65p.ta RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore Co. LIMITS? Hillendale FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? burial-transit 1101 Epworth Court 21234 USA rours after death, Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ YO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, alc.) 1 TES 2 TO NO BY Specify: 3 Widowed 4 Divorced Spec#White use as the COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) 1 by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Printing Pres.Alpha Photoengraving 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Caleb Tyler Lillie Dean 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Margaret Tyler 1101 Epworth Ct.Bal.Md. 21234 pe 20s. METHOD OF DISPOSITION
143 Buriel 2 Cremation 3 Removal from State
4 Doneston 5 Other/Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Druid Ridge Cem. 11/19/91 Pikesville. Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mitchell-Wiedefeld Home, Inc. Lemucus 6500 York Rd. Balto.Md. 21212 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, filled in by Approximate shock, or heart failure. List only one cause on each line. 0 IMMEDIATE CAUSE (Final has been signed by the attending physician and completely filler. Dept. of Health and Mental Hygiene prior to burial, cremation, n 23 shows any Injury, or other traumatic event, the I Onset and Death disease pr condition resulting in desth) Sebtic Shock
DUE TO (OR AS A CONSEQUENCE OF): Shock HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in death) LAST Pneumonia PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h EXAMINER? HOSPITAL:
12 Inpatient 2 ER/Outpetient 3 DOA OTHER: the or ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending DIRECTOR: After the hours after death w В 1 YES 2 NO 2 Accident 3 Sulcide 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL D TO THE FUNERAL D be filed within 72 ho IMPORTANT: It is (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE Intern in Internal Medicin 29d, DATE SIGNED (Month, Day, Year) 11-16-91 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

, Good Samaritan Hospital, Baltimore, MD.

Dr. B. Lankachandra

fine Daydon-Pandell

3 6 Fd 61 1

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

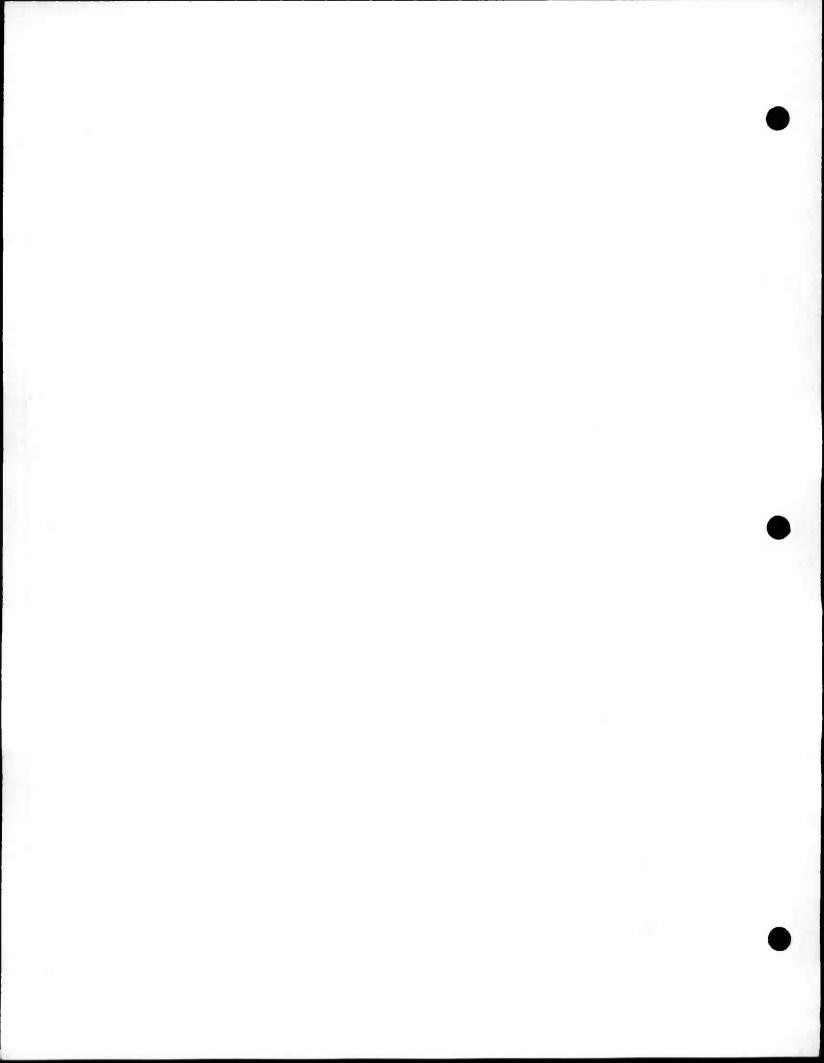
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the blook like the assument of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FIRE MACHINIZON, YOUT 99

22. REGISTRAD'S SIGNATURANDO

						11 0	1760	,
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	MENT OF HEA	LTH AND MENTA	AL HYGIENE REG. NO.		
- 8	1. DECEDENT'S NAME (First, Middle, Last)					E OF DEATH 11	-8-91	3. TIME OF OEATH
	LYANETTA ALKISH	A THOMPSONILD	TINICANT		MON	DAY C	-8-91 YEAR	1720 PM
1	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR IF	UNDER 24 HRS. 7. DAT	E OF BIRTH	8, BIRT	HPLACE (State or Foreign
	Newborn	1 □ M 2 및 F	YRS.	MONTHS DAYS HO		nth, Day, Year)	Coun	ntry)
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LO		1-8-91	c. CDUNTY OF	aryland
Œ		TO STATE OF THE ST	1		DEATH		C. CDONTY OF	JEAIN
片	UNION MEMORIAL HO	SPITAL.		BALTIMOR	E CITY			NA
DIRECTOR	10a. STATE 10b. COUNT	1	10c. CITY	TOWN OR LOCATION				10d. INSIDE CITY
<u> </u>	Maryland na	1	Bal	timore				LIMITS?
A	10e. STREET AND NUMBER	<u> </u>	1 2002	101, ZIP	CODE	10	0g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	3117 Presbury	Street			1016			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		1216 ENT OF HISPANIC ORIG	IN? (Specify Vec or	No. 14 BAC	USA E – American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify	Cuban, Mexican, Puarto	Rican, etc.)	Blac	ck, White, atc.
Β¥	3 Widowed 4 Divorced	ii izo, ditz talifon i	DATES	1 🗌 YES 2 🗀	NO Specify:		Spec	Black
<u>a</u>	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S	JSUAL OCCUPATION	16	b. KIND OF BUSINE	SS/INDUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life, Do NOT use	ork done during most of retired.)	working			
로		,						
COMPL	17, FATHER'S NAME (First, Middle, Last)			18.	MOTHER'S NAME (First,	Middle Maiden Sun	neme)	
	Ervin Wilson I	lincan .TD						
BE	19a. INFORMANT'S NAME (Type/Print)	Allean, ok.	19h MAIL INO	ADDRESS (Street and M	©2 Calumber or Rural Route Nur	rlette T	'hompso	Ω
유	Carlette Thompso	n Mathan						
	20a. METHOD OF DISPOSITION				St, Balto			
	1 Burial 2 Cremation 3 Ram-	ovat from State CBI	metery, crematory or other	F DISPOSITION (Name of per place)	DA	TE 20c. LOCAT	ION — City or To	own, State
	21_SIGNATURE OF FUNERAL SERVICE LIC	FNSEE						
	De Ded 111	Ronald V	Wade, Dir		DDRESS OF FACILITY			Y BOARD
	Sintley /10	MI 11	-18-91	655 W.	Baltimore	St., Bal	.to.,MD	21201
3	23. PAHT I. Enter the diseases, pro	omplications that cause	d the desth. Do no	ot anter the moda o	of dying, such as es	rdiac pr raapirate	ory arrest,	Approximate
	IMMEDIATE CAUSE (Final	List Dnly Dne cause on e	each line.			-		Interval Between Onset and Daath
	disease or condition	Direction of	t:+					Onset and Daath
ľ	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	•				
-	_	,	1					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	:				
Ä	cause. Enter UNDERLYING							
畄	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF	:				
E	resulting in death) LAST							
CE		1.		3				
4	PART II. Other significant condition	s contributing to death it	but not resulting in	the underlying cau	use given in Part i.	24s. WAS AN AUT		. WERE AUTOPSY FINDINGS
MEDICA						PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ä						1 🗆 YES 2 😿	NO	OF DEATH?
2								1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20 DI ACE	OF BEATH (OL . I			
2	EXAMINER?	HOSPITAL:		OTHER:	OF DEATH (Check only o			
¥∥	1 YES 2 NO	1 125 Inpatient 2 ER/Out			☐ Residence 8 ☐ Oth			
	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME INJU	RY WORK?		SCRIBE HOW INJUI	AY OCCURED	
B	2 Accident Investigation			M 1 TYES	2 NO			
E	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF INJURY building, atc. (Spec	f — At home, term, at cify)	reet, factory, office	281. LOC	CATION (Street and It	lumber or Rural I	Route Number,
E								
4	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my know	rledge, death occurred	at the time, date and p	place, and due to the ca	use(s) and manner	as stated.	
COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of exemination	n and/or investigation	In my opinion, death o	occured at the time, date	a and place, and du	e to the causelr	a) and manner as stated.
Ö	296. SIGNATURE AND TITLE OF CERTIFIER				LICENSE NUMBER			
00	Mill R R.	Llu MT) .	296.	LIGENSE NUMBER	294	II 10	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WNO	COMPLETED CAUSE OF DE	ATN STEM OF CO.				11 10	111

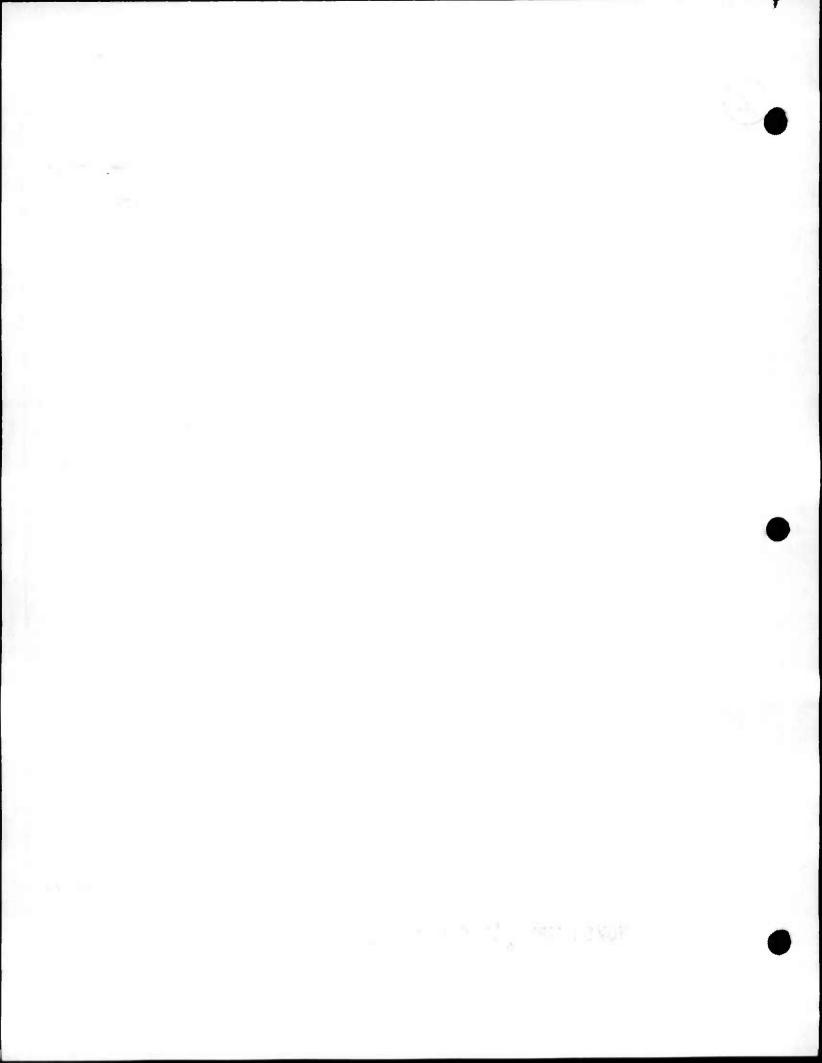


IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	1. DECEDENT'S NAME (FIRST	Middle (ast)	ich			IOAT	_ 01	DLA		2. DATE OF DEATH		9/BAR	3. TIME OF DEATH 12:05Pm
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. i	est birthdev)	IF UNDE	R 1 YEAR	IF UNDER	24 HBS	7. DATE OF BIRTH		e BIOTHI	PLACE (State or Foreign
	220-46-15	86	1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 02-14-	7	Coentry	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE			Mary TY OF DE	land
8	Stella Ma	ris					DWS					timore	
BY FUNERAL DIRECTOR	RESIDENCE OF DEC	10b. COUNT									Bartimore.		е ,
<u></u>						TY, TOWN		TION				10d. INSIDE CITY LIMITS?	
	Maryland		timore		Ва	altimore					1 TYES 2X NO		
RA	6925 Lach		mala			101. ZIP CODE						HAT COUNTRY?	
N N	11. MARITAL STATUS	Lan CI	12. WAS DECEDEN	T EVED IN U.S.	DHED	1.40	21239 U.S.A.						
F	1 Never Married 2		FORCES? 1 IF YES, GIVE V	YES 2 2	NO		If yes, o	pecify Cuba	n, Mexicar	n, Puarto Rican, etc.)	or No-	Black	— American Indian, White, etc.
	3 X Widowed 4 Divo	rced	IF TES, GIVE Y	ON DATES			1 YES	S 2 ₹ NO	Specify		lo	Specific	w (White) easian
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	18a. C	ECEDENT'S	USUAL O	CCUPATI	ON of working		16b. KIND OF BU		_	
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	Give kind of le. Do NOT u	se retired.)	ourng m	OSI OF WORK	'V				
₩.	12			H	omema	ker				Own Ho			
	17. FATHER'S NAME (First, M.	. ,								ME (First, Middle, Maiden	Surname)		
BE	Charles F.			-						Ope1			
2			1.	1						loute Number, City or Tow			
	Charles H.	WARDS CO.	at //						, Ch	ester, Md.		-	
	1 St Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remi	//	cemetery &	rand pate	of DISPOS ther place) TK C	eme t	ery	11.	/22/91 Ba		-	
- 1	21. SIGNATURE OF FUNERAL	LSERVICELIC	ENSEE //		/	22.	NAME A	ND AOORE	SS OF FAC	CILITY	-		
	11 mold	60	Shall	' K			1050	Yor	k Rd.	Funeral Ho., Towson,	me, I	nc. 2120	14
	23. PART I. Enter the di	seases, or c	omplications the	Leaused the d	leath. Do i	not enter	the mo	ode of dyi	ng, auch	as cardiac or reapi	ratory arre	at,	Approximate
	IMMEDIATE CAUSE (Fin	on Craniuse.	List only one cau	ime on each lif									Interval Between Onset and Death
	disease or condition resulting in death)	+	Acute	Myoca	ardia	al I	nfa	rcti	ion				
			DUE TO	ple My	EOUENCE O	F):							
Z	Sequentially list conditi	ons C	b										
CERTIFICATION	If any, leading to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A CONSI	EOUENCE O	F):							
S	CAUSE (Disease or inju		OUF TO	(OR AS A CONSI	OUENCE O	n.							
E	that initiated eventa resulting in death) LAS	т	402 10	(OH AS A CONS	OUENCE O	r):							
E			1										İ
MEDICAL	PART ii. Other significat	nt condition	a contributing to	death but not	resulting	in the un	deriyin	g cause g	iven in F	Part I. 24s. WAS AN			WERE AUTOPSY FINDINGS
8										1 □ YES 2			COMPLETION OF CAUSE OF CEATH?
뿔													YES 2 NO
ÿ				_									300
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	-/-		OTHER				ck only one)			
ı∠S	1 YES 2 NO		1 □ Inpatient 2 □		-	X Nun	sing Hom	e 5 □ Re	sidence t	S C) Other (Specify)			
	27. MANNER OF DEATH	Pending	28s. DATE OF (Month, Dr	INJURY Ny Mari	28b. TIM	E-OF URY		MIKS.		26d. DESCRIBE HOW IS	HURY OCCU	JAED	
` ■	2 Accident	nvestigation				-		VES 2					
윤		Could not be determined	building,	FINJURY — At h	ome, tarm, s	street, fact	ory, offic	•		28f. LOCATION (Street a City or Town, State)	nd Number o	r Flurel Ro	ute Number
٦	29s. CERTIFIER CERTI	FYING PHYSIC	SAN: To the best of	no konstanto d	eath occurr		-			to the cause(s) and man	A	_	
COMPLET	(Check only 1 DEDK	CAL EXAMINE	t: On the basis of ex	partina contemper	investigatio	n, in my a	pinion, d	with occur	and due t ed at the ti	o the cause(s) and man lime, date and place, and	ner as stated I due to the	d. cause(x)	and manner as stated.
BEC	290. SIGNATURE AND TITLE			_	_	_		1	NSE NUME				Month, Day, Warr)
10 B								11	550	4	•		11-19-91
-	30. NAME AND ADDRESS OF Eddie Nakt						RD	. In	Wsni	n, Maryl:	and		-11
	31. DATE FILEO (MORE) PRA	60 1 10	132. REGISTRA	R'S SJANATURE	<u></u>					i, naryl	anu		
	31. DATE FILEO (MONOV	61 13	al gul	ia Navidson	-Aand	402							





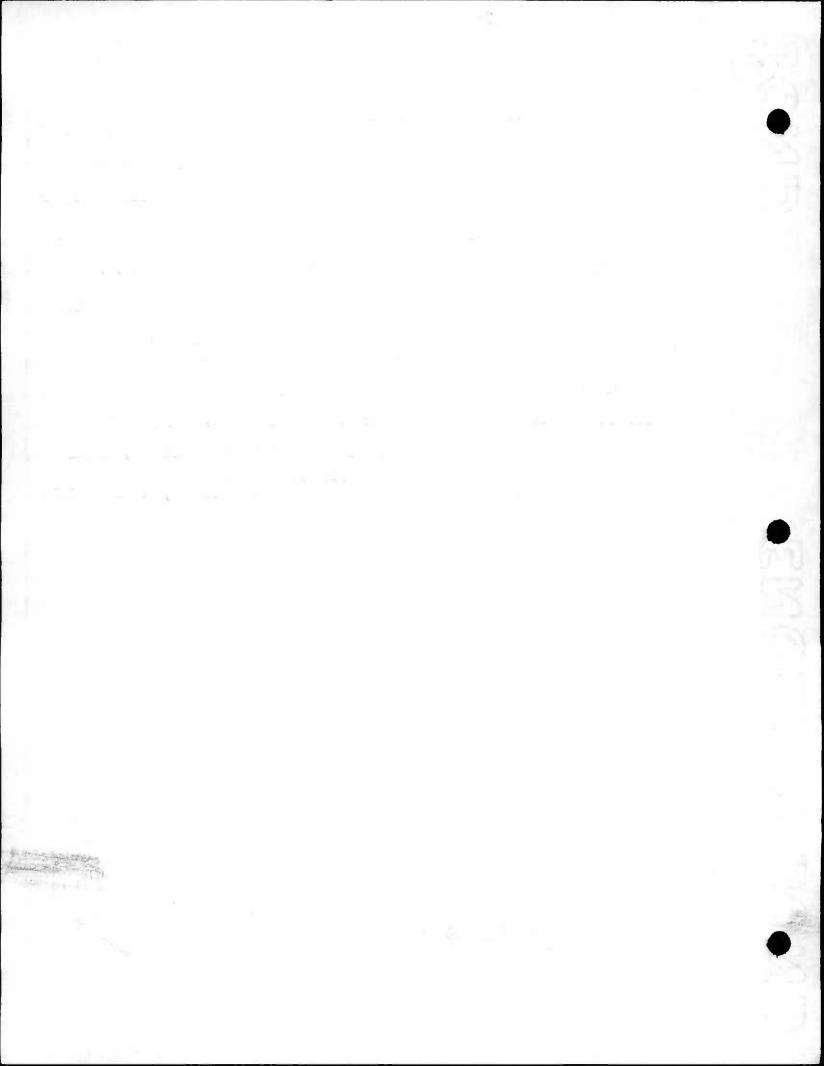
TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) William F. Valentit	iam Frank Val	entine	2. DATE OF DEATH MONTH DAY	14 GT	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. last birthday)		HRS. 7. DATE OF BIRTH (Month, Day, Year)	Count	IPLACE (State or Foreign ny) Tyland	
	9a. FACILITY NAME (If not institution, give atreet and number,		9b. CITY, TOWN OR LOCATION		9c. COUNTY OF D		
TOR	St. Joseph Hospital		Towson/1	nd-	Baltimore County		
E	10e. STATE 10b. COUNTY	10c. CI	TY, TOWN OR LOCATION			10d. INSIDE CITY	
= I	Maryland Baltimore C	ounty T	owson			1 YES 2 XNO	
7	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL DIRECTOR	624 Piccadilly Road		21204		U.S		
BY FU	1 Never Merried 2 XMarried FORCES?	DENT EVER IN U.S. ARMED 1 YES 2 MNO VE WAR OR DATES	13. WAS DECENDENT OF If yes, specify Cuban, 1 YES 2 NO	HISPANIC ORIGIN? (Specify Yea Mexican, Puarto Rican, etc.) Specify:	or No 14. RAC Blec Spec	E — American Indian, k, White, atc. #/y: White	
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	S USUAL OCCUPATION	18b. KIND OF BUS	INESS/INDUSTRY		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of	life Do NOT	work done during most of working use retired.)	Wester	rn Maryl	and	
Z	12 yrs.	Buyer		Railre		una .	
Z	17, FATHER'S NAME (First, Middle, Last)	Dayer		R'S NAME (First, Middle, Maiden)			
	Louis Valentine				run (PELLIPS)		
BE	Louis valentine	10000000		ry Frank			
2			G ADDRESS (Street and Number or		, . , ,		
	Myrtle J. Valentine		Piccadilly Roa	ad, Towson, Ma	aryland	21204	
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ot cemetary, cremator Parkwood	re of disposition (Name by or other place) Cemetery	DATE 20c. LOC 11-18-91 Ba	ltimore,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS	of FACILITY -Wiedefeld Hor			
	Dennis S. Xenakis			Rd. Baltimon		land 21212	
	23. PART i. Enter the diseases, or complications ahock, or heart failure. List only one iMMEDIATE CAUSE (Finel disease or condition resulting in death)	ST MKE E TO (OR AS A CONSEQUENCE OF		, auch aa cerdiec or respi	ratory arreat,	Approximate Interval Between Onset and Death	
MOIT	If any, laeding to immediata	E TO (OR AS A CONSEQUENCE O	OF):				
EDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	E TO (OR AS A CONSEQUENCE (DF):				
CE	d						
7	PART II. Other algnificant conditions contribution	g to death but not reaulting	in the undarlying ceuse give	en in Part I. 24a. WAS AN.		. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
2				1 TYES 2	1	COMPLETION OF CAUSE	
						OF DEATH?	
∑						1 _ YES 2 _ NO	
AN	25. WAS CASE REFERRED TO MEDICAL		00 Pt 405 05 05	T11 (0) - 1 - 1 - 1			
2			26. PLACE OF DEA	TH (Check only one)			
CO	EXAMINER? HOSPITAL						
>	1 Tes 2 No Inpatient	2 ER/Outpatient 3 DOA	4 Nursing Home 5 Resi	dence 8 Other (Specify)			
3Y PHY	1 YES 2 NO 1 Inputterior 27. MANNER OF DEATH 28s. DAT (Mor	2 ER/Outpitlent 3 DOA E OF INJURY 28b. TI		28d. DESCRIBE HOW II	NJURY OCCURED		
TED BY PHYSICIAN:	1 YES 2 NO 1 Inpettent 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 28e. PLA	2 ER/Outpitlent 3 DOA E OF INJURY 28b. TI	ME OF 28c. INJURY AT WORK? M 1 YES 2	28d. DESCRIBE HOW II		Route Number,	
	1 YES 2 NO 1 Inpetient 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	2 ER/Outpatient 3 DOA E OF INJURY 28b. Ti ith, Day, Year) 28b. Ti Ith CCE OF INJURY — At home, farm ding, etc. (Specify)	ME OF JURY AT WORK? M 1 YES 2 street, factory, office	28d, DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) and due to the cause(a) and men	and Number or Rural		
BE COMPLETED	1 YES 2 NO 1 Inpettent 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLA bull 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the be	2 ER/Outpatient 3 DOA E OF INJURY 28b. Ti ith, Day, Year) 28b. Ti Ith CCE OF INJURY — At home, farm ding, etc. (Specify)	ME OF UNITY ME OF UNITY ME OF UNITY ME OF UNITY ME OF UNITY ME OF UNITY OF OF OF OF OF OF OF OF OF OF OF OF OF	28d, DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) and due to the cause(a) and men	and Number or Plural ener as stated. d due to the cause		
E COMPLETED	1 YES 2 NO 1 Inpettent 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLA built 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis	2 ER/Outpatient 3 DOA E OF INJURY ith, Day, Year) CE OF INJURY — At home, farm ding, etc. (Specify) set of my knowledge, death occur of axamination and/or investigat	ME OF UURY AT WORK? M 1 YES 2 , street, factory, offica rred at the time, date and place, a lion, in my opinion, death occurso 29c. LICEN	28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Yourn, State) and due to the cause(a) and ment at the time, data and place, an	and Number or Plural ener as stated. d due to the cause	(a) and menner as stated. D (Month, Day, Year)	



1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 itous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

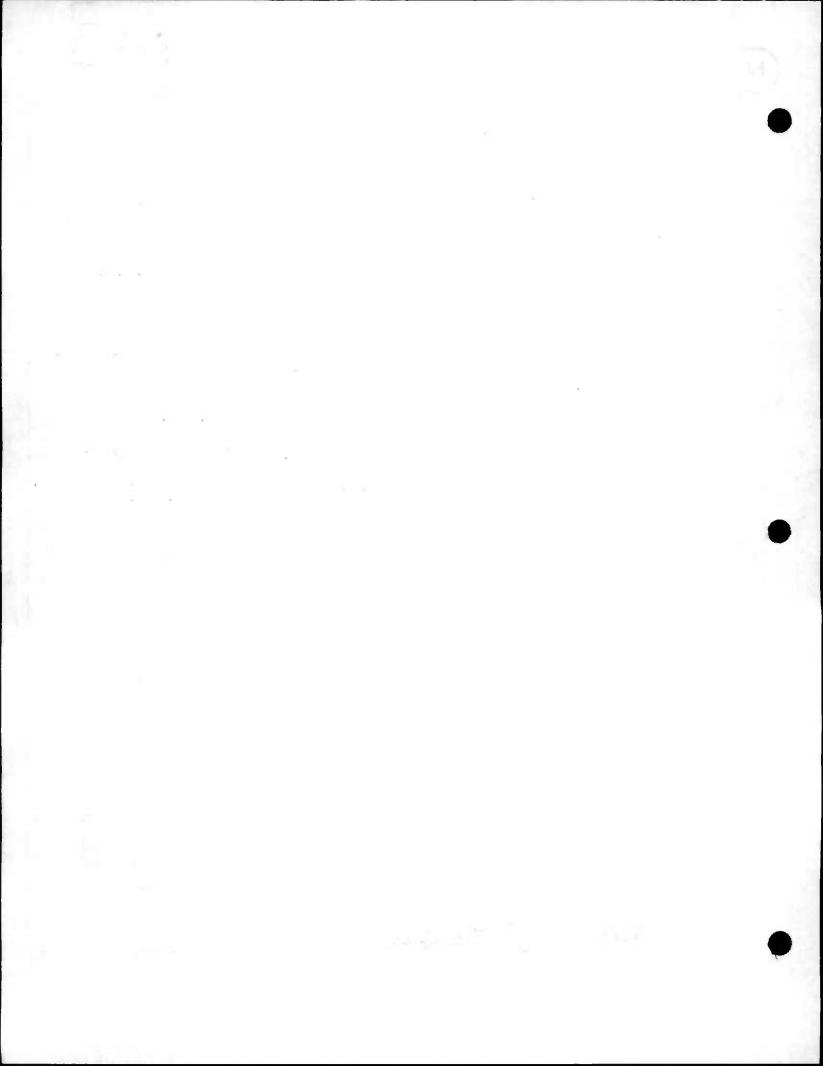
IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

nedistran					OAII					HEG. NO.			
1. DECEDENT'S NAME (Firs	t, Middle, Last)	Leon N	. Whea	atlev	7				2. DATE (8-	YEAR Q]	6:50 a
4. SOCIAL SECURITY NUM 218-22-5		5. SEX	6. AGE (In yrs. I		IF UNDER	DAYS	IF UNDES	24 HRS, MIN,	7. DATE O			6. BIRTH	ryland
9m, FACILITY NAME (# not all 3909 Cha	Institution, give s	The second second			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
RESIDENCE OF DE		RD.			Baltimore City								
10e. STATE MD.	10b. COUNTY	1		10c. CIT	Baltimore City						7		10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
3909 Chatham Road					101. ZIP CODE 21207					18g. CITI	ZEN OF V	VHAT COUNTRY?	
3909 Ch	acnam	коаа						120	/			U.S	.A.
	1 Never Married 2 Married FORCES? 1 VES 2 NO					If yes, sp		ın, Mexica	n, Puerto R	? (Specify Yea lican, atc.)	or No—	Black	- American Indian, k, Whita, etc.
(Specify or	CEDENT'S EDU- nly highest grade	completed)		DECEDENT'S (Give kind of ife. Do NOT u	work done	during me	ON ost of work	ng	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 6	+)		nito					Glidd	en (Chem	. Comp.
17. FATHER'S NAME (First, I		Mieatle	7				18. MOT			Malla Walla			
										lto.,			.07
					DATE OF DISPOSITION (Name alory or other place) Ey Valley Cem. 11-23-91 Timonium, MD.								
21. SIGNATURE OF TUNER	resta	0/	to	,	22.	NAME A	ND ADDRE	SS OF F	CILITY				Monroe St
23. PART I. Entar the ahock, or iMMEDIATE CAUSE (F disease or condition resulting in death)	heert feliure.	List only one ce	use on each ii	ne.	Can		oda of dy	ring, suc	ch es card	llec or reap	ratory en	rest,	Approximeta interval Betwee Onset end Dec
Sequentially list cond if arry, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	G	O (OR AS A CONS										
PART II. Other signific	cant condition	ns contributing to	death but no	t resulting	in the u	nderlyir	ng cause	given in	Part I.	24a. WAS AN PERFOR	RMED?	248	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_								1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		4.000	OTHE	R:		-	heck only on				
	Pending	1 inpatiant 2 26a. DATE O (Month,		28b. Til		28c. IN	JURY AT ORK? YES 2		6 Othe	r (Specify) SCRIBE HOW I	NJURY OC	CURED	9011
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26a. PLACE building	OF INJURY — AI I, etc. (Specify)	home, farm,	street, 1a	ctory, offi	ca			ATION (Street or Town, State)		r or Rurai	Route Number,
Tonious only		ICIAN: To the best of											a) and manner as stated.
296. SIGNATURE AND TITE	LE OF CERTIFIE	R						ENSE NU				TE SIGNED	(Month, Day, Year)
	OF PERSON WI	HO COMPLETED CAN		ТЕМ 27) (Тур	e, Print)		29c, LIC	ENSE NU	JMBER		29d. DAT	TE SIGNE	(Month, Day, Year)





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

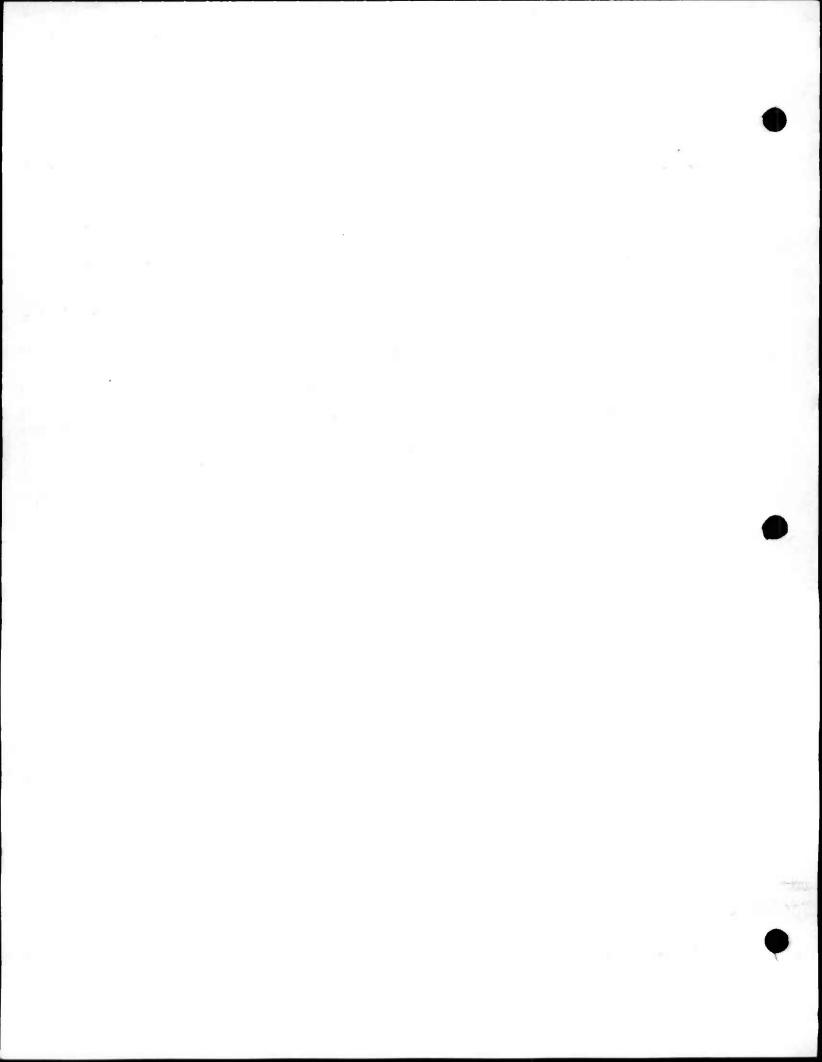
	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND F DEATH	MENTAL HYGIEN			
i	1. DECEDENT'S NAME (First, Middle, Last)	hn M. White	JOHN	MARTIN	WHITE		DAY 15 9		3. TIME OF DEATH 7:40+ M
	4. SOCIAL SECURITY NUMBER 216=01=9615	1 x M 2 □ F 81	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-13-1		s. BirthPLACE (State or Foreign Country) Maryland	
OR	90. FACILITY NAME (If not institution, give etre Union Memori	al Hospital	b		to. City				
DIRECTOR	10a. STATE 10b. COUNTY	omico	1 10 10 10	cean C					10d. INSIDE CITY LIMITS? 1 XYES 2 \(\square\) NO
3AL	10e. STREET AND NUMBER				101. ZIP CODE	811	-	IZEN OF W	HAT COUNTRY?
Y FUNERAL	8805 West Bisca 11. MARITAL STATUS 1 Never Married 2 Married \$\text{XX} \text{Y} dowed 4 Divorced}	IYNE DTIVE 12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DATE		If yes,		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		USA 14. RACE Black Specifi	
COMPLETED BY	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) Coffege (1-4 or 5 +)	16e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPI work done during ise retired.)	TION most of working	16b. KIND OF BU	JSINESS/INC	DUSTRY	White
MPL	12		Lab Te	chnici		Weste		ectr	ic
	17. FATHER'S NAME (First, Middle, Last) Matthew Joseph W	hite				AME (First, Middle, Maider ia Agnes G			
TO BE	19e. INFORMANT'S NAME (Type/Print)		The state of the state of		et and Number or Rural	Route Number, City or To-	wn, State, Zij	p Code)	0.4
	Mary Diane Spend 20a. METHOD OF DISPOSITION 1 Burlel 2XX remetlon 3 Remov	val from State 20b.	PLACE ANO OAT	E OF OISPOSITI	ON (Name	oate 20c. u	OCATION -	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICE Dennis Stephen	en Jenas	M00640		AND ADDRESS OF F	ell-Wiedef	eld H	Iome	Maryland 6500 York Ro to Md 21212
NOIL	23. PART i. Enter the diseases, or co ahock, or heart failure. L iMMEDIATE CAUSE (Finei disease or condition resulting in death)		consequence	25+A5	``\$	ch es cerdiec or reep	plretory sr	rest,	Approximate interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. CVA OUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART II. Other aignificant conditions	contributing to death bu	ut not resulting	In the underl	ring ceuse given l		PRMED?	246.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_	PLACE OF OEATH (C	heck only one)			
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TI	ME OF 28c.	Home 5 Residence INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY O	CCUREO	(6)
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, o	office	28t. LOCATION (Stree City or Town, State		er or Rural f	Route Number,
COMPLETED	(Critical City)	CIAN: To the best of my knowl :: On the basis of examination							i) end manner as stated.
TO BE C	29b. SIGNATURE OF CERTIFIER				HOUSE NO		29d. DA	TE SIGNED	(Month, Dlay, Year)
	GONZALO GONZA	les MD	201 €.	ONL	Phuny	Balt. M			
	31. DATE FILED (Mooth, Day, (ber) 1991	32 MEGISTRAB'S SIGNA	ATURE M-Randell						12

1000		Sif Derm	
BALTIMORE, MARYLAND 21215-0020	* nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-trans	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Γ	
1	
1	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
1	
ŀ	
ı	
ш	U
ı	- (
ı	ł
П	- (
ш	ı
Г	ï
ı	2
ı	1
ı	
ĺ	
1	4
1	1
1	î
	2
	4
	L
	2
	C
	C
	u
	Luic
	u
	C
	9
	9
	ς
	(
	L
	C
	2
	5
	0
	2
	2
	400
	40
	40
	40 0
	40.0
	40
	40 0
	40.0
	40 04
	40
	40.0
	40.5
	40.5
	202
	201
	40.0
	40.5
	40
	201
	0 04
	40
	40
	200
	NC CF
	NO.
	NOIT.
	ATION TO THE
	OF NOITY

	1 - FOR STATE REGISTRAR	OF MARYLAND / D	EPARTMENT OF		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Leat) Steven Wig				2. DATE OF DEATH MONTH D	AY YE	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 PM 2	6. AGE (In yrs. last b	YRS. MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	ARTHPLACE (State or Foreign ountry)
TOR	9a. FACILITY NAME (# not institution, give street and num Maryland General Hos			on Location of DE		9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOG	ATION .			10d. INSIDE CITY LIMITS? 11 VES 2 NO
FUNERAL	2543 Francie	st.	1	2121	7	10g. CITIZEN	OF WHAT COUNTRY?
À	1 Never Married 2 Married FORCE	ECEDENT EVER IN U.S. ARME IS? 1 YES 2 MO GIVE WAR OR DATES	If yea, s	CENDENT OF HISPANI pecify Cubana Maxican S 2 AO Specify:			RACE — American Indian, Black, White, etc. Specify: PLACE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) College (1	(Give	COENT'S USUAL OCCUPATION of work done during in a NOT use retired.)	ION lost of working	16b. KIND OF BU	SINESS/INDUSTI	RY
BE CO	17. FATHERIS HAVE (First, Addolo, Last) WM Norman	Wiggins		18. MOTHER'S NAM	NE (First, Middle, Maiden	Sumame)	S
2	18a. INFORMANT'S NAME (Type/Print) ARCHA BROD) 20a. METHOD OF DISPOSITION	CS 2	AALING ADDRESS (Street	Franci	oute Number, City or Tow	reet	"
	1 [5] Burlet 2 (Scremation 3 Removal from S 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		D DATE OF DISPOSITION (I	emalut	4	CATION — City of	or Town, State
	· Selfry	miller	204	# Mull	er FIH	163	Coachway
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only of immediate CAUSE (Final disease or condition resulting in death) Aq	one that caused the death ne cause on each line. Uired Immune	Deficienc			ratory arreat,	Approximata Intervsi Batween Onset and Daath
CERTIFICATION	Sequantially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Industry	Oticemia Due to (or as a conseque Due to (or as a conseque Due to (or as a conseque	ence of):				
MEDICAL	PART II. Other algnificant conditions contribu	ing to death but not res	ulting in the underlyli	ng cauaa givan in P	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL:	26. F	LACE OF DEATH (Chec	ok only one)		
PHYSICIAN:	27. MANNER OF DEATH 28s. 0 1 X Natural 5 Pending	ATE OF INJURY Anth, Day, Year)	DOA 4 Nursing Ho 18b. TIME OF 1NJURY 28c. IN	JURY AT ORK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURE)
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	LACE OF INJURY — Al home, uliding, etc. (Specify)			281. LOCATION (Street a City or Town, State)	and Number or Ru	eral Route Number,
COMPLETED	29a. CERTIFIER (Check only) 2 CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the bar	best of my knowledge, death	occurred at the time, dat	e and place, and due to death occured at the ti	o the cause(s) and mar me, date and place, an	mer as stated.	se(s) and manner sa stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	75	3	29c. LICENSK NUMP			MED (Moven/Day, Mars)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETY Ka-Ming Tse, M. D.	D CAUSE OF DEATH (ITEM 2			ral Hospi	- 1	
		GISTRAR'S SIGNATURE 1991 Julia L	Tavidson-Asnola		noopi	- 4.1.	

DHMH-16 Rev 1/89



the hospital or attending physician	detached for use as the burial-transit permit. Pages 1, 2, 3 should	once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day,

1991

France Jan 3 SIGNATABLE

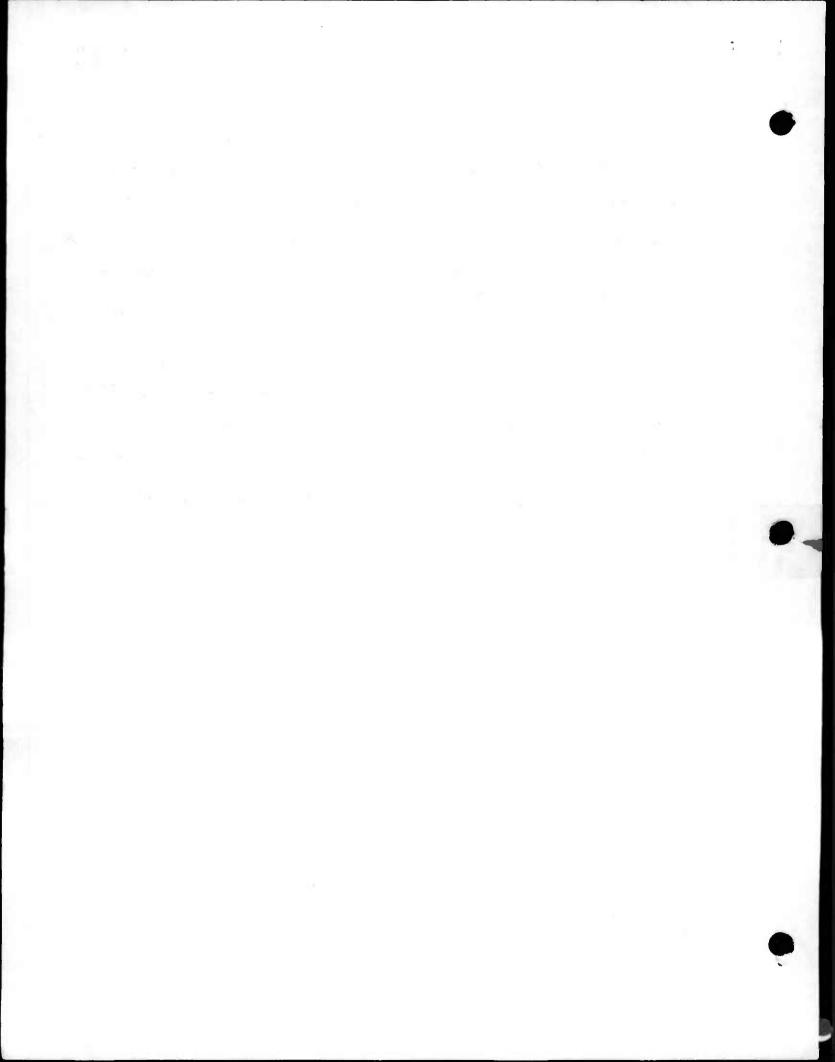
SARBONI, M/PALMER, TI VATKINS, BOY B GLENCA COD BL M BAP Q F1 2

	FOR 1 - STATE	STATE OF MARY	AND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIENE	31931			
	1. DECEDENT'S NAME (First, Middle, Las		Lee 11	Crosby	REG. NO. 2. DATE OF DEATH MONTH DAY	1-13-91 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	05		· ·	11	13 91 1051 AN			
	newborn	1 2 M 2 F	YRS.	IF UNDER 1 YEAR IF UNDER 24 HI ONTHS DAYS HOURS MI	M. (Month, Day, Year)	s. BIRTNPLACE (State or Foreign Country)			
DIRECTOR	9a. FACILITY NAME (If not institution, give VM) VELSITY OF RESIDENCE OF DECEMENT	Md Medical S		BE CITY, TOWN OR LOCATION O	F DEATN	BG / HMORE			
E C	10a. STATE 10b. COUN	ITY	10c CITY	Y, TOWN OR LOCATION					
	Maryland 100. STREET AND NUMBER	na	100. 011,	Baltimore	10d. INSIDE CITY LIMITS?				
FUNERAL	1522 N. Mount	Street		10f. ZIP CODE	21217	10g. CITIZEN OF WHAT COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. WAS DECENDENT OF HIS	SPANIC ORIGIN? (Specify Yes	WSA Pr No — 14. RACE — American Indian,			
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, Ma 1 TYES 2 NO S	xican, Puarto Rican, etc.)	Black, White, etc. Specify: Black			
ᇤ	15. DECEDENT'S ED (Specify only highest gra-	UCATION	18a. DECEDENT'S US	SUAL OCCUPATION	18b. KIND OF BUSI	NESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT use	rk done during most of working retired.}					
	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S	NAME (First, Middle, Maiden S	umame)			
BE	Victor Lee 19a. INFORMANT'S NAME (Type/Print)	Crosby		GLENI	DA WATKINS				
5	GLENDA WATKINS MOTHER 1522			ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 N. Mount Street, Balto., MD 21217					
	20a. METNOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Ra 4 ☑ Donation 5 □ Other (Specify)	moval from State	b. PLACE AND DATE OF metery, crematory or othe		DATE 20c. LOC	ATION — City or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE POPOLO IN	ado Din	22. NAME AND ADDRESS OF	FACILITY				
	SAMILA //U	BRUL 11	-18-91	655 W. Balt:	imore St. Bal	Anatomy Board to.,MD 21201			
	23. PART I. Enter the diseases, Di	complications that ceuse List only one ceuse on e	d the death. Do not	enter the mode of dying,	such as cerdiac or respira	itory arrest, Approximete			
	IMMEDIATE CAUSE (Final			1.		Interval Between Onset and Death			
	disease or condition resulting in death)	Intrac	rama!	Hemorrha	58.	Original States			
		DUE TO (OR AS	CONSEQUENCE OF):	Hemo wha	1				
N	Sequentially list conditions,	b. Trema	CONSEQUENCE OF:	(EX FONY)				
AT	If any, leeding to immediate ceuse. Enter UNDERLYING	PECONO.	CONSEQUENCE OF):	Distress :	Schola M	2			
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO OR AS	CONSEQUENCE OF:	DB 11(55)	- gravorni				
CERTIFICATION	resulting in deeth) LAST	d	,						
2		0.							
A	PART II. Other significent condition	ins contributing to death it	out not resulting in						
13				the underlying ceuse given	In Pert I. 24s. WAS AN AI				
DIC				the underlying ceuse given	In Pert I. 24s. WAS AN AI PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC				the underlying ceuse given	PERFORM	ED? AVAILABLE PRIOR TO			
IN: MEDIC				the underlying cause given	PERFORM	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
CIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATN	PERFORM 1 YES 2	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
YSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Out			PERFORM 1 VES 2 [(Check only one)	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL:		28. PLACE OF DEATN OTHER: Nursing Nome 5 Rasiden OF 28c. INJURY AT WORK?	PERFORM 1 VES 2 [(Check only one)	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 inpetient 2 ER/Out; 28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	28. PLACE OF DEATN OTHER: Nursing Nome 5 Rasiden OF Y WORK? M 1 YES 2 NO	(Check only one) 28d. DESCRIBE HOW INJ	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	HOSPITAL: 1 inpattent 2 ER/Outs 28a. DATE OF INJURY (Month, Dey, Year)	patient 3 DOA 4 28b. TIME 0 INJUR	28. PLACE OF DEATN OTHER: Nursing Nome 5 Rasiden OF Y WORK? M 1 YES 2 NO	(Check only one) 28d. DESCRIBE HOW INJ	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PNY:	HOSPITAL: 1 inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the Control	attent 3 DOA 4 28b. TIME C INJUR — At home, term, stre	28. PLACE OF DEATN OTHER: Nursing Nome 5 Rasiden OF Y 28c. INJURY AT YORK? M 1 YES 2 NO et, factory, office	(Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW INJ 28f. LOCATION (Street and City or Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URY OCCURED I Number or Rural Route Number,			
COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PNY:	HOSPITAL: 1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spe-	attent 3 DOA 4 28b. TIME C INJUR — At home, term, stre	28. PLACE OF DEATN THER: Nursing Nome 5 Residen DF 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office at the time, date and place, and in my opinion, death occured at	(Check only one) 28d. DESCRIBE HOW INJ 28d. DESCRIBE HOW INJ 28d. LOCATION (Street and City or Town, State)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URY OCCURED I Number or Rural Route Number, or as attated. due to the cause(s) and manner as attated.			
ED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impattent 2 ER/Outs 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special Sician): To the best of my know ER: On the best of axamination ER: OR A	patient 3 DOA 4 28b. TIME (INJUR — At home, tarm, streetly) Ledge, death occurred in and/or investigation, in and/or investigation, in and/or investigation.	28. PLACE OF DEATN THER: Nursing Nome 5 Rasiden SF 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office at the time, dete and place, and in my opinion, death occured at 29c. LICENSE I	(Check only one) 28d. DESCRIBE HOW INJ 28d. LOCATION (Street and City or Town, State) Sue to the cause(a) and manner that time, data and place, and NUMBER	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO URY OCCURED I Number or Rural Route Number,			

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020		
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	yan.	
TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	-transit permit. Pages 1, 2, 3 should	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		

	HOWAR	COSH PLOCA LARS C	
1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	HYGIENI

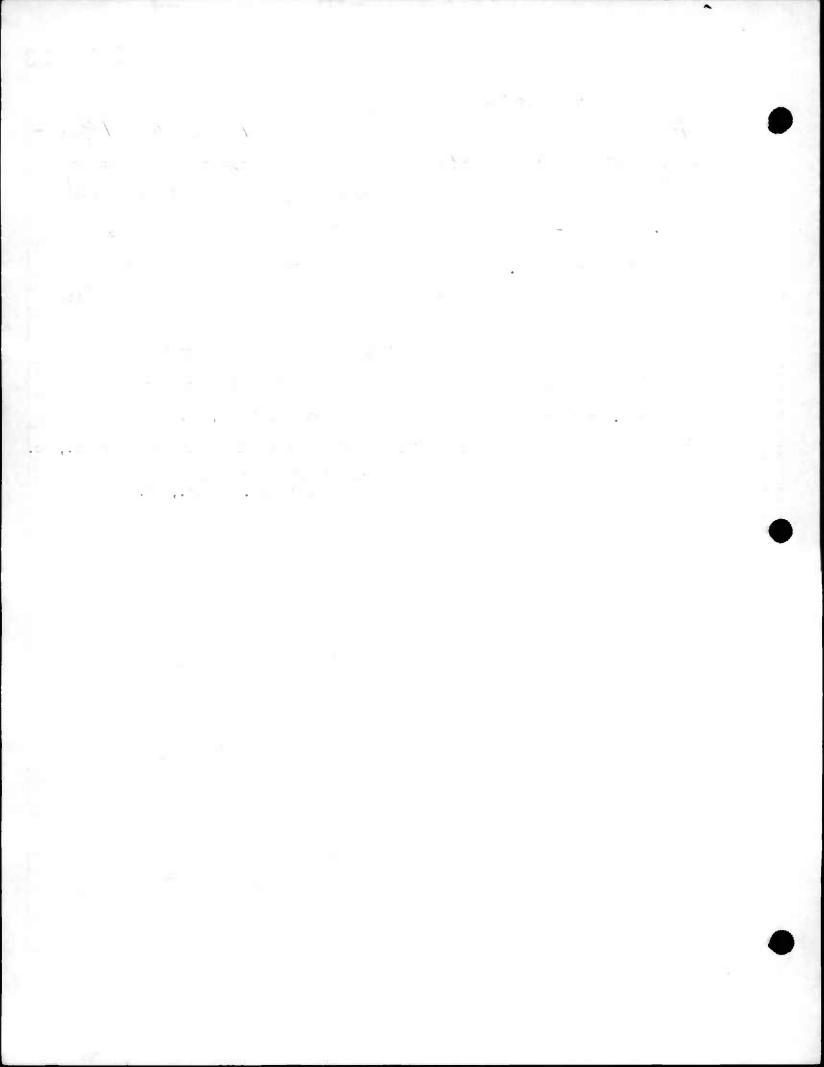
	REGISTRAR		CERTI	FICALE (OF DEATH	REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last) HOWARD A	OU DHOOM				2. DATE OF DEATH	Y YE	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda	V) IF UNDER t Y		11/18/9		
		15 M 2 🗆 F	YRS	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	(Month, Day, Year)		NRTHPLACE (State or Foreign ountry)
1 1	712 12 dd 1H		70 1113			LIANIZ 19	9111	ARYLAND
-	Se. FACILITY NAME (If not institution, give s	. 1			WN OR LOCATION OF C	EATH '	9c. COUNTY	imore
DIRECTOR	FRANKLIN SO	DUARS H	OSPITAL	150	SLOALS		Ball	imore
[[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. (CITY, TOWN OR I	OCATION			10d. INSIDE CITY
	C - 2 1		(0)		B			LIMITS?
	100. STREET AND NUMBER	1, mores		10012	10f. ZIP CODE		I do CUTUTEN	1 YES 2 NO OF WHAT COUNTRY?
FUNERAL	==0 D 1 2 C;	2000			2 . 2 .		log. Cirizen	C A
岁	11 FOOR DKM	IN DK	1/2		3123	0	U	. N C.
교	11, MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARMED	It ye	s, specify Cyben, Mexic		or No- 14.1	RACE — American Indian, Black, Whita, atc.
A	3 Widowed 4 Divorced	IF YES, GIVE W	The state of the s	1 [YES 2 TNO Spec	ify:	1	Specify:
ED	15. DECEDENT'S EOU	101.00		T'S USUAL OCCL	IPATION	18b, KIND OF BU	SINESS/INDI IST	V1112
	(Specify only highest grade	completed)	(Give kind	of work done duri	ng most of working	100. Killo 01 00	311123371112037	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	SelE	-sme	0.000	- Li		219
	17, FATNER'S NAME (First, Middle, Last)		ا ملياد هم	~1 11 .	10 MOTHER'S N	AME (First, Middle, Maiden	Sumamal 1	1. FO.
	9 2 1002	ON PH	300		C lin	AME (First, Middle, Malder)	C (C	- 0
H	19a. INFORMANT'S NAME (Type/Print)	DOLLA		10 1000500 (571,7	AISTIH	7151	SRI
	FAMILY RO	2.200	190. MAIL	MO ADDRESS (S	treet and Number or Hura	Route Number, City or Tox	n, State, 21p Goo	9)
	20a. METHOD OF DISPOSITION	COROS		ZHU	Z MS F	12007	0471011 011	
	1 Burlal 2 Cremation 3 Rem	novel from State	20b. PLACE AND DA		ON (Name of	11-20	CATION — City	0-011
	4 Donation 5 Other (Specify)	CENSEE	1 BRELA	1 10001	ME AND ADDRESS OF F	CI IP IX	ano.	MARYLAND
	THE STATE OF THE STATE OF	ENSE	Λ	SV	AND WA	15 40 TEG	imori.	2.5
	touth of	None.	1	83	300 HAR	FORD ROG	N-13/6	Kvills
	23. PART I. Entar the diseases, or	complications tha	caused the death. D	o not antar th	a mode of dylng, su	ch as cardlac or raap	iratory arrest,	Approximate
	ahock, or haart failure. IMMEDIATE CAUSE (Final	List only one cau	aa.on aach Ilna.					Interval Batween Onaat and Daath
	disease or condition	Mio ca	rdial Infa	rction				ALSE SEE SEES
	reaulting in death)	a. OUE TO	OR AS A CONSEQUENCE	OF):				
-	_	Corona	ry Vessel	Insuffi	iciency			
호	Sequentially list conditions,	101	(OR AS A CONSEQUENCE					
18	If any, laading to immediata cause. Enter UNDERLYING							
Ē	CAUSE (Disease or Injury that initiated avants	OUE TO	(OR AS A CONSEQUENCE	OF):				
CERTIFICATION	resulting In death) LAST							
EDICAL	PART II. Other aignificant condition	na contributing to	daath but not raauitir	ig in the unde	rlying cause given i	n Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 _ YES :	2 □ NO	COMPLETION OF CAUSE OF DEATN?
ME								1 _ YES 2 _ NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MORPITAL	,		26. PLACE OF OEATN (C	heck only one)		
Sic	1 VES 2 NO	1 Inpatiant 2	ER/Outpatient 3 🗆 DO	OTHER:	g Nome 5 🗆 Residence	a Cother (Specify)		
Ę	27. MANNER OF DEATN	28a. DATE OF (Month, D		TIME OF 28	Ic. INJURY AT WORK?	28d, OEŞCRIBE NOW	INJURY OCCUR	ED
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(MORAL, D	uy, roury		1 YES 2 NO			
	3 Suicide a Could not be	26a. PLACE C	F INJURY - At home, for	m, atreet, tactory	, office	28f. LOCATION (Street		lural Route Number,
TED	4 Nomicide determined	bulleting,	atc. (Specify)			City or Town, State	,	
4	29a. CERTIFIER 1 CERTIFYING PNYS	NCIAN: To the heat of	my knowledga, daath occ	surred at the time	date and place and d	us to the assessed and me	mner se stated	
COMPLET	Constant only							use(a) and manner as stated.
			THE PERSON NAMED IN COLUMN TWO	чри				
H	296. SIGNATURE AND TITLE OF CERTIFIE	N TO THE REAL PROPERTY OF THE PARTY OF THE P	ha A		29c. LICENSE N		29d. DATE SI	GNED (Month, Day, Year)
5					026	116	11	118191.
	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAU	000 Frank 1	in Saua	re Drive.	Baltimore.	MD 21	.237
	<u></u>							
	NOV 2 2 1991		A'S SIGNATURE					
	NUV 2 2 1991	Juna vai	rason-vanaese					
		•						DHMH-18 Rev 1/89



	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hyglene prior to bunial, cremation, or removal.	
	Pages	
	permit	
ician.	al-transit	
tending physiciar	the buris	
attendi	use as	
spital or	ned for	
the ho	e detacl	4 0000
rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	d binodi	Hilland a
y be ret	age 5 s	he and
ре 6 та	irector, p	Santa .
ath. Pag	uneral di	- in
after de	novai.	Land and
4 hours	illed in I	-
within 2	pletely f crematio	And And
cecuted	y the attending physician and complet nd Mental Hygiene prior to burial, crer	Alle Alle
te be es	sician a	-
certifica	ding phy fygiene	- Abban
e death	Mental H	-
that the	th and I	Acres 24
requires	een sign of Heal	-
The law	e has b	00
ICIAN:	the Sta	9.0
G PHYS	er this o	
ITENDIN	TOR: Aft	
THE HOSPITAL OR ATTENDING PHY	THE FUNERAL DIRECTOR: After this certificate has been signed by it in the State Dept, of Health and N	the second secon
HOSPITA	VITHIN 72	-
O THE	o THE I	

	1 - STATE OF MARYLAI REGISTRAR Andrew Bancsits		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last) A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (4e)	CONCS Vrs., last birthday) F UM	DER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH 2) 91	BIRTHPLACE (State or Foreign	
	2-16-32-5167 IXM20 = 9	YRS. MONTH		(Month, Day, Year)		Country) Hungary	
RO RO	9a. FACILITY NAME (If not institution, give street and number) Faciliston Gen Hoso	itel 1	TUSton		9c. COUNTY Ha		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Md. 10b. COUNTY		n or Location timore			10d. INSIDE CITY LIMITS? 12 YES 2 NO	
	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	3648 Dixdley Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	in anusn I	21213			USA	
B≼	1 Never Married 2 Married FORCES? 1 1 YES IF YES, GIVE WAR OR DATE	2 1 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic 1 — YES 2 NO Species	an, Puarto Rican, atc.)	a or No— 14.	. RACE — American Indian, Black, Whila, atc. Specify: White	
TED	(Specify only highest grade completed)	(Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BU	JSINESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Tailo		Cl	othing		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Stephan Bancsits			AME (First, Middle, Maide Zabeth L	okadar		
10 B	19a. INFORMANT'S NAME (Type/Print)		ESS (Street and Number or Rura				
	George D. Iominac	PLACE AND DATE DF D	ray Court Ba		OCATION — City		
			morial Garde			timore Co., Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	E	22. NAME AND ADDRESS OF F Pruzdzinski F 407 Eastern	uneral Hom		21221	
23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory arrest, shock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition a					t, Approximate Interval Between Onset and Death		
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions contributing to death but	not resulting in the	underlying ceuse given i		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (Check only one)	-	1	
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Output		TER: Nursing Nome 5 ☐ Residence	6 Other (Specify)			
PH	27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED	
ED BY	2	- At home, farm, street,	1 YES 2 NO	281. LOCATION (Stree City or Town, State	t and Number or e)	Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINES: On the basis of examination						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	- Janes	29c, LICENSE N	UMBER 22843	29d. DATE S	GIGNED (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	TH (ITEM 27) (Type, Print)				1 11	
	31. DATE FILED (Month, Sey Sper) 32 OREGISTRAR'S SIGNA NOV 22 1991	TURE - Mandale	•				





DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	ours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-tran be filled within 72 hours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	I in by the funeral director, page 5 should be detached for use as the burial-tran or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	nedical examiner must be notified at once.

the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERTIFICATION

BY

4 Homicide

COMPLETED

8

2

permit. Pages 1, 2, 3 should

					9		010	7 14
	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPAR	RTMENT OF H	IEALTH AND I	MENTAL HYGIEN	E		
		(in yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH DATE OF BIRTH (Month, Day, Year) 5/28/79	0	8. BIRTHPLA	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) Sinai Hospital			imore		9c. COUN	TY OF OEAT	
DIRECTOR	10a. STATE 10b. COUNTY Md.	10c. CIT	y, town on Locat Balti					d. INSIDE CITY LIMITS?
FUNERAL	10e. STREET AND NUMBER 6106 Sunny La. 11. MARITAL STATUS 12. WAS DECEDENT EVER II	N U.S. ARMED		21207	IIC ORIGIN? (Specify Yes		USA	T COUNTRY?
8≺	1XXVever Merried 2 Married 3 Widowed 4 Divorced FORCES? 1 YES, GIVE WAR OR O.	2 NO ATES	if yes, sp 1 🗍 YES	2 NO Specify	n, Puarto Rican, etc.)	1	Blac	American Indian, /hita, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of Me. Do NOT us Child	USUAL OCCUPATION Work done during mo se retired.)	ON st of working	16b. KIND OF BUS	iness/indu	JSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) James Brown, Jr. 19a. INFORMANT'S NAME (Type/Print)			Caro	ME (First, Middle, Meiden olyn Hunt	er		
2	Carolyn Hunter	610	Sunny	La. Ba	oute Number, City or Town	. 21	207	
	1 Donalion 5 Other (Specify)	PLACE AND DATE	of DISPOSITION (Na attonal	Mem	11/26 L	aure		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE James G. Morton 22. NAME AND ADDRESS OF FACILITY ON & SONS 1701 Laurens St. BAlto., Md.					. 21217		
	23. PART I. Enfer the diseasea, or complications that caused shock, or heart failure. List only one cause on eximmediate CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A	ach line.	not enter tha mo	de of dying, auci	n as cardiac or reapi	ratory arre	at,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST							
5	d							

PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? RESPIRATORY 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER: 4 Nursing Ha 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, larm, street, factory, office building, stc. (Specify) 3 Suicide

29s. CERTIFIER
(Check only one)

A SPICAL EXAMAND. On the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion

red at the time, data and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

IOKORIE, NDIDI SINAI HOSPITAL , BALT.

31. DATE FILEO (Month, Day, Year), NOV 2 2 1991

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

11-20-91

PINE UMOINA 5612915

16- -11

KE YEARTEN & FALL AKE

1 dear 1 - - 172 NOTES NAMORCETE STAIN HOLLING 151

5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	10 THE PLOSFIAL DIK ALLENDING PRYSULANT THE ISM requires that the death centricate be executed within smaller death. Pat TOTHE FUNERAL DIRECTOR, RAter this certificate has been signed by the attenting physician and completely filled in by the funeral of be filed within 2P hours after death with the State Dept. of Health and Mentall Hygiene prior to burial, cremation, or removal. IMPORTANT: if Item 28 is marked, or Item 28 is shows any fillury, or other traumatic event, the medical examine
---------------------------------------	---

				91	31935	
	1 - FOR STATE REGISTRAR	OF MARYLAND / DEP/ CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) ESTHER R. BOF	RLEIS		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 216-05-4966 1 \(\text{n} \) x 2	6. AGE (In yrs. last birthda	MONTHS DAVE HOUSE AM	11 20 7. DATE OF BIRTH (Month, Dev. Year) Jan 25, 19	1991 6:52 p.m. M B. BIRTHPLACE (State or Foreign Country) Maryland	
8	9a. FACILITY NAME (If not institution, give street and number THE JOHNS HOPKINS HO		96. CITY, TOWN OR LOCATION OF E BALTIMORE CITY	EATH	9c. COUNTY OF DEATH	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY Maryland Baltimo		TY, TOWN OR LOCATION North Point Vill		10d. INSIDE CITY LIMITS?	
ERAL	10e. STREET AND NUMBER 7538 Old Battle Grov		101. ZIP COOE		1 □ YES 2 🕅 NO 10g. CITIZEN OF WHAT COUNTRY? United States	
8	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DE FORCES IF YES,	CEDENT EVER IN U.S. ARMEO 17 1 TYES 2 ANO OIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 X NO Speci	en, Puerlo Rican, etc.)		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(Give kind	's usual occupation of work done during most of working use retired.) Homemaker	16b, KINO OF BUSIN	IESS/INOUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Anthony Lagna		18. MOTHER'S N.	AME (First, Middle, Maiden Su Pietta Me	enandri	
10	Mary B. Schriefer		NG ADDRESS (Street and Number or Rural B106 Montebello Te		State, Zip Code) imore, Md. 21214	
	20s. METHOD OF OISPOSITION 1 X Burlel 2 Cremetton 3 Removal from St. 4 Donatton 5 Other (Specify)	20b. PLACE AND DAT cemptery, cremetory of Gardens	EOFDISPOSITION (Name of of Faith 11/23/91	Bal	TION — City or Town, State Ltimore Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214 Leonard J. Ruck, Inc. 5305 Harford Road					
	23. PART I. Enter the diseases or complication ahock, or heart failure. List only of IMMEDIATE CAUSE (Final disease or condition resulting in death)	that chused the death. Do	rentie CA	ch as cardiac or respirat	tory arrest, Approximate interval Between Onset and Death	
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	UE TO (OR AS A CONSEQUENCE			L me	
MEDICAL C	PART II. Other algnificant conditions contribution	ng to death but not resulting	g in the underlying cause given in	PERFORME		
PHYSICIAN:	27. MANNER OF DEATH 28s. OA	t 2 ER/Ouipatient 3 DOA TE OF INJURY 26b, T	28. PLACE OF DEATH (C/		URY OCCURED	
ED BY	1 Natural 5 Pending Investigation 5 Accident Investigation 5 Could not be determined 6 Could not be determined 4 Homicide Homicide Suicide 1 Natural Pound Number, Street, factory, office 28a. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
OMPLET			rred at the time, data and place, and dur		r as stated. Jus to the cause(s) and manner as stated,	
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	m 13.1	29c. LICENSE NU		9d. DATE SIGNED (Morth, Day, Year)	

30 REGISTRAR'S SIGNATURE
JUNA DAVIDSON-RANGES

NOV 22/1991

OHMH-16 Rev 1/89

البيقدي لا يوقل

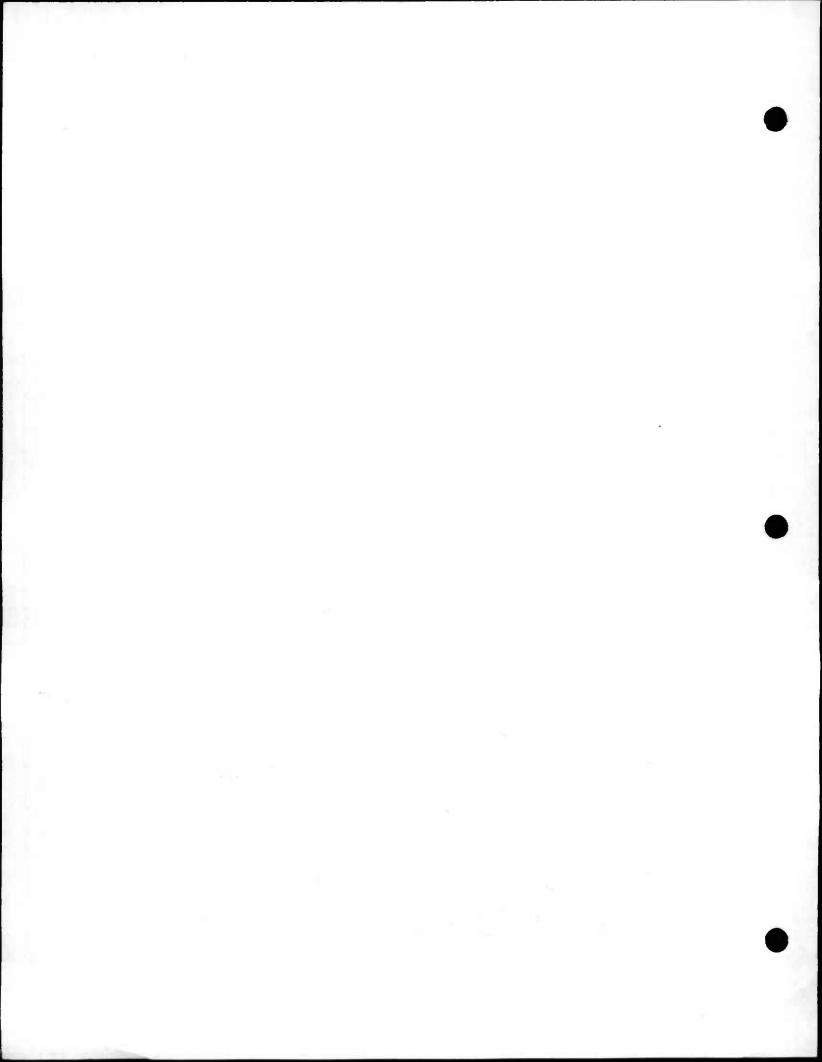
11-6-

LTIMORE, MARYLAND 21215-0020	ath, Page 6 may be retained by the hospital or attending physician.	neral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
LTIMORE,	ith, Page 6 may be	neral director, page

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR		ARYLAND /	DEPAR RTIF	TMENT OF	HEALTH AND F DEATH	MEN		YGIEN EG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last) REVERDA M. B							ATE OF	D		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	T	AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7.0	ATE OF	200	-	0 BIOTI	12450 M
- 1	213-01-1413	1 🗆 M 2 💢 F	73	YRS.	MONTHS DAY		9	Aonth, Da	1918	- 1	Countr	PLACE (State or Foreign 1) 1 and
m	9a. FACILITY NAME (If not institution, give					OR LOCATION OF D				_	NTY OF D	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
OT:	RESIDENCE OF DECEDENT	UNION MEMORIAL HOSPITAL BALTIMORE CITY										
DIRECTOR	10a. STATE 10b. COUNT	Υ			, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
L D	Maryland 100. STREET AND NUMBER			Bal	timore	10.7 Line 1.00.00						1 X YES 2 NO
BY FUNERAL	3601 Woodlea Ave					101. ZIP CODE 21214					ZEN OF W	/HAT COUNTRY?
P.	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	AED	13. WAS D	ECENDENT OF HISPA	NIC OR	IGIN? (S	pecify Yes			- American Indian, White, atc.
B	3 Wildowed 4 Divorced	Never Married 2 X Married FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES				specify Cuban, Maxic ES 2 X NO Speci	an, Pua fy:	rto Ricar	n, etc.)		Specia	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)	18e. DEC	EDENT'S	USUAL OCCUPA ork done during	TION		18b. KIN	D OF BUS	SINESS/IND		LE
J.E.	Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or 5 +)	Ale.	Do NDT us	e retired.)	nost or working						
OMI	17. FATHER'S NAME (First, Middle, Last)		Hon	nemak	er	18. MOTHER'S NA	AME /E/	mt Adiototi	. Malden			
BE C	Alley Smith						rie		ii, Malden		rtma	n
2	190. INFORMANT'S NAME (Type/Print)	h				t and Number or Rural						
	Willard N. Boug		20h PLACEAL	MDDATE C	WOODI E	Ave., B		O.,				
	20e, METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	loval from State	Gardens	of F	aith Cem	eterv 11-2	3-91	PATE		CATION — I	7.00	wn, Stata
1 M Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROY H. Cather Camelery, crematory or other place Camelery, crematory or other place Camelery, crematory or other place Camelery, crematory or other place Camelery, crematory or other place Camelery, crematory or other place Cathery 11-23-91 Rosdale, Md.												
	ROYH. Ca	ther)			Leonar	d J. Ruck.	inc.	.5305	Hart	ford R	d. Ra	lto.,Md.21214
23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 8. Marrie Cardia is the Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								al dipc	or reaps	actory arm	, eat,	Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted eventa resulting in death) LAST											
	PART II. Other algnificant condition											İ
PHYSICIAN: MEDICAL		S continuing to de	adi but not re	sulting II	the underly	ng cause given in	Part I		PERFORI	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01		26. OTHER:	PLACE OF DEATH (Ch	eck only	one)				
HYS	1 YES 2 NO	1 Petiant 2 E			4 Nursing Ho	ma 5 Residence						
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	N/A	IRY W	YES 2 NO		/A	E HOW IN	IJURY OCC	URED	
	3 Suicide 8 Could not be determined	28a. PLACE OF II building, ato	· (Specify)			ca	281, L	OCATION	(Street ai	nd Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CERTIFYING PHYSI CHECK CONTROL OF CHECK CONTROL OF CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI CERTIFYING PHYSI	CIAN: To the best of my	knowledge, deat	h occurre	at the time, da	a and place, and due death occured at the	to the	cause(a)	and man	ner se atate	d.	and manner as stated
BE	296. SIGNATURE AND TITLE OF CENTRES			139		29c. LICENSE NUI	MBER					Month, Day, Year)
٤	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	AT2438	10 9	41	80	- 11	120	191
	Usin Mena		ihd -	Ba	Min	e mo)	212	10			
	NOV 2 2 1991	12. newstralars	N-/ Tondal	2								



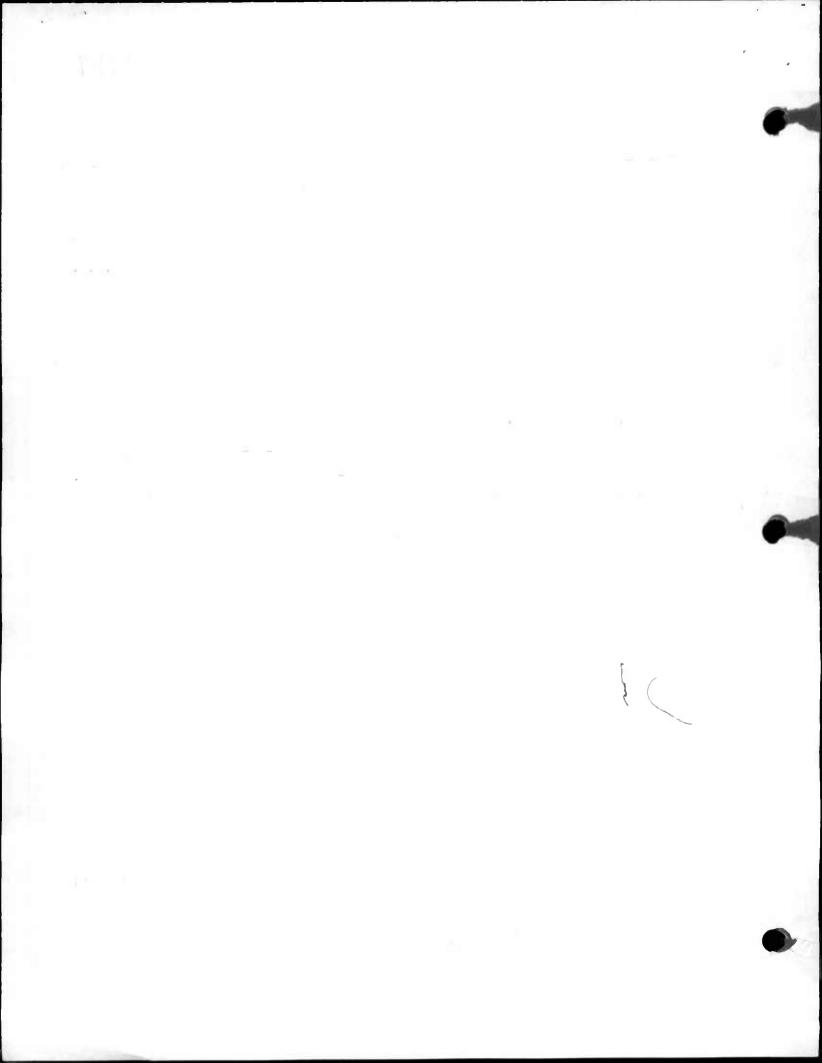


100-100 A 10	hin amount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a require dath. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN		, , , , ,	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	EILEEN						991 M	
		5. SEX 6. AGE (I	n yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)	
	9e. FACILITY NAME (If not institution, give stre		85 YRS.			10-18-0	06	Country) MARY LAND	
Œ	1039 ELTON AVENUE			9b. CITY, TOWN (Baltimo		9c. COUNTY	OF DEATN	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT				Daitill	or e	BA	LTIMORE	
RE	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY	
<u> </u>		LTIMORE	Ba	ltimore			1 [,YES 2 NO		
RAL	10e. STREET AND NUMBER		101	. ZIP CODE	OF WHAT COUNTRY?				
NE	1039 Elton Aven				21224		U.S.A.		
	1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	XX NO	13. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye en, Puerto Ricen, etc.)	e or No- 14	. RACE — American Indian, Black, White, etc.	
1 Never Merried 2 Merried PORCES? 1 YES & NO If yee, specify Cyben, Mexice 1 YES, GIVE WAR OR DATES 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES & NO If yee, specify Cyben, Mexice 1 YES 2 NO Specify						fy:		Specify: White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	15. DECEDENT'S EDUCATION (Specific code Michael State Control of the Control of						TRY	
9	Elementery/Secondary (0-12)	College (1-4 or 5+)		vork done during mo e retired.)	st of working				
M P	2	YEARS	НОМ	E MAKER			HOME		
8	17. FATNER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumeme)		
BE	EDWARD HAHN 19e. INFORMANT'S NAME (Type/Print)					RET SMITH			
2		ກຸຕາ	19b. MAILING	ADDRESS (Street e	A LET LILIT	Route Number, City or Tow			
	HARRY E. BELSINGER, SR. 1932 SNYDER AVENUE BALTIMORE, MARYLAND 21222								
	1 Buriel 2 Cremation 3 Remove	al from State 20b.	PLACE AND DATE O	FDISPOSITION (Na	me of	22 01 RA	CATION — City	or Town, State	
4 Donetion 5 Other (Specify) BALTIMORE, M Camping Community of the Commu									
	* 1h. I m	4	/						
-	22 PART Franchis	- Jan			WISE AL		IDALK,	MD 21222	
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that caused st only one cause on ea	the death. Do n ch line.	ot enter the mo	de of dying, auc	h as cardiac or reap	iratory arrest	Approximate interval Between	
	iMMEDIATE CAUSE (Final disease or condition	Character De		1	1			Onset and Death	
1	a. Chronic Renal Failure on hemodialysis								
-									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
8	cause. Enter UNDERLYING CAUSE (Disease or injury	¢.							
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
H	d.								
SAL	PART II. Other algnificant conditions	contributing to death bu	t not resulting is	the underlying	cause given in	Part I. 24e. WAS AN	ALITOPRY	24b. WERE AUTOPSY FINDINGS	
			1201.131			PERFOR	IMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 YES 2	NO NO	OF DEATH?	
ž						-		1 TYES 2 NO	
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)			
is l		OSPITAL: Inpatient 2 ER/Outpat		OTHER: 4 Nursing Nome	5 XRasidence	6 Other (Specify)			
H H	27. MANNER OF DEATN	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJU	JRY AT	28d. DESCRIBE NOW I	NJURY OCCUR	ED	
ਨ	1 Natural 5 Pending 2 Accident Investigation			M 1 7					
	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY - building, atc. (Specifi	At home, ferm, at	reel, fectory, office		28f. LOCATION (Street of City or Town, State)	and Number or F	lural Route Number,	
Ē,									
린	29e. CERTIFIER (Check only one)	N: To the best of my knowle	dge, death occurred	d at the time, date	and place, end due	10 the cause(e) end men	iner ee stated.		
COMPLETE	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	, in my opinion, de	ath occured at the	time, date end piace, en	d due to the ce	use(e) end manner es stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	0	2		29c. LICENSE NUM		29d. DATE SIG	GNED (Month, Day, Year)	
o IL		hary, M.			D12052		► 11-	-20-91	
-	J. B. Zachary, M.	OMPLETED CAUSE OF DEAT	SCOTT V	Print)	al Conto	n 1010 E-	ctonn	Avenue	
				y neuro	ai cente	., 454U Ec	is term	Avenue	
	NOV 22 1991	32. REGISTRAR'S SIGNAT							
	1101 ~ - 1331 7	frie Davidson Re	ndelle						

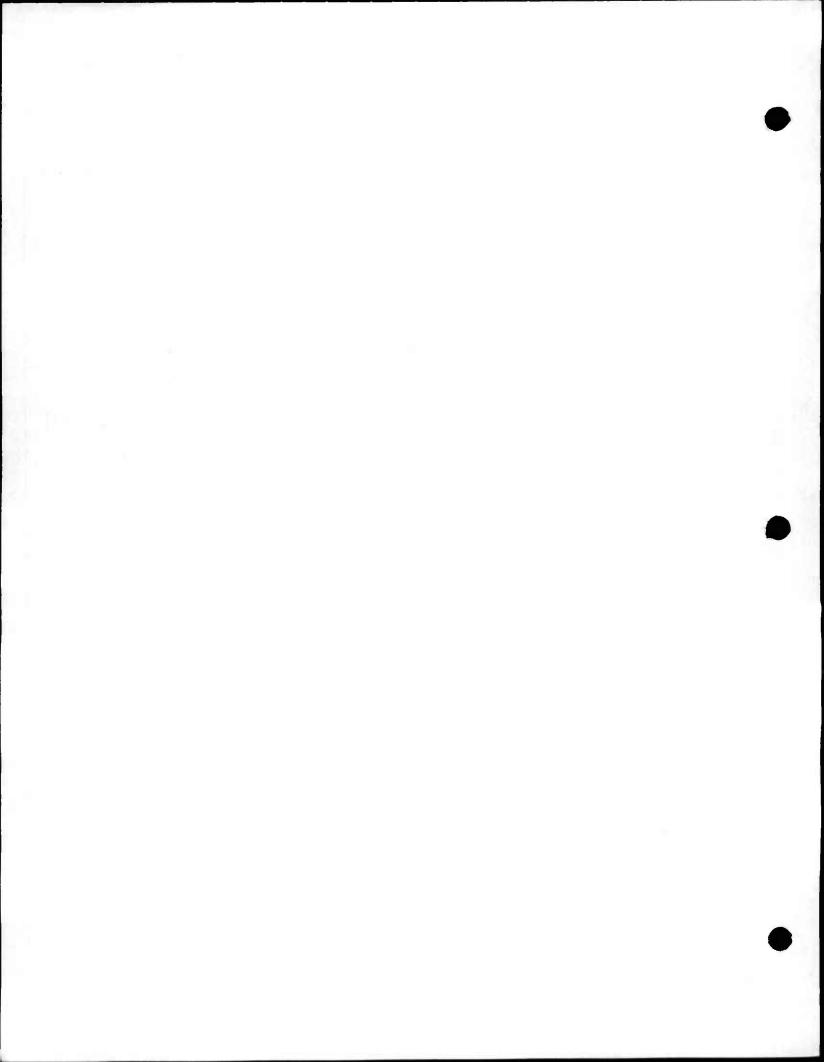




FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO).				
	1. DECEDENT'S NAME (First, Middle, Last) Sr. Mary Beane R. S	M		2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH			
					1 199	1 4:25p м			
1	5. SEX 5. 9 18 - 3634 1 M 2 M F		UNDER 1 YEAR IF UNDER 24 HR	44	8. BIF Cor	RTHPLACE (State or Foreign untry)			
	9e. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCATION OF	Oct 8,	90, COUNTY OF	Vash. D.C.			
8	Mercy Villa		and, round on Education of	DEATH					
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY				Balti	Lmore			
DIRECTOR	Md Baltimore	10c. CITY, To	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
3AL	10e, STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN O	F WNAT COUNTRY?			
FUNERAL	6806 Bellona Avenue		21212	0021					
	11. MARITAL STATUS 1 Never Merried 1 Never Merried 1 Press, Give War O	ES 2 NO	13. WAS DECENDENT OF NIS If yee, specify Cuben, Me	PANIC ORIGIN? (Specify Yellicen, Puerto Ricen, etc.)		ACE — American Indian, lack, White, etc.			
ВУ	Sp	pecify:							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S USU	JAL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	white			
	Elementery/Secondery (0-12) College (1-4 or 5+)	life. Do NOT use re	tired.)						
MP	17. FATHER'S NAME (First, Middle, Last)	Religio	us Sister		olic Ch	urch			
8	Dorsey R. Beane			NAME (First, Middle, Meiden Anna Gas					
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	ORESS (Street and Number or Ru						
2	Sr. M. Brian R.S.M.		Bellona Ave						
		20b. PLACE AND DATE OF D	SPOSITION (Name of		CATION — City or				
ļ		loodlawn C	emetery	11/25 B	altimo	re			
1	21. SIGNAL SERVICE LICENSEE	٨	Sterling A		eral H	ome			
	tule S. (leleh	1100011	736 Edmond	lson Avenu	e 212				
	 PART I. Enter the diseases, or complications that cau ahock, or heart failure. List pnly one cause or 	aed tha death. Do not a	antar the moda of dying, s	uch as cardiac or raap	ratory arrest,	Approximata Interval Batwaan			
AMERICAN AND AND AND AND AND AND AND AND AND A									
ŀ	resulting in death)	a. Metastati lymphoma Due to (OR AS A CONSEQUENCE OF):							
z		a a solideadelide or).	•						
CERTIFICATION	ii ally, laading to immadiata	S A CONSEQUENCE OF):							
2	cause. Entar UNDERLYING CAUSE (Disease or injury								
Ē	that initiated events reaulting in death) LAST	S A CONSEQUENCE OF):							
	d	a.							
EDICAL	PART II. Other aignificant conditions contributing to death	h but not rasuiting in th	a underlying causa given	In Part i. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă				1 _ YES 2	□ NO	CDMPLETION OF CAUSE OF DEATH?			
Σ						1 - YE\$ 2 - NO			
N N	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATN	Check only one)					
Sic.	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/0		HER: Nursing Nome 5 - Resident						
PHYSICIAN: M	27. MANNER OF DEATH 28e. DATE OF INJUF (Month, Day, Yea	TY 28b. TIME OF		28d. DESCRIBE HOW II	NJURY OCCURED				
ĭ M	2 Accident investigation		M 1 YES 2 NO						
	3 Suicide 8 Could not be determined 28e. PLACE OF INJL building, etc. (S	JRY — At home, ferm, atreet specify)	, fectory, office	28f. LOCATION (Street e City or Town, State)	nd Number or Rura	Il Route Number,			
COMPLETED	29e. CERTIFIER								
ΑP	(Check only one) 1 CERTIFYING PNYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basic of examina	owledge, death occurred at	the time, date end piece, end o	ue to the ceuse(e) end men	ner ee atated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER	mor was investigation, in							
H	Maire a Dolomo n	40	29c. LICENSE N	OMBER 977	29d, DATE SIGNE	ED (Month, Day, Yeer)			
요	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, Print	2	. 2)		11/7/			
	Marie A Dobyns n	UD 3015	Paul Ma	ce Bolls. M	0.2120	12			
	NOV 2 2 1991	A fandale							
	HUY & W 1001								



BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	RANDOLPH BOTTOM	LY, JR.					91	31939	
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.	_	01303	
	1. DECEDENT'S NAME (First, Middle, Last)		4	0/112 01	D 2,71171	2. OATE OF DEATH MONTH DO		3. TIME OF DEATH	
	KANDOLPH		POOTTO	MLY	TB	_11 /9	9 9	1 1873 M	
	4. SOCIAL SECURITY NUMBER 236-54-0060	1 M 2 D F 5	yas.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) // - 20	1	BIRTHPLACE (State or Foreign Country) WEST VA.	
OR	99. FACILITY NAME (If not institution, give str SHADY GROVE ADVE)	NTIST HOSPIT	TAL	ROCKV.	R LOCATION OF DE	EATH	9c. COUNTY MON'	OF DEATH TGOMERY	
ן בַּ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY	
DIRECTOR	MD. MONTO	DA	DAMASCUS				1 Tyes 2 HNO		
FUNERAL	100. STREET AND NUMBER 27455 CLARKSBURG		101	ZIP CODE	872	USA	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 🗷 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 (NO				n or No 14.	. RACE — American Indien, Black, White, etc. Specify: WHITE	
G .	15. DECEDENT'S EDUC (Specify only highest grade of		18e. DECEDENT'S I	JSUAL OCCUPATION done during me	ON wit of working	16b. KIND OF BU			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)		AIR CO		FRIG. AND	
MP	12 17. FATHER'S NAME (First, Middle, Last)							0.	
	RANDOLPH BOTTOM				HINKLE	Sumemey			
TO BE	19e. INFORMANT'S NAME (Type/Print) ALICE P. BOTTOMLY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) SAME AS # 10								
	20s_METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	val from State	b. PLACE OF OISPOS other place) LAYTONSV					y or Town, State LLE, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Ban	her			RBER FUNER		E SVILLE,MD.2088	
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that cause list only one cause on a	d the death. Do n					t, Approximata Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition	mu	cardi	lin	and.			Onset and Death	
	disease or condition reaulting in death) Due to (or as a consequence of):							74.00	
rion	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF);					
	reaulting in death) LAST	i							
_	PART II. Other algorificant conditions	contributing to death	but not reaulting I	n the underlyin	g cause given in	Part I. 24a. WAS AP		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICA	acut for	onchites				1 YES		COMPLETION OF CAUSE OF DEATH?	
ME								1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATN (Ch	eck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing Nor	ne 5 🗆 Residence	8 Other (Specify)			
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIMI INJ	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED	
	2 Accident Investigation 3 Sulcide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, a ecliy)	treet, fectory, offic	ce	281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,	
COMPLETE	(Olloca City)	CIAN: To the bast of my known						ceuse(e) end menner ee stated.	
ЕСО	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c, LICENSE NU			BIGNED (Month, Day, Year)	
8	T h	00:00 N	10		1000	CC	D 10	1/2015.	

							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ÝES 2 NO					28. PLACE OF DEATH (C)	heck only one)	
		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA			R: raing Nome 5 - Residence		
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	,	28e. DATE OF INJURY (Month, Day, Yeer)	28b. TII	ME OF JURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCC	:URED
3 Suicide 8 Could not b	•	28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, term,	atreet, fee	ctory, office	28f. LOCATION (Street end Number City or Town, State)	or Rural Route Number,

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end menner ee atated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

05256

PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5411 W. CEDAR CN, BETHESON, MD

31. DATE FILED (Month, Day, Year) NOV22 199 32. REGISTRAR'S SIGNATURE who Davidson-Randell

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at once.
--

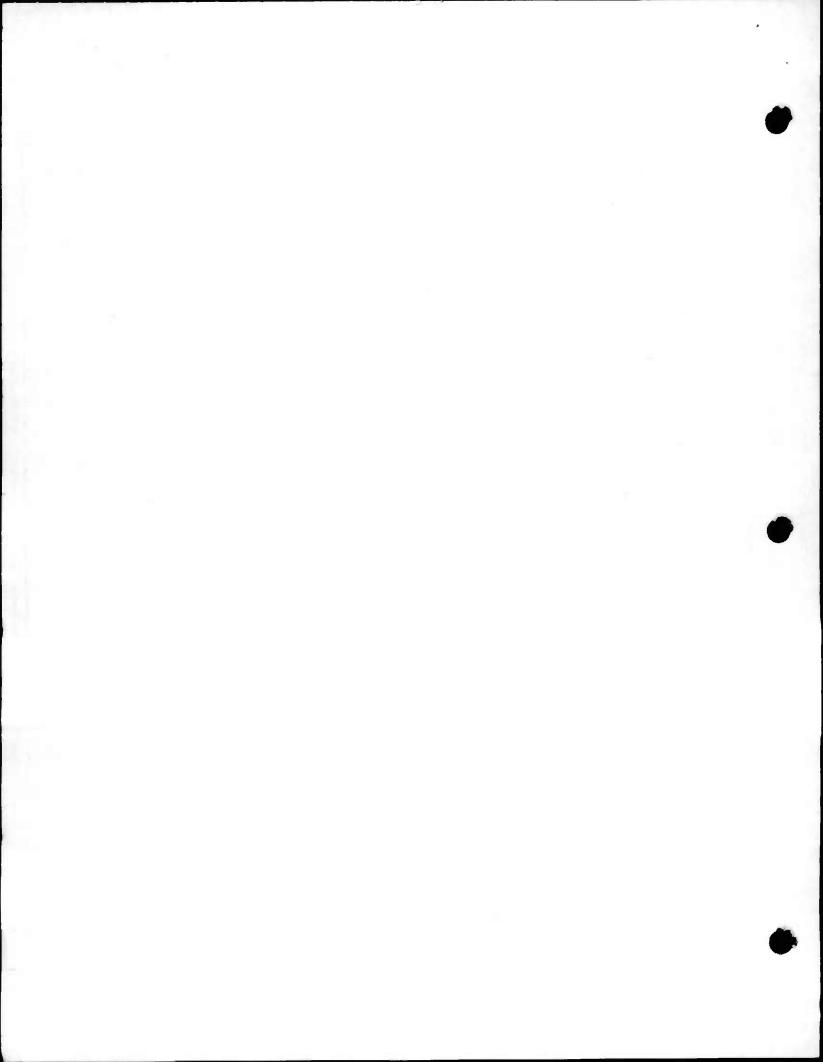
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR 1 -

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)				OAIL O	047			G. NO.			
1 4	Louis	BROWN						2. DATE OF DI		6 10	CYBAR	3. TIME OF DEATH 4:35 A
	4. SOCIAL SECURITY NUMBER											4:35 A M
	A. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	-	R 24 HRS.	7. DATE OF BII (Month, Day,	RTH Year)	8. BIRTHPLACE (State or Foreign Country)		
	214 01 8643		77	YRS.					818	PPS	70	RYLAND
~	9e. FACILITY NAME (If not institution, give s	treet and number)	11 0	- 1	96. CITY, TOW	OR LOCAT	ION OF DE	EATH	- '	9c. COUN	TY OF DE	EATH
ᅙ	RESIDENCE OF DECEDENT	QUARE.	MOSPIT	AL	Kasi	DAL	2			Balt	imor	e County
E C	10e. STATE 10b. COUNTY	1		10c. CITY	TOWN OR LOC	ATION						10d, INSIDE CITY
HO	MARYLAND BAT	TMARS			PIRRY	Uni	1				1	LIMITS?
7	10e. STREET AND NUMBER	.110 1010		10f. ZIP CODE					10a CITI	ZEN OF W	1 YES 2 NO	
ER/	8 DUNHAVIN PLANS				21231				tog. Citia	1 5	\(\)	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	IMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Spec				ocify Yee o	or No	14 PACE	- American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	☐ YES 2 X N AR OR OATES	NO If yee, specify Cuben, Mexicen, F				n, Puerto Rican,	etc.)		Bleck.	, White, etc.
BÝ	3 ₩ Widowed 4 Divorced				1		Opecing	,. 			Specif	HITS
Ë	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DE(CEDENT'S U	USUAL OCCUPAT	ION	ina	18b. KIND	OF BUSII	NESS/INO	USTRY	
<u>iu</u>	Elementary/Secondary (0-12)	College (1-4 or 5 +	life	Do NOT use	retired.)	i .	,				_	
COMPLETED	4 yrs.		12	(1:7	E W	ORK		Lo	TIC	1	[]	
8	17. FATHER'S NAME (First, Middle, Last)	0.0				18. MO1	HER'S NA	ME (First, Middle,	Maiden St	urname)		
H	JEBST	DROF)-	LOP	2005	10	X		
2	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (Street	and Numbe	or or Rural F	Route Number, City	y or Town,	State, Zip	Code)	
	FAMILY KE	2030-1			SAM	1 A	SF	1B0V	-5			
	20e. METHOD OF DISPOSITION 1 K Burlel 2 Cremetion 3 Reme	oval from State	20b. PLACE A	natory or oth	FDISPOSITION (Vame of		DATE	20c, LOCA	ATION — C	City or Tox	vn, State
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 100re	1027	VAU	77		1911	15	200	Tiur	11D.
		Elisee				ANO ADORE			Men	TOR	231.	1
	Lange 4	1 conso	`		884	HOC	ARF	oro R	DAD	- Pa	ARK.	V.115
	23. PART t. Enter the diseases, or of ahock, or heart failure.	omplications that	caused the de	th. Do no	ot enter the m	ode of dy	ing, such	n es cardiac o	r reapira	tory erre	est,	Approximete
	IMMEDIATE CAUSE (Final	cist only one cau	se on each line.									Interval Between
	disease or condition	Aspira	ation Pn	eumor	nia							Onset and Death
	reaulting in death)	01 -	OR AS A CONSEC									
z	Sequentially list conditions Dehydration											
은	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING Diabetes Mellitus											
1	that initiated events recuiting in death) LAST		OR AS A CONSEO	UENCE OF)	:							
CERTIFICATION	resoluting in death) LAST	Dement	ld									
	PART II. Other aignificant conditions	s contributing to	death but not re	sulting in	the underivi	ng cause	given in l	Part i 24a V	WAS AN AL	ITOPEY	245	WERE AUTOPSY FINDINGS
MEDICAL									PERFORM	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_ 1 🗆	YES 2	NO	1 '	OF DEATH?
- 11								-				1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				28.1	I ACE OF D	EATH (Cho	nck only one)				
Sic	EXAMINER? V	HOSPITAL:	FR/Outpatient 3	DOA	OTHER:							
¥	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIME		JURY AT	eldence	8 Other (Spec 28d. DESCRIBE		LIBY OCC	UPEN	
ВУР	1 Natural 5 Pending	(Month, Da	ty, Year)	INJU	RY W	ORK? YES 2	NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — At hon	ne, term, atı				28t. LOCATION	(Street and	d Number o	or Rurai Ro	oute Number
COMPLETED	4 Homicide determined	building,	etc. (Specify)					City or Town	, State)			
וק	29e. CERTIFIER (Check only	JAN: To the best of	my knowledge des	th occurred	at the time de	e and place	and due			- 115		
ž	(Check only one)	R: On the basis of ex	amination end/or in	vestioation.	. In my opinion	e end place death occu	red at the t	to the ceuse(e) e	end menne	er ee state	d.	
	A MEDICAL EXAMINE	-										
	2 MEDICAL EXAMINES	117				1 29c LIC	ENSE NUM	BER		29d, DATE	CICNED /	
8	296. SIGNATURE AND TITLE OF CERTIFIER	10 H	TUD			100.00			1	N /	1/11	Month, Day, Year)
	296. SIGNATURE AND TITLE OF CENTYFIER	finnett	GUD E OF OFATH (IYEM	27) (Tuna 1	Print 1					> /	1/16	191
8	296. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS						ivo P) /	1/16	191
8	296. SIGNATURE AND TITLE OF CENTYFIER	completed cause						ive B) /	1/16	191
8	30. NAME AND ADDRESS OF PERSON WHO William Stinne 31. Date Filed (Month, Day, Year)	o completed caus ette, M.[900	0 Fra				ive B) /	1/16	191
ᇤ	30. NAME AND ADDRESS OF PERSON WHO William Stinne	o completed caus ette, M.[900	0 Fra				ive B) /	1/16	191





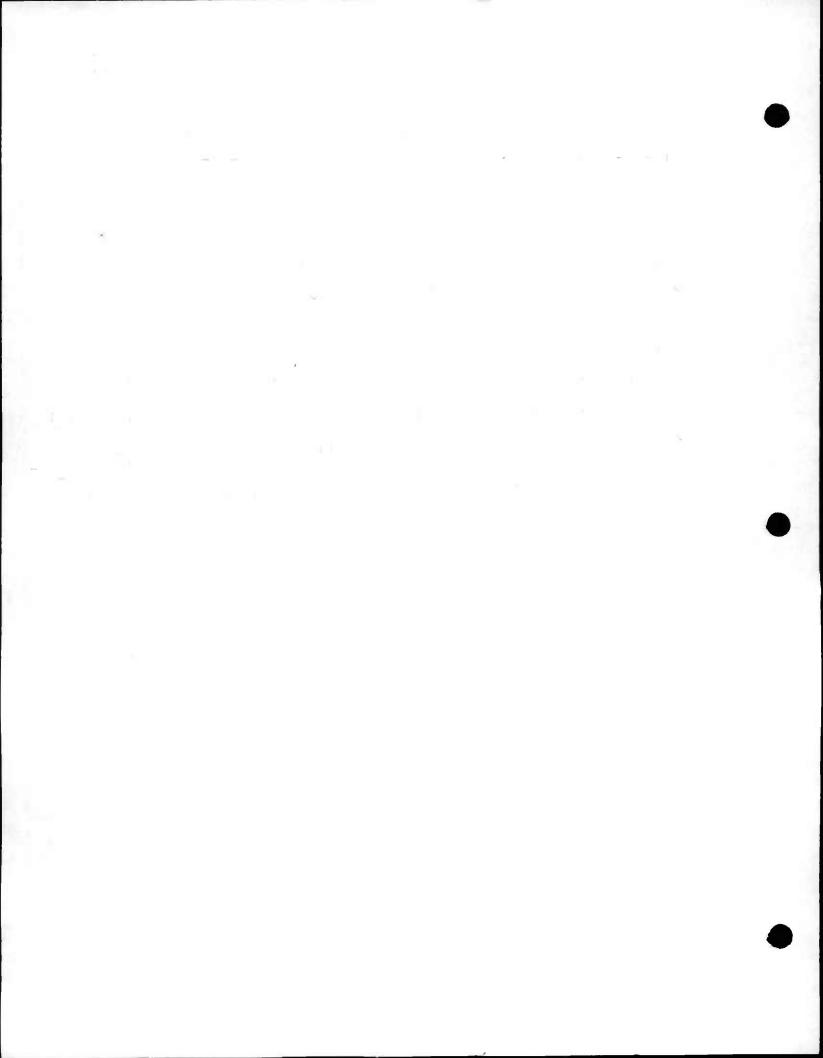
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	REGISTRAR		CERTIFI	CATE OF DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	BAINES			2. DATE OF DEAT	Н	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-58-6411	1 □ M 2 📆 F	(In yrs. lest birthday) 4 YRS.	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MI	(8.4. at 80 tr	51	BIRTHPLACE (State or Foreign Country) Maryland		
TOR	99. FACILITY NAME (If not institution, give street and nymber) LIBERTY MENICAL CENTER BALTIMORE GTY RESIDENCE OF DECEDENT 90. COUNTY OF DEATH BALTIMORE GTY								
REC	10e. STATE 10b. COUNT	Y	10c. CITY	TOWN OR LOCATION			10d. INSIDE CITY		
□	MD		Bal	timore	LIMITS?				
FUNERAL DIRECTOR	3215 Gwynns Fa	alls Parkwa	101. ZIP CODE 2121	6		N OF WHAT COUNTRY?			
BY	1 1 1 Never Merried 2 Merried Ponces 1 Tes 2 1 No It yee, spec				CENDENT OF HISPANIC ORIGIN? (Specify Yee or No- lectly Cuben, Mexicen, Puerto Ricen, etc.) 14. RACE Bleck Specify: Specify:				
	15. DECEDENT'S EDU (Specify only highest grade	CATION Completed)	16e. DECEDENT'S U	ISUAL OCCUPATION	16b. KIND OI	BUSINESS/INDUS	Black		
COMPLETED	Elementary/Secondary (0-12) 10th	College (1-4 or 5+)	ork done during most of working retired.)		None				
ő	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First, Middle, Ma				
BE (Johnnie Baines	3		Robb	ie Lenne	tta Rob	oinson		
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or R	ural Route Number, City or	Town, State, Zip Co	ode)		
	Paulette Baines	3	₿215 G	wynns Falls	Pkwy Ba	ltimore	, MD 21216		
	20e, METHOD OF DISPOSITION 1	New Years Gen	D. PLACE AND DATE OF		91 B	altimor	e. MD		
	21. SIGNATURE OF FUNERAL SERVICE LIK	G. Henson		22. NAME AND ADDRESS OF SON Funer Harris F	al Servi	alean G	ilmore Hen-		
	23. PART I. Enter the diseases, or enack property fellows	complications that cause	d the death. Do no	at enter the mode of dying,	such as cardiac or n	eapiratory arreat	Approximete		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DISSEPHIA	VATED .	INTRAVASC			Interval Between Onset and Death		
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
FICAT	if any, leading to immediate cause. Enter UNDERLYING C. HEPATIC ENCEPHALO PATY CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSCOUENCE OF):								
CERTIFICATION	resulting in death) LAST	a Acotto	PUC	ue cirritosis					
EDICAL	PART II. Other eignificant condition	s contributing to deeth b	out not reculting in	the underlying cause given	in Part I. 24s. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
					1 YE	S 2 NO	OF DEATH?		
PHYSICIAN: M							1 TYES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)				
YSI	1 TYES 2 NO	1 Minpatient 2 - ER/Outp		OTHER: I Nursing Home 5 Residen	ice 6 - Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME INJUI		28d. DEŞCRIBE HO	W INJURY OCCUR	ED		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	281. LOCATION (Str. City or Town, S	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1	CIAN: To the best of my knowl R: On the basis of examination	ledge, death occurred n end/or investigation,	at the time, date end place, end in my opinion, death occured at	due to the cause(e) end	menner ee stated.	ouse(e) and manner se stated.		
H H	296. SIGNATURE AND TITLE OF CERTIFIER	shuir .	MP	29c. LICENSE	NUMBER	29d. DATE SI	GNED (Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rim)	- BATT	MARKE	- 21215		
1	31. DATE FILED (Month, Day, Year) NOV 2 2 1991	32 AEGISTRAR'S SIGN.	ATURE Pandall	NIO	and for for	1000	770		



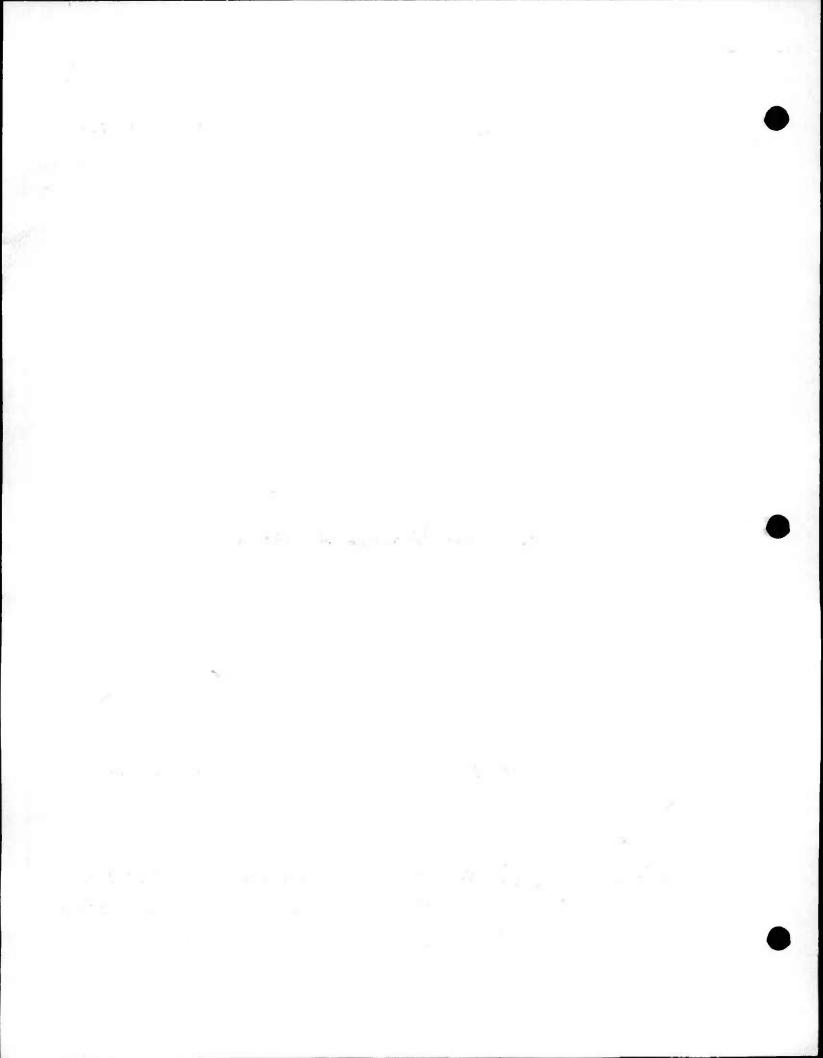
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	within 24 nours after death. Page 6 may be retained by the hospital or attending physician,	pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit	remation, or removal.	ent, the medical examiner must be notified at once.
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be 3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician if filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other trau	executed v	and com	to burial, c	matic ev
OTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer of the EUNERAL DIRECTOR. After this certificate has been signed by the attending filed within 72 hours after death with the State Dept. of Health and Mental Hygi APORTANT: If Item 28 is marked, or Item 23 shows any injury, or or	tificate be	g physician	ene prior	ther trau
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the OTHE FUNERAL DIRECTOR. After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and Me APPRTANT: If Item 28 is marked, or Item 23 shows any injury.	death cer	attending	intal Hygi	ny, or 0
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires in the TUNERAL DIRECTOR. After this certificate has been signed filed within 72 hours after death with the State Dept. of Health APPRTANT: If Item 28 is marked, or Item 23 shows a	that the	d by the	and Me	ny inju
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law r O THE FUNERAL DIRECTOR: After this certificate has be if fied within 72 hours after death with the State Dept. APORTANT: If Item 28 is marked, or Item 23 s	equires t	en signer	of Health	hows a
J THE HOSPITAL OR ATTENDING PHYSICIAN: 1 3 THE FUNERAL DIRECTOR: After this certificat 9 fied within 72 hours after death with the Sta APORTANT: If Item 28 is marked, or Ite	The law o	e has be	te Dept.	т 23 в
O THE HOSPITAL OR ATTENDING PHYS O THE FUNERAL DIRECTOR: After this i fied within 72 hours after death with APORTANT: If Item 28 is marked	SICIAN: 1	certificat	the Sta	, or ite
D THE HOSPITAL OR ATTENDI 3 THE FUNERAL DIRECTOR; A 2 filed within 72 hours after d APORTANT: If Item 28 is	ING PHY	fter this	eath with	marked
D THE HOSPITAL OR D THE FUNERAL DIR ; filed within 72 hour APORTANT: If Item	ATTEND	ECTOR: A	s after d	n 28 is
THE HOSP THE FUNE filed within	TAL OR	RAL DIR	172 hour	: If iten
	O THE HOSF	O THE FUNE	e filed withlin	MPORTANI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								01346	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	VE.	3. TIME OF DEATH	
	MICHAEL 4. SOCIAL SECURITY NUMBER	J.	J. CHISHOLM					y ge	7:59 A _M	
	214-62-5697 9a. FACILITY NAME (If not institution, give str	1 🕅 M 2 🗆 F	MOTHE DAYS HOURS MIN. 1 -20-5						MRTHPLACE (State or Foreign ountry) MD	
TOR	ALPINE BEACH RO			PASADE	OR LOCATION OF	DEATH		ANNE	ARUNDEL	
DIRECTOR	10a. STATE 10b. COUNTY			Y, TOWN OR LOCAL	ATION				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER			10	Of. ZIP CODE				1 X YES 2 □ NO OF WHAT COUNTRY?	
FUNERAL	3510 WOODLAND AVE	12. WAS DECEDENT EVER II	MILE ADMED		21215	Uma se su de			S.A.	
ВУ	1 X Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISP pecify Cuben, Maxi S 2 X NO Spec	can, Puarto I	f? (Specify Yas Rican, etc.)		RACE — American Indian, Bleck, Whita, etc. Specify: BLACK	
TED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATI	ION ost of working	16b	. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12) 9TH	College (1-4 or 5+)	W. DO NO! 0	se remed.)		LE	ASING	CAR CO	MPANY	
	17. FATHER'S NAME (First, Middle, Last) JOE W. CHISHOLM				18. MOTHER'S N	IAME (First, I	Middle, Maiden S			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	DRUELL and Number or Rura			State 7in Code		
2	DRUELLA CHISHOLM		3510	WOODLAN	D AVE./B	ALTIM	ORE, M	D 2121	5	
	20a. METHOD OF DISPOSITION 1 VI Burlat 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata cen	RBUTUS	OF DISPOSITION (N MEMORIAL	PARK	DATI		JTUS, M		
	21. SIGNATURE OF FUNERAL SERVICE LICE	CA C		WM.C.	MARCH F.	H./11			AVENUE	
	23. PART I. Enter the diaeases, or cr shock, or heart fallure. L	omplications that caused lat only one ceuse on e	the deeth. Do i	not enter the me	ode of dying, su	ch aa card	llac or reapir	atory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Gunshot Wounds of Head Due to (or as a consequence of):									
NOI	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF							
ERTI	that initiated events resulting in death) LAST		CONSEQUENCE OF	r):						
	PART II. Other significant conditions	contributing to deeth b	ut not resulting	in the underlyin	g ceuae given is	n Pert i.	24e. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
. ME						_			1 YES 2 NO	
NAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only on	0)			
YSIC	1 XYES 2 NO	HOSPITAL: 1 Inpatiant 2 ER/Outp	etient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence			ADWAY		
PH	27. MANNER OF DEATH 1 Neturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 11/19/91	28b, TIM INJ		JURY AT DRK?		CRIBE HOW IN			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, a			28f. LOCA	ject		ΠΟ Ε rel Route Number,	
ETE	4 Homicide determined	odnome, etc. (spec	"" ROADW	AY		ALP	INE B	EACH	ROAD	
COMPLETED		IAN: To the best of my knowl : On the bests of examination							se(a) and manner as stated.	
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	000 +		_ .	29c, LICENSE NU				NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	DOMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	O.C.M	.Е.		▶ 11/	20/91	
			111 PI		REET, BA	LTIM	ORE, M	ARYLA	ND 21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE							
	NOV 2 2 1991	Julia Davidson-1	pandelle							

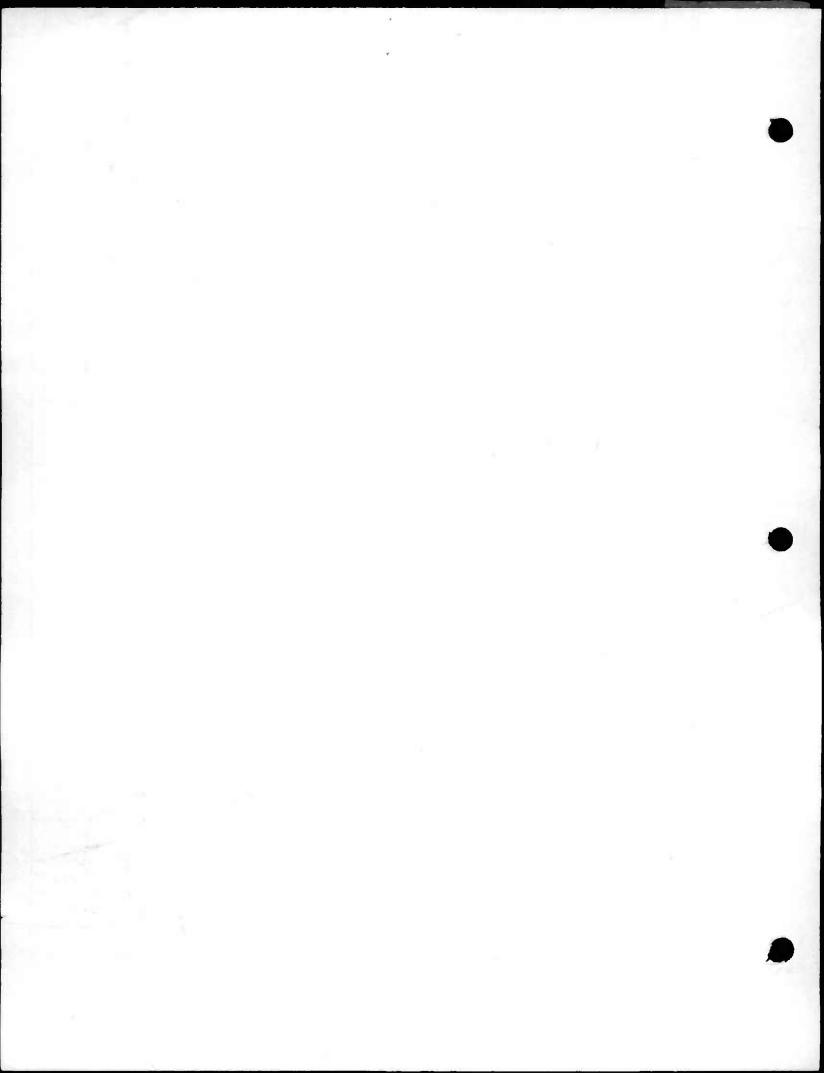


O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within services within services and be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, o

FOR STATE TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) TOSEPH	F.	CASPE	R, Jr	2. DATE OF DEATH DO	41	3. TIME OF DEATH P
21/	5. SEX 6. AGE (In	yrs. lest birthday) IF UN YRS. MONTH	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		ATHPLACE (State or Foreign Unitry)
9a. FACILITY NAME (If got Institution, give street HOWARD County	General H	70SP (olumbia	EATH	9c. COUNTY OF	F DEATH ARD.
10a. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCATION			10d. INSIDE CITY
MD HO	WARD	Col	umbia			1 YES 2 NO
6334 CET	AR LANE		101. ZIP CODE 2104	4	V	S.A
1 Never Married 2 Married 3 Widowed 4 DD Divorced	FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	nn, Puerto Rican, atc.)	Bi	ACE — American Indian, lack, Whita, etc. pecify: Blade
15. DECEOENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION 1 completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retire	one during most of working	18b. KIND OF BUS	SINESS/INOUSTRY	Y
17. FATHER'S NAME (First, Middle, Last) JOSEPH F. Cus	per, Sv		18. MOTHER'S NA	AME (First, Middle, Malden	Surneme)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	RESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	212.
20a. METHOD OF DISCOSITION 1 S Buriel 2 Cremation 3 Remon	val from State 20b. F	PLACE OF DISPOSITION other place)	Name of cometery, crematory or	200-10	CATION — City or	Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE ACO	11	22. NAME AND ADDRESS OF FA	HWest H	holos a	Aug
23. PART I. Enter the diseases, or conhock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUST TO (OR AS A C	consequence of A		h as cardlec or reap		Approximata interval Between Onset and Death
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):		U 		
PART II. Other algnificant conditions	Lementia	not resulting in the	yawataw	Part I. 24a. WAS AN PERFOI 1 — YES 2	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (CI	heck only one)		
27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	tlant 3 DOA 4 D	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCURED	•
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY - building, atc. (Specify	— At home, farm, street,	factory, office	26f. LOCATION (Street City or Town, State)		ral Route Number,
one) —			the time, data and place, and du my opinion, death occured at the			se(a) and menner as stated.
296. SIGNATURE AND TITLE OF CONTINUE	Vaure	MC	29c. LICENSE NU DZ9	909	29d. DATE SIGN	HED (HOUNE DAGON)
SCOTT MAURED	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print) ANNAPO	US RD ELL	ICOTT CI	TV MO	21042
31. DATE FILED (Month Cay, Char) 190	32. REGISTRAR'S SIGNAT	TURE Pandelle			1	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit narmit Pages 1.9.3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	Items:23 part for 1 - STATE REGISTRAR	STATE OF I	MEO MARYLAND	12/9/1 / DEPAI CERTIF	91 G	-682 T OF H	reb EALTH	AND	MENT	AL HYGIEN		()	~9 £\$
	1. DECEDENT'S NAME (First, Middle, Last)						שבת		2. DA	TE OF DEATH			3. TIME OF DEATH
	CAROL	A	CLAY				1 40	17 A	19	get"	2:10 A		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DAT	TE OF BIRTH			PLACE (State or Foreign
	186-52-5566	1 🗆 M 2X 💢 F	32	YRS.	MONTHS	DAYS	HOURS	MIN.	JŰ	V. III'1	959	Countr	PA.
	9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY	Y, TOWN (OR LOCATI	ON OF D			_	NTY OF D	
TOR	7812 DERWOOD	STREET				RO	CKVI	LLE			MC	NTG	OMERY
L DIRECTOR	MD • 10e. STREET AND NUMBER	ONTGOME	RY	10c. CIT	Y, TOWN	RO	CKVI						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	7812 DERWOOD					101	. ZIP COD		085	55	10g. CIT		S • A •
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify:				or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
	15. DECEOENT'S EOU (Specify only highest grade	CATION completed)	18a, I	DECEOENT'S (Give kind of	USUAL O	CCUPATIO	ON .		1	6b. KINO OF BU	SINESS/INI	DUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5		life. Do NOT u	se retired.)	WYE]		ng	- 1	PROFES		IAL	EXPERT
Š	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA		t, Middle, Maiden			
BE	HENRY A. CLAY						CH	RIS	TI	NE BRO	OKS		
5	19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a	nd Number	or Rural i	Route Nu	mber, City or Tow	n, Stete, Zip	Code)	48236
	HENRY A. CLAY							GR	055				MS,MICH
	20e. METHOD OF DISPOSITION 1 Burlel 2												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	GKEL	514 P11			ID AOORE						
	* William R	· Care	e. 111										AD 21212 BALTO, MD.
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition	PERFORMEO?							WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
N N	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Che	eck only	one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient	3 DOA	OTHER 4 Num					her (Specily)			
춫	27. MANNER OF DEATH	28e. OATE OF (Month, Di	INJURY	28b. TIM	E OF	28c. INJI	JRY AT	- I	-		NJURY OC	CUBED	veathone
BY	1 Netural 5 Pending 2 Accident Investigation	11-1			Z M	1 Y	ES 2	(NO		round	unre!	spansi	vea I nome
	3 Suicide 6 Could not be determined	d not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Burel Route in							word St				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE CERTIFY OF THE CERTIFY OF T								to the c	ause(s) and men	ner es stat		and menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	Chute					29c. LICE	OCM			29d. OAT		Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (IT.			TRE	e T	RAT	ттм	IORE, M.	ARVI	ΔΝΤ	21201
	31. DATE FILED (MONTH, Day, Year), 1991	320 REGISTRA	r's signature		0	_ 100	-	~ 4.4.14	an an all	, o kib , ili		11111	21201

moderning in the

The second secon

ploods

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

91 31945 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAX CORB 0602" 18 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year B. BIRTHPLACE (State or Foreign (Month, Day, Year 5/14 130-01-0614 84 1 M 2 | F DAYS HOURS NEW YORK YRS. 07 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hosp SINAI DIRECTOR OF BALTIMOLE BACTIMORE BACTIPORE CITI RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6616 EDERLE DRIVE 102 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XNO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 1 TYES 2 NO Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) 12 BUILDING INSPECTOR CITY OF BALTIMORE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) HYMAN CORB PEARL MAROTZNICK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ELLA CORB 6616 EBERLE DR., APT. 102 BALTIMORE, MD 21215 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 1 X Buriat 2 Cremation 3 Ramoval from State
4 Donation 5 Other (Specify) DATE 20c. LOCATION — City or Town, State "SHOMRET HADATH VE TZEMECH SEDEK 11/20/91 ROSEDALE, MD H. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY & BROS., INC. Whean 6010 REISTERSTOWN RD. 21215 BALTO. MD 23. PART (Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch sa cardiac or respiratory strest, Approximate ahock, or heart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) ASPIRATION ANEUKONIA ZYAG F DUE TO (OR AS A CONSEQUENCE OF): DEMENTIA MULTI INFARCT PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ARTERY MUSCAJE WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO RECUPEENT FAILURE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: ne 6 - Rasidence 8 - Other (Specify) 4 - Nursi 27. MANNER OF DEATH DATE OF INJURY (Morth, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation В M 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide determined 1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER BE 25c. LICENSE NUMBER 29d. DATE SIGNED (Moving, Day, Year) MACLO MEDICAL REGION 18/01 SINAI 9 RESIDENT 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

WORAZM

PKWY.

BALTIPOLE

GREEN

32 MEGISTRAPS SIGNATURE
JUNE DAY doon-Randall

800) (E

6061

MD 21209

30				
				7
				4
				•
		1		-

020	ifter death. Page 6 may be retained by the hospital or attending physician.	
BALTIMORE, MARYLAND 21215-0020	attending	
-	0	
ND 2	hospital	
A	the	
7	6	
MAR	retained	
	2	
R	may	
0	9	
Σ	Page	
ALT	death.	
m	ther	

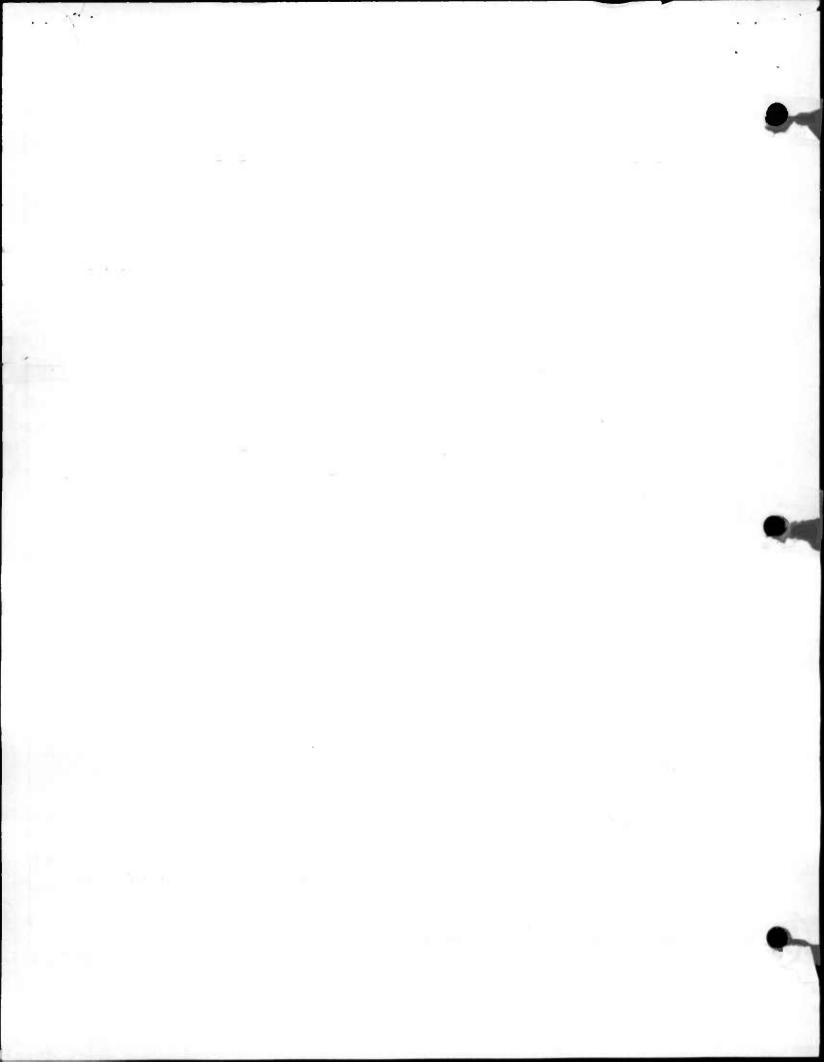
DIVISION OF VITAL RECORDS, P.O. BOX 68760

) THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with the continued of the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-transit permit. Pages 1, 2, 3 should be detached for use as the bundal-transit permit. Pages 1, 2, 3 should be detached for use as the bundal-transit permit. Pages 1, 2, 3 should be detached for use as the bundal-transit permit. Pages 1, 2, 3 should be detached for use as the bundal-transit permit. Pages 1, 2, 3 should be detached for use as the bundal-transit permit. Pages 1, 2, 3 should be detached for use as the bundal-transit permit.	LEGISLA THOUGH THE COME WITH THE COME COPE. OF THEM BUT THE THE THE COPE OF TH
NG.	R. After this certificate has been signed by the attending physician and completely filled in by the production and completely filled in by the	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DE	ATH	REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last) ROBERT LEO	DEMSKI			DATE OF DEATH	~9, 19°9°T	3. TIME OF DEATH		
	220-20-5088 1XX M 2 □ F 62	yrs. lest birthday) YRS.	F UNDER 1 YEAR FUNDONTHS DAYS HOU	10ER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 2-28-1928	8. BIRTNPLACE (State or Foreign MARY LAND			
TOR	98. FACILITY NAME (If not institution, give street and number) 6604 DANVILLE AVENUE RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOC BALT	IMORE C		9c. COUNTY OF	DEATH		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	10c. CITY,	TOWN OR LOCATION BALTIMORE	СІТУ			10d. INSIDE CITY JMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 6604 DANVILLE AVENUE		10f. ZIP C	2122	24	_	S.A.		
ВҰ	11. MARITAL STATUS 1 Never Merried XX Merried 3 Wildowed 4 Olvorced 12. WAS DECEDENT EVER IN FORCES? 1 XYES IF YES, GIVE WAR OR DA' KOREA	U.S. ARMED 2 NO TES	13. WAS DECENOEN If yes, specify C 1 YES 2	uben, Mexicen, Pr	PRIGIN? (Specify Yes usrio Ricen, etc.)	Bla	CE — American Indian, ack, White, etc.		
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use	rk done during most of w	orking	16b. KIND OF BUS	SINESS/INDUSTRY	WILLE		
MC	10 VFARS 17. FATNER'S NAME (First, Middle, Lest)	TAVEKN				:			
BE C	ROBERT DEMSKI 196. INFORMANT'S NAME (Type/Print)			BERTHA	First, Middle, Meiden SIEKIERS	SKI			
5	CECELIA A. DEMSKI	6604	DANVILLE	AVENUE	BALTIMO1	RE, MARY	LAND 21224		
	206. METNOD OF DISPOSITION 1) XBurtel 2 Cremellon 3 Removal from State 4 Donallon 5 Other (Specify) 20b. PLACEAND DATEOF DISPOSITION (Name of Other (Specify) BALTIMORE, MARYLAND)								
	21. SIGNATURE OF THERAI. SERVICE LICENSES			CK's FUNET	AL HOME				
z	23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiec or reepiratory erreat, shock, or heert feliure. Liet only one cause on each lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximata interval Between Onset end Death IN FARCTION DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequantielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other eignificant conditione contributing to death bu	t not resulting in	the underlying ceus	e given in Part	i. 24a. WAS AN	AUTOPSY 24	b. WERE AUTOPSY FINDINGS		
WEDICAL	241. WES AN AUTOPSY PERFORMED? 1 YES 2 NO 240. WERE AUTOPSY PROBINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE O	F DEATN (Check o	nly one)				
YSI	1 YES 2 TAO 1 Inpatient 2 ER/Outpat	tlent 3 DOA 4	OTHER:	Residence 8 🗆	Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME INJUI			, DESCRIBE NOW IN	JURY OCCUREO			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY - building, stc. (Specification)	- At home, ferm, stri	eel, factory, office	281.	LOCATION (Street as City or Town, State)	nd Number of Rural	Route Number,		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basis of examination	dge, death occurred and/or investigation,	at the time, date end pla in my opinion, death oc	ice, end due to the	e cause(e) and meno	ner as atated.	(s) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Para N	10.		DO 29		29d. OATE SIGNE	0 (Month, Day, Year)		
	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH 31. DATE FILED (Morth Pay, Year) NOV 2 2 1991 June Davidson-W		rint)						
	MAA MA 1221 June namager-N	milare ac							





97 YEAR

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2. DATE OF DEATH DAY ENGIL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State 74-18-15 1 | M 2 | XF for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center DIRECTOR Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Baltimore 10d. INSIDE CITY Md. 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6302 (ardiff Avenue 21224 U.S.A. JOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. BY 3 Widowed 4 Divorced White COMPLETED 16s. DECEDENT'S USUAL OCCUPATION

"Them kind of work done during most of working 15. DECEOENT'S EDUCATION (Specify only highe College (1-4 or 5+) Housework At Home director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Hockenberry notified at 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
6302 Cardiff Avenue Balto., Md. 21224 ဥ Roger D. English the medical examiner must be 20s. METHOO OF DISPOSITION
1 □ Burlel 2 M Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State complety, crematory of other place (nematory 11 23 91 Balto., Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
(harles S. Zeiler & Son Inc. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral to filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine Eastern Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory screet, shock, or heart fellure. List only one ceuse on each line. intervsi Between IMMEDIATE CAUSE (Final Onsat and Death disease or condition MYOCAROTAL INFARCTION
OUE TO (OR AS A CONSEQUENCE OF): 3 DAYS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION YKS Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING YRS CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 YES 2 NO Inpetiant 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At homs, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and man 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death deta and place, and due to the cause(s) and manner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER BE 1492 29d. DATE SIGNED (Month, Day, Year) 21 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FRANCES SCOTT 141 31. DATE FILED (MORE), Pay, 1997 1991 JOZA REGINTRARIS SIGNATURE TUNA DAVIDAN-MANDEL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Helen Ortha English

. .

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

YEAR

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

United States

14. RACE — American Indian, Black, White, etc.

White

BAH

RESIDENCE OF 10a. STATE

Maryland

3 Widowed

10e. STREET AND NUMBER

1 Never Merried 2 X Married

4 Divorced

FUNERAL DIRECTOR

ВУ

TED

86

MOSPICE

SR.

IF UNDER 1 YEAR IF UNDER 24 HRS.

10c. CITY, TOWN OR LOCATION

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

1 TES 2 NO

owson

Baltimore City

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.)

Specify:

21214

ENGLE

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

1 2 1 2 | F

3205 Evergreen Avenue

10b. COUNTY

20

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 3 /26 /05

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

r attenuse as	ED	15. DECEDENT'S EDU (Specify only highest grade	16a. DECEDENT	S USUAL OCCUPAT	16b. KIND OF BUSINESS/INDUSTRY			MITOC			
spital or ed for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)							
detach	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)			
a d De	BE	William	L. Engle			Mary	Τ.	Fifer			
5 should	2	19a. INFORMANT'S NAME (Type/Print)						y or Town, State, Zip Co			
ay be re page 5		Gertrude M. Engl	е	32	05 Everg	reen Avei	nue Ba	ltimore,	Md.	21214	
age 6 may director, pa er must t		20a. METHOD OF DISPOSITION 1	oval from Stete	PLACE AND DATE	of disposition (Notice of Disposition (Notice	ame of 11/22		20c. LOCATION — CIT TOWSON		ryland	
r death. Pe funeral al.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Milton	Knight J		nd address of fac	Da	ltimore, 5305 Har	Mary 1	land	
d in by the or removal		23. PART I. Enter the diseases, or o	omplications that caused	the deeth, Do	not enter the me	ode of dying, suct	as cardiac o	r reepiratory erres	t,	Approximate	
Pe ion		IMMEDIATE CAUSE (Final	a. Sepsis	3	DF):					Intervel Between Onsat and Death	
equires that the death certificate be executed en signed by the attending physician and con of Health and Mental Hygiene prior to burlal, hows any Injury, or other traumatic en	CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	MEDICAL	PART II. Other eignificant condition	s contributing to death bu	ut not reculting	In the underlyin	g ceuse given in i] [MAS AN AUTOPSY PERFORMED? YES 2 ANO	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO	
SICIAN: The law certificate has the State Dep f, or Item 23	SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPIYAL 26. PLACE OF DEATH (Check only one)									
crificate the State or Item	Š	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA									
DING PHYSIC After this ce death with th s marked, o	BY PHYSICIAN:	27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED								
OR ATTENDING DIRECTOR: After hours after death item 28 is ma	8	3 Suicida 6 Could not be datermined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)								Vumber,	
HOSPITAL, OR A FUNERAL, DIREC WITHIN 72 hours	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION 2 MEDICAL EXAMINED	CIAN: To the best of my knowle R: On the bests of examination	edga, daath occur and/or investigati	red at the time, date on, in my opinion, o	and place, and due t	to the cause(a) a	nd menner as stated.	ause(a) and	menner as stated.	
	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	H. alexa	ude	10	29c. LICENSE NUM 027	087	29d. DATE S	QNED (Mont	th, Day, Year)	
a		30. NAME AND ADDRESS OF PERSON WHO	lexander	R.M.	D. 23	00 Pula	neg Un	lley Rd	· To	DRY/aho	
D		NOV 2 1991	32. BEGISTRAR'S SIGNA	nder						0	
										DHMH-16 Rev 1/8	



Aka alland

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ding physician	the bunal transferential Pages 1, 2, 3 should	200
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)		THE PARTY OF PEARING				2. DATE OF DEATH			3. TIME OF DEATH		
	LAWRENCE	S.	S. FOSTER			1 1	MONTH DAY 11 19 1			3:55P		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH		8. BIRTH	PLACE (State or Foreign		
	220-72-7703 9e. FACILITY NAME (If not institution, give s	1 M 2 D F	17 YRS.		HOURS MIN.		2-1-1973		Country) Md			
TOR	96. CITY, TOWN OR LOCATION OF DEATH 3501 WEST NORTHERN PARKWAY BALTIMORE CITY 96. COUNTY OF DEATH 96. COUNTY OF DEATH											
BY FUNERAL DIRECTOR	Md 106. COUNTY 106. CITY, TOW Baltimor				TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
	3501 W. Northern P	arkway	10	101. ZIP CODE 21215				10g. CITIZEN OF WHAT COUNTRY?				
	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 () NO WAR OR DATES	If yea, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe If yea, specify Cuben, Mexicen, Puerto Rican, 1 ☐ YES 2 ☑ NO Specify:				ty Yaa or No— 14. RACE — American Indien, Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	DUCATION 180 DECEDENT'S HIGHAN OCCUPATION										
	17. FATHER'S NAME (First, Middle, Last) Lawrence Banks	18. MOTHER'S NAME (First, Middle, Melden Surname) Vivian Hopos										
8	19a. INFORMANT'S NAME (Type/Print)		19h MAILING	Anness /Stmat	and Number or Runs			0				
임	Alicta Watson Green											
	Alicta Watson Green 3501 W. Northern Parkway Baltimore, Md 21215 20p. METHOD OF DISPOSITION 1X Burdal 2 Crametion 3 Removal from State 4 Donalion 5 Other (Specify) Crametion Town, State 4 Donalion 5 Other (Specify) Randallstown, Md											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue											
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other aignificant conditions contributing to death but not resulting in the				he underlying cause given in Part I.			AUTOPSY MED?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
2	X X YES 2 NO		ER/Outpetient 3 DOA	4 - Nursing Hom	e X X Raaldence							
2	1 Natural 5 Pending 2 Accident Investigation	5 Pending Investigation 1 1 9 1991 INJURY M 1 YES 2 NO 286. PLACE OF INJURY — Al home, farm, street, fectory, office 28f. LOC						GUNSHOT WOUND				
								281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BALTIMORE CITY				
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. XIX MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	1 11	,y spanioti, d	29c. LICENSE NUMBER OCME			29d. DATE SIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							▶ 11		20 199		
	111 PENN STREET BALTIMORE, MARYLAND 21201 31. DATE FILED (Month, Day, 19ar) 100 2 2 1991 112 PENN STREET BALTIMORE, MARYLAND 21201											

jwr^^^

DHMH-16 Rev 1/89

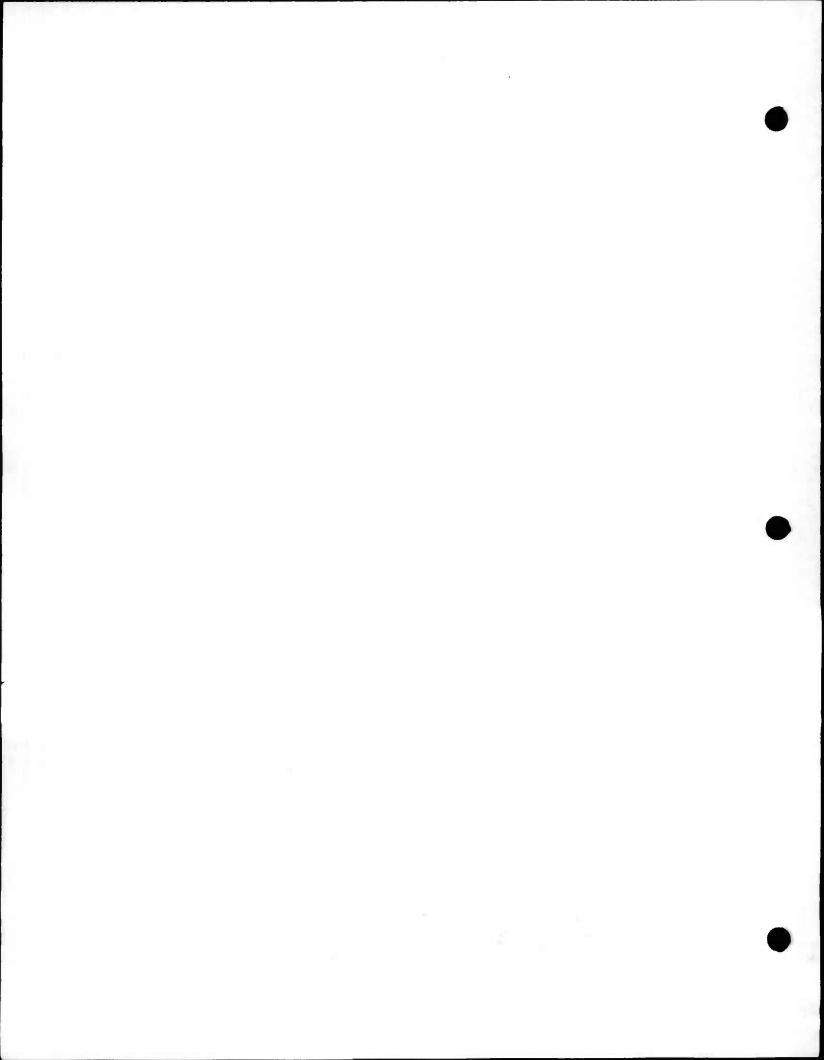
had be helf you sed become

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ter death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1.2 3 should	the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1.2.3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Mal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.
The same of the sa	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last) THOMAS (W.) GARDNER 2. DATE OF DEATN 3. TIME OF										
1 8	THOMA					NOVEMBER	18. 199	1 11:50 A M		
	4. SOCIAL SECURITY NUMBER	1 1	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. B	IRTNPLACE (State or Foreign ountry)		
	218-18-5416	70 YRS. 8-14-21						MD MD		
œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
6	Maryland General Hospital Baltimore City									
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWH OR LOCATION 10d.									
	MD 100. STREET AND NUMBER		BAL	TIMORE				1 X YES 2 NO		
BY FUNERAL		ADT 020			f. ZIP CODE 21217			OF WHAT COUNTRY?		
×	1701 EUTAW PLACE 11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED			NIC ORIGIN? (Specify Yes		.S.A.		
F	1 Never Merried 2 Married	FORCES? 1 X YES	2 NO	If yea, sp	pecify Cuben, Mexica 3 2 X NO Specif	n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.		
	3 Widowed 4 Divorced		<i></i>		A no specif	7:		Specify: BLACK		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	18a. DECEDENT'S	USUAL OCCUPATE work done during more retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUSTI	TY .		
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)		FINISHER		DUTU TO	CDAMD	TNATO INC		
NO O	17. FATNER'S NAME (First, Middle, Last)		CLITENT	THISHLI		ME (First, Middle, Maiden		INATO INC.		
О	WALTER GARDNER					NE HOLLAND				
TO BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow)		
۲	CHARLES GARDNER					BALTIMORE,				
	20e. METNOD OF DISPOSITION 1 (X Burlet \2 \subseteq Cremetion 3 \subseteq Rem		PLACE AND DATE				CATION — City			
	4 Donetion 5 Dother (Specify) 21. SIGNATURE OF FUNERAL SERVICE Ltd		RUID"RID				ESVILL	E, MU		
	21. SIGNATURE OF PONERAL SERVICE LIN	in I			MADCH E	ын. Н./1101 Е.	NODTH	AVENUE		
	1-the to	GOV						AVENUE		
	23. PART I. Enter the diseases, or ahock, or heart fallure.	LIST ONLY ONE CAUSE OF A	ach ilne			h ss cardiac or reapi	ratory srreat,	Approximate interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Adva	nced Pro					Onset and Death		
	resulting in death)		anced	PYOC	ate	Carcin	PMO.			
7	DUE TO (OR AS A CONSEQUENCE OF):									
IOI I	Sequentially list conditions, if any, leading to immediate Due TO OR AS A CONSEQUENCE OF:									
CA.	cause. Enter UNDERLYING CAUSE (Disease or injury	Metasta:	Total	the Spin	e Q					
F	thet initiated events	DUE TO (OR AS A	CONSEQUENCE OF	j:						
CERTIFICATION		d								
	PART II. Other algolificant condition	s contributing to death b	ut not reaulting i	n the underlying	g cause given in			24b. WERE AUTOPSY FINDINGS		
MEDICAL	And	emia.	Anemia			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
ME								1 TES 2 NO		
PHYSICIAN:										
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-319	26. PL	ACE OF DEATH (Ch	eck only one)				
¥	1 VES 2 NO 27. MANNER OF DEATN	1 Ninpatient 2 ER/Outp 28s. DATE OF INJURY		4 - Nursing Hom		8 Other (Specify)				
	1 🔀 Netural 5 🗌 Pending	(Month, Day, Year)	28b. TIMI	URY WO	VES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	2		
) BY	2 Accident Investigation 3 Suicide 8 Could not be	250. PLACE OF INJURY	— At home, farm, s			28f. LOCATION (Street a	ind Number or Bu	rel Route Number		
Ä	4 Homicide determined	building, etc. (Spec	ofy)			City or Town, State)		Total Turney,		
COMPLETED	29a. CERTIFIER 1 KDCERTIFYING PNYSI	CIAN: To the best of my knowl	ledge, death occurre	d at the time, date	end place, and due	to the cause(a) and man	mer se stated			
No.		R: On the basis of examination						se(a) and manner as stated,		
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		10		29c. LICENSE NUM			NED (Month, Day, Year)		
TO B	ted	JAPaq"	m)		n/a		> 11	118/9.		
F	30. HAME AND ADDRESS OF PERSON WN									
4	10	Fadil Agag		c/o Mar	ryland Ge	eneral Hos	oital			
	NOV 2 2 1991	32. REGISTRAR'S SIGN	ATURE							
	MUA 5 5 1991	Imm miniatory-	Madage							



3. TIME OF DEATH

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

FREDERICK

DAVID

	,
9	
9/	
∞	
9	
×	
BOX	
m	
-	
0	
P.0	
1.1	
Ś	
Ö	
~	
\overline{a}	
ŏ	
ĭĭi	
RECORDS,	
_	
TAL	
2	
>	
OF \	
0	
7	
7	
\subseteq	
DIVISION	
2	
=	

11-21-1991 3:10 A.M.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 💢 M 2 🗆 F 220-44-5927 83 1-18-1908 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Manor Care Nursing Home-Towson Towson Balto. 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 TYES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 7811 Oakdale Ave 21234 U.S.A. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 N NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Merried BY 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during me life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) 8 Yrs. Policeman Baltimore City once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) a Percy Gladstone Unknown BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Catherine C. Gladstone 7811 Oakdale Ave., Balto., Md. 21234 pe 20g, METHOD OF DISPOSITION
1 D Burlal 2 Cremation 3 Removal from State
4 Donatton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must Parkwood Cemetery 11-25-91 Balto. Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Roy H. Cather Roy W. Cother)

Leonard J. Ruck, Inc., 5305 Harford Rd.

23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 medicai Approximata interval Between Onset and Death shock, or haart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition reaulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) therasclen CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Enter UNDERLYING 2 certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST 23 shows any injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO Item ! 26. PLACE OF DEATH (Check only one) THE FUNERAL DIRECTOR: After this certificate It filed within 72 hours after death with the State HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ursing Home 5 Residence 8 Other (Specify) 10 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office S 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 28 4 Homicide item HOSPITAL OR CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end manner ee stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(e) end menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29770 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sergio Cassanego, M.D. 6304 Kenwood Ave., Balto., Md. 21237 31. DATE FILED (Month, Day, Year)
NOV 2 2 1991 32. REGISTRAR'S SIGNATURE una Davidson-Randell DHMH-16 Rav 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

GLADSTONE, SR.



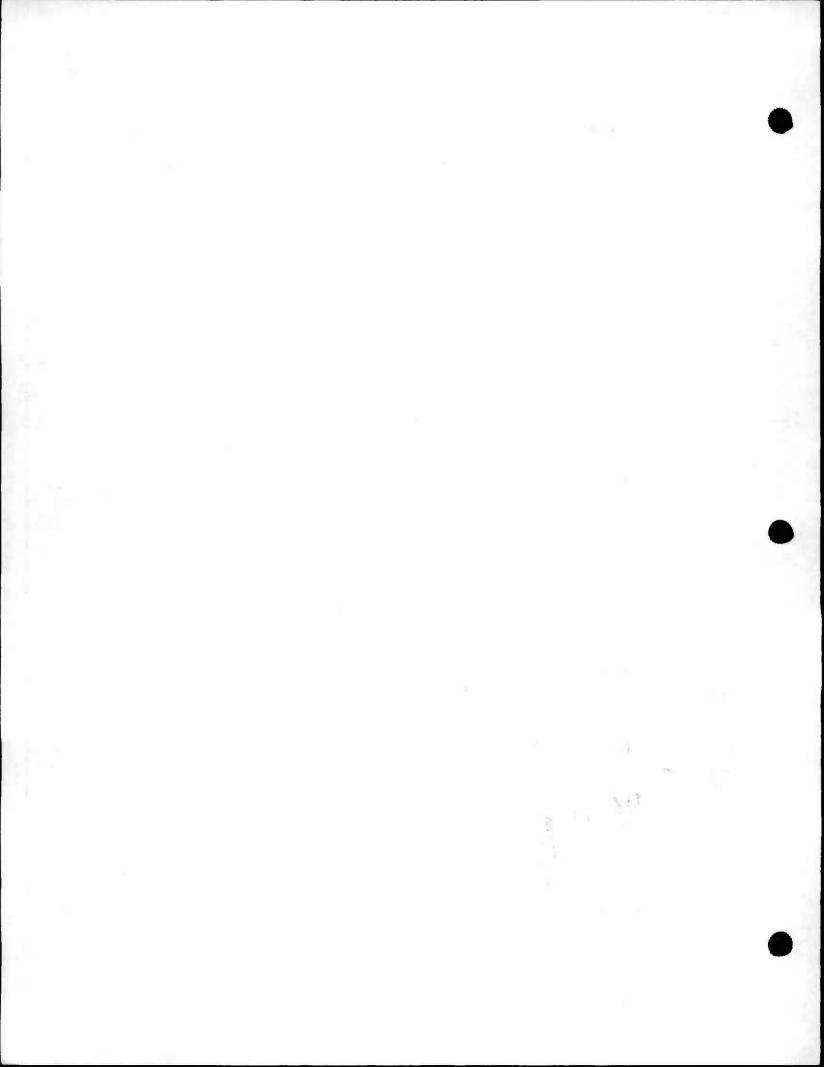
		•	

	1 0
CA. T	- 1 3
(2)	
.)	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

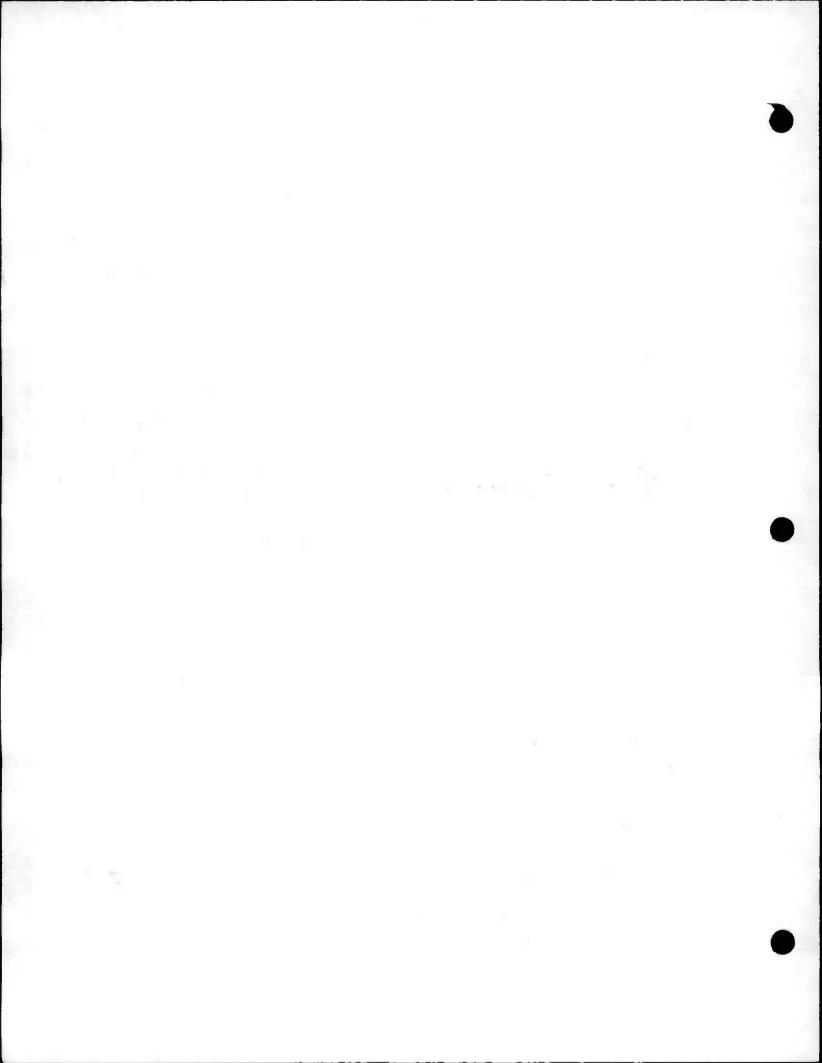
FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AN OF DEATH	D MENTAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First, Middle, Las Ry Fu.5				RHER	11 2		1 2:208		
4. SOCIAL SECURITY NUMBER 213 20 5447 9a. FACILITY NAME (If not institution, give	1Д M 2 □ F	(In yrs. last birthday) RS. YRS.		YS HOURS MI	(Month, Day, Year) 07-18-	-1911	RTHPLACE (State or Foreign Dunto). C .		
Liberty Medic	- The state of the			altimore		9c. COUNTY 0	F OEATH		
10e. STATE 10b. COUNTY Md .	JTY		y, TOWN OR L 11timo			10d. INSID			
100. STREET AND NUMBER 1115 Woodingto	on Rđ.			101. ZIP CODE 2122	29	10g. CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 2 ☐ Wildowed 4 ☐ Divorced	12. WAS DECEDENT EVER I FORCES? 1 Tyes IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO DATES			SPANIC ORIGIN? (Specify Yearloan, Puerto Rican, etc.) pecify:	S	RACE — American Indian, Black, White, etc. Specify: Black		
15, DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) Coffege (1-4 or 5+)	18a. DECEDENT'S (Give kind of Ma. Do NOT u Labor	work done durir se retired.)	PATION g most of working	18b. KIND OF BU	JSINESS/INDUSTR	W		
17. FATHER'S NAME (First, Middle, Last) William Garn	er				s NAME (First, Middle, Maidel die Spr	ings			
19a.INFORMANT'S NAME (Type/Print) Elizabeth Gar	ner	19b. MARLING 1,900	Cres	stview	ural Route Number, City or To Rd. Balto.	wn, State, Zip Code , Md 2	1239		
20a. METHOD OF DISPOSITION One Date D									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217									
23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. GASTRO - TNTESTNAL IBLEEDING DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): APPROXIMATE CARCINOMA RECTUM: DUE TO (OR AS A CONSEQUENCE OF): C. APPROXIMATE CARCINOMA RECTUM: DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): A PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to d									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:	tpatient 3 DOA	OTHER:	28. PLACE OF DEAT					
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? M 1 VES 2 NO								
3 Suicide 8 Could not 6		Y — At home, farm, ecily)	street, factory	office	281. LOCATION (Stree City or Town, Stat		ural Route Number,		
CORBON OFRY	YSICIAN: To the best of my know	. 10.7					use(s) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFICATION	- Solul	M	D.	29c. LICENSI	233412	D 11.	GNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON SUDHIZ, 2	WHO COMPLETED CAUSE OF D			buts.	hedical	cenen up.	21215		
NOV FILED (Monity Gag Year)	32 REGISTRAR TO		V-7	/					





pita	20	
90	ach	9
å å	de	9
à	D D	70
aine	hou	ffle
ret	50	nut
y be	oade	9
E	tor,	ust
96	lirec	E
~ ~	13	line
eath	fune	Хап
ter	the the	9
Saf	A .	dic
D.	D 0	E
1,	Hip of	the
thin.	letely ema	III.
≱ D	dwo	S. S.
Scute	od c	ä
600	1 2	a di
e D	Sicla	2
fical	A a	her
Cert	ding	r of
eath	aften tal	
ne de	Men	a la
at th	200	- N
th so	and die	3
quire	n Sig	-
₩ 70	pee ,	S eh
e la	has	2
Ē	cate	iten
CIAN	entif	2
13SH	SIS C	
G P	ti in	and a
NO	Aft	9 9
E	E S	200
A H	IREC	5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🛶 wours affer death. Page 6 may be retained by the hospita	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director, page 5 should be detached in the funeral director.	Of the Within 12 founds the bodget with the contraction of the contrac
SPITE	ER.	L E
P.	2	TAB
置	王	Dell
P	2	9 3

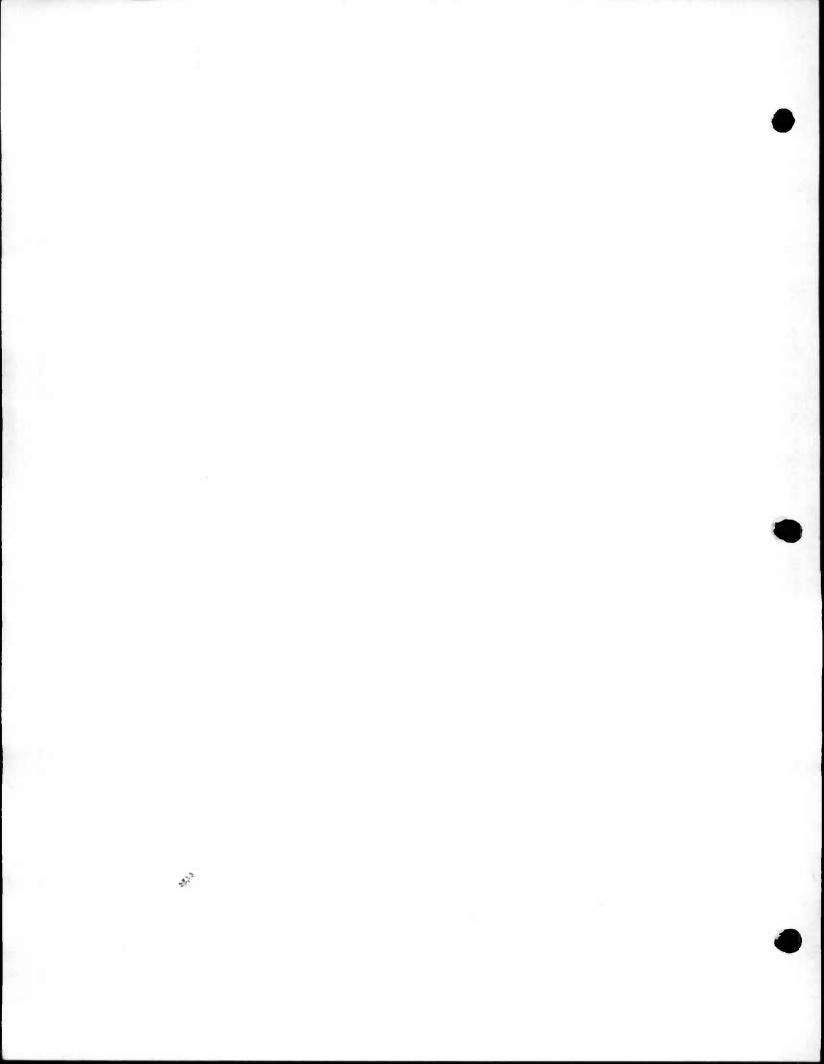
	1 - STATE OF MARYLAND / DEPARTMENT (REGISTRAR EMILY GUDWIN CERTIFICATE		NTAL HYGIENE						
	1. DECEDENT'S NAME (First, Middle, Last) EMILY T. GUDWIN		DATE OF DEATH DAY	9 YEAR	3. TIME OF DEATH OO40 AM				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) FUNDER 1 Y MONTHS D 98. FACILITY NAME (If not institution, give atreet and number) 98. CITY, TO	DWN OR LOCATION OF DEATH		New New OF D	vyork				
DIRECTOR	RESIDENCE OF DECEDENT	Annapolis		A.A.					
	Maryland Anne Arundel Edgewa			10d. INSIDE CITY LIMITS? 1 YES 2/17 NO					
FUNERAL	100. STREET AND NUMBER 144 Washington Rd.	101. ZIP CODE 21037	1	09. CITIZEN OF V					
BY	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. Marital STATUS 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEDENT EVER IN U.S. ARMED 18. WAS DECEDENT EVER IN U.S. ARMED 19. WAS	S DECENDENT OF HISPANIC (res. specify Cuban, Mexican, P YES 2 NO Specify:			E — American Indian, k, White, atc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 1. 0. DECEDENT'S USUAL OCCI (Give kind of work done dur	UPATION ing most of working	186. KIND OF BUSING						
OMF	12 Homemaker 17. FATHER'S NAME (First, Middle, Lest)	18. MOTHER'S NAME	(First, Middle, Malden Sur						
BEC	Harry Tanner		ena Rowley						
5	The state of the s	Street and Number of Rural Rout Point Rd			21401				
	20s. METHOD OF DISPOSITION 1	of cemetery, crematory or	20c. LOCAT	TION City or To	own, State				
100	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NA RO	ME AND ADDRESS OF FACILI BERT C. ALTE 09 Harford R	NBURG FUNE	RAL HON	ME, INC.				
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the ahock, or heart letture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):			ory arrest,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b								
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the under Coronary Hoper DISONSO - MIT		PERFORMI	ED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	26. PLACE OF DEATH (Check	conly one)						
	1 VES 2 NO 1 Shipetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 1 VES 2 NUTURY AT WORK?								
TED BY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 5 Could not be determined 5 Pending Investigation 3 Suicide 6 Could not be determined 5 City or Town, State) 289. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 289. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29s. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion.				(a) and manner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBI	698	Pad. DATE SIGNE	D (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) OR, S. Hamil Fan M.D.								
	31. DATE FILED (MONTH, Day, 1891) 991 Fuha Nauydson Kandalle								



er death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detacheral.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
2	2 3	M	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Linst)								2. DATE OF DEATH 3. TIME OF DEATH					Ή Η	
	Lester Gaffney									19 1991 4:				30	р. м
	4. SOCIAL SECURITY NUMBER					8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH 8. BIF (Month, Day, Year) Co.			PLACE (State or Fo	reign
	251-48-8471 ¹⊠м²□F 57				YRS.	MONTHS	DAYS	HOURS	MIN.	8-10-	1934	Sou		Car	olin
~	9a. FACILITY NAME (If not in					96. CITY		OR LOCATI			9c.	COUNTY OF D	EATH		
DIRECTOR	4425 Old		Road				Ва	ltir	nore	5					
띭	10a. STATE	10b. COUNTY	,		10c. Cl1	ry, town (OR LOCA	TION						SIDE CITY	
	Md.				В	alti	_						1 📉 Y	ES 2 🗌	NO
FUNERAL	10e. STREET AND NUMBER						10	1. ZIP COD			100	g. CITIZEN OF 1		UNTRY?	
ÿ	4425 Old	York	Road 12. WAS DECEDEN	IT CVCC 10: 11	101150	40	<u></u>		212	W		USA		rican Indi	
BY FU	1 Never Married 2 2 3 Wildowed 4 Divo	100	FORCES? 1	YES 2	NO		If yes, sp		n, Maxica	NIC ORIGIN? (Specin, Puarto Rican, at y:		Spec	k, White,	atc. Bla	,
		EDENT'S EDUC		164	DECEDENT'S					16b. KIND C	F BUSINES	SS/INDUSTRY			
<u> </u>	Elementary/Secondary (College (1-4 or 5		life. Do NOT u	ise retired.)			1						,
COMPLETED					Maint	enan	ce					nance			
8	17. FATNER'S NAME (First, M							71.5		ME (First, Middle, A					
出	J.W. Gaff									el Maku	Area.				
2	Helen Gaf									Route Number, City l Balto			212		
	20s_METHOD OF DISPOSIT	TION		20b. PL	ACE OF DISPO							ON — City or To		_	
	1 X Burial 2 Crematic	on 3 🗆 Reme	ovel from State	oth	odlawi				,			awn,			nd
	21. SIGNATURE OF FUNERA	L SHIVICE LIC	ENSEE					ND ADDRE	SS OF FA	CHITY		C. Jo			
	1/1000	1	0-12	an	_	4	611	Pai	rk H	Reights					
	23. PART I. Enter the d	liseases, Dr (complication	at caused th	a daath. Do									pproxim	-
	ahock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death														
	disease or condition a. Luca Foulure							211	20)						
	resulting in death)		DUE TO	(OR AS A CO	NSEQUENCE (-)		_		ws_
χ	Certomegolio Virus dissenuatal 3ma									0					
Ĕl	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury).														
윤															
CERTIFICATION	that initiated events resulting in death) LAST														
	PART II Other significant conditions contribution to death but not resulting to the state of the														
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Performed? AWILABLE PRIOR TO COMPLETION OF CAUSE														
	Q T to	y Jay	un,	Morde	VVCQUU		7	uu		1 · · ·	(ES 2 7	NO	OF DEA	TH?	
	J T 101	Men	9-										1 🔲 Y	ES 2 🗌	NO
¥	25. WAS CASE REFERRED 1	TO MEDICAL					28. P	LACE OF	DEATH (Ch	neck only one)					
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpetle	nt 3 🗆 DOA	OTHE		ne 5 A	asidenca	6 Other (Speci	fy)				
춫	27. MANNER OF DEATH	0.00	26a. DATE Of	F INJURY Day, Year)	28b. Til			JURY AT ORK?		26d. DESCRIBE		RY OCCURED			
BY	1 Natural 5 2 Accident	Pending Investigation	(month,	say, roury		M		YES 2	NO						
	3 Sulcide 6	Could not be		of INJURY —, etc. (Specify)	At home, farm,	street, fac	tory, offi	ca		261. LOCATION (City or Town		Number or Rural	Route Nu	mber,	
COMPLETED	4 Nomicide	datarmined													
집		TIFYING PHYS	ICIAN: To the best o	f my knowledg	je, death occur	rred at Jhe	Ilme, dat	a and plac	e, and dus	n to the cause(a) a	nd menner	an stated.			
Š Ņ	one) 2 🗌 MED	DICAL EXAMINE	ER: On the basis of	examination ar	nd/or Investigat	lon, in my	epinion,	death occu	ared at Jhe	lime, date and ple	ece, and du	e to the cause(s) and m	enner ee s	stated,
ш	296. THE AND TITL	not challenn	n					29c. LIC	ENSE NU	MBER	296	d. DATE SIGNE		Day, Year)	
0 8	Hulop	PX	uke "	11)								11/21	91		
-	30. NATHE AND ADDRESS O	FERSON WH	O COMPLETED CAL	SE OF DEATH	(ITEM 27) (Typ	e, Print)		- 7	1. A	io.					
	21. DATE BUILDYNAME COL	(PX	uu	MW)	P .	rilig	>	1. D	UI N	<u>C</u>					
	MOV22	9991	Juna Da	HOON-	andell										
			4		•								-	DHMH-1	8 Rev 1/89



burs after death. Page 6 may be retained by the hospital or attending physician: In by the funeral director, page 5 should be detached for use as the buria-transit permit. MARYLAND 21203-3146. BALTIMORE, filled in by the fillen, or removal. completely executed within P.O. BOX 13146,

certificate be

OR ATTENDING PHYSICIAN: The law requires that the death

has been s Dept. of H 23

this certificate h with the State I Item

L DIRECTOR: After the hours after death v

HOSPITAL (
FUNERAL D
within 72 h =

TO THE HOSPITA TO THE FUNERAL De filed within 72 IMPORTANT: If

6

marked.

90

28 Hem

BE

2

RECORDS,

DIVISION OF

Pages 1, 2, 3 should

notified at ğ must medical cremation, or event burial. other traumatic and signed by the attending physician a Health and Mental Hyglene prior to 6 Injury, shows any

١	1
١	
	E.
	i
ı	
ı	
١	ŀ
ı	1
1	
: 1	
ı	
	ľ
	ľ
1	
1	ľ
1	
1	
ı	
1	
1	
۱	
۱	
1	
:	1
	1
٠.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF CEATH 3:57 DOVE 20 LLO 21 7. DATE OF BIRTH (Month, Day, Year) 12 - 24 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 247 18 0514 A DAYS HOURS 5.0 Se. FACILITY NAME (If not institution, give TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Battimore DIRECTOR Ecours a RESIDENCE DECEDENT 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Ave 21223 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS If yea, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced kack 品 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 16h. KIND OF BUSINESS/INDUSTRY COMPLE nentary/Secondary (0-12) College (1-4 or 5+) 74 ias + Electric 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Hutchinson John lla BE 19a. INFORMANT'S NAME (Type/Print) Town, State, Zip Code: 2 21223 tho tu METHOD OF DISPOSITION

Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Na on 5 🗆 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS land 4300 Aug an a 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert feilure. List only one cause on each line. interval Betw **Onset and Death** IMMEDIATE CAUSE (Final disease or condition_ DUE TO OR AS A CONSEQUENCE OF): resulting in death) los lal. C CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PHYSICIAN: MEDICAL cardio 1 TES 2 NO OF DEATH? obstructive SEOST 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impetient 2 ER/Outpetient 3 DOA OTHER:
4 | Nursing Home | 5 | Residence | 8 | Other (Specify) 1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Yown, State) 3 Suicide ETED 6 Could not be 4 Homicide COMPL

29s. CERTIFIER

(Chack prily

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and dus to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)

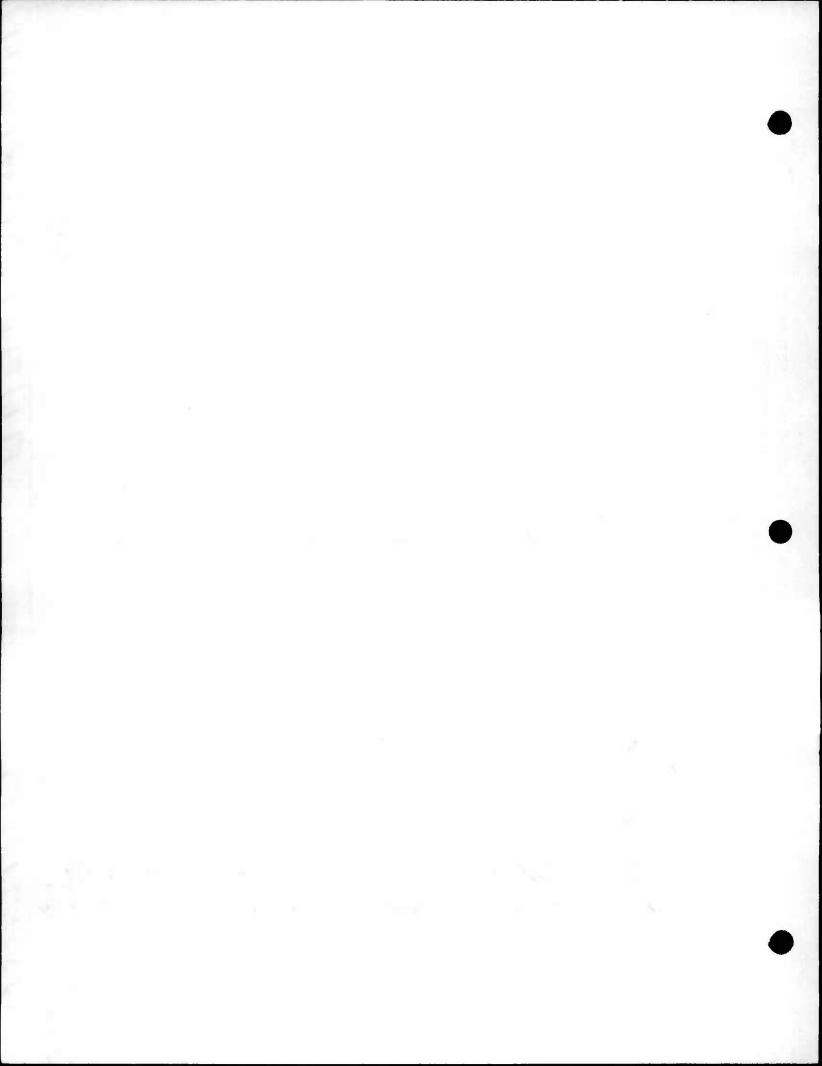
15698 Marca us cus 30. NAME AND ADDRESS OF PE WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARCOS Bon SELOURS 11014 mo 105 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

V 20

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	A	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) EDITH HURLEY				2. DATE OF I	DAY	YEAR 91	3. TIME OF DEATH			
		5. SEX 8. AGE (In yrs. lest birthday) # UNDER 1 YEAR # UNDER 24 H									
COMPLETED BY FUNERAL DIRECTOR	90. FACILITY NAME (If not institution, give street end number) MANUE CARE RUX +0 N RESIDENCE OF DECEDENT	96	0	TIMDR			BAL	TYMORE -			
	Md. Baltimore	10c. CITY, T	ESSEX					10d. INSIDE CITY LIMITS? 1 YES 2 70			
	100. STREET AND NUMBER 430 MAryland Ave.		101.	21221		10g. CI	10g. CITIZEN OF WHAT COUNTRY? USA				
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 🗆 🕏	If yes, spe	ENDENT OF HISPAN ofty Cuben, Mexican 21 NO Specify.	, Puerto Ricar		Spec	E — American Indian, ok, White, etc. ohy: White			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1.2-th College (1-4 or 8+)	thest grade completed) (Give kind of work			k done during most of working etired.)						
	17. FATHER'S NAME (First, Middle, Last) Henry Wick		18. MOTHER'S NAME (First, Middle, Malden Surname) Mildred Barber								
TO BE	190. INFORMANT'S NAME (Typo/Print) Melvin Hurley Jr.			nd Number or Rural R			Zip Code) [Aryla	and 21206			
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Removal from State 4 Connection 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cornectory, cremetory or other place) MOYEL and MEMORIAL CEMETERY Baltimore MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	[2]		o Address of FAC		e 300MAc	eAve	. 21221			
EDICAL CERTIFICATION	ahock, or height feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Beguentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
Σ	PART II. Other aignificant conditions contributing to death but	it not resulting in		cause given in		a. WAS AN AUTOPS PERFORMED?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	l e	26. PL	ACE OF DEATH (Che	eck only one)						
Y PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpe 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	etlent 3 DOA 4	Nursing Hom OF 28c. INJ W	URY AT RK?			V INJURY OCCURED				
TED BY	2 Accident 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State)							Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination							(e) and manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN D-/28	BER 340	7 29d. D	ATE SIGNE	19-91			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA). 7600	o 05	LEKO	Dr. "	Towso	rn 1	Ma 21204			
	31. DAYE FILED (Month, Dev. Year) 1991 June Sundson	fandell.									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9

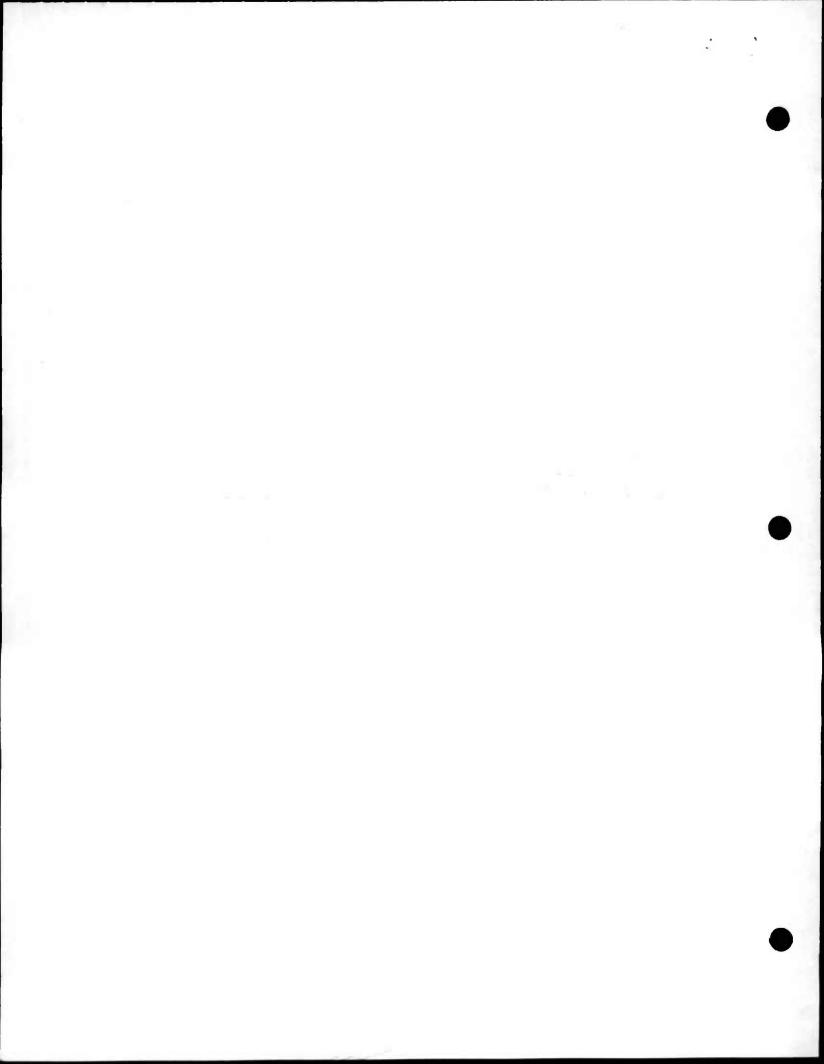
								21	J	195	i
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPAR	TMENT OF	HEALTH ANI	D MEN	TAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last							ATE OF DEATH			3. TIME OF DEATH
	WILLIAM	S AMUEL			HAMILT	ON	_	11 D	20	- 91	12:25 PM
	4. SOCIAL SECURITY NUMBER	5. SÉX 6. AGE	(In yrs. les	t birthday)	IF UNDER 1 YEA			ATE OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	213-01-1200	1 🔀 M 2 🗌 F	71	YRS.	MONTHS DAY	HOURS MIN		fonth, Day, Year) -29-20		Country	YLAND
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION OF		27 20	9c. COU	INTY OF DE	
TOR	NORTH ARUNDEL	HOSPITAL ASSO	CIAT	TION	GL	EN BURNI	E				. COUNTY
Ä	10e. STATE 10b. COUN	ITY		10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY
5	MARYLAND ANN	E ARUNDEL		SEV	EDM				UMITS?		
7	10e. STREET AND NUMBER	E THOUBED		SEV	EKN	101, ZIP CODE			10m CIT	TITEN OF W	HAT COUNTRY?
3	8256 NEW CUT RD	1			1						HAI COUNTRY?
Z	11. MARITAL STATUS		HILC AD	460	40 1170 -	21144				S.A.	
BY FUNERAL DIRECTOR	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D. W.W. II	2 N ATES	O	II yes,	ECENDENT OF HIS specify Cuben, Mex ES 2 X NO Spe	cicen, Pue	IGIN? (Specify Yes rto Ricen, etc.)	or No	14. RACE Black, Specify	
G	15. DECEDENT'S ED	UCATION	18e. DF0	CEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	1		WHITE
COMPLETED	(Specify only highest grad		(Gh	ve kind of w Do NOT us	ork done during	most of working		100. KIND OF BUS	NESS/INI	DUSTRY	
7	9th	College (1-4 or 5+) NONE			11.000	(T		247 227			
M	17. FATHER'S NAME (First, Middle, Last)	NONE		POLI	CEMAN					POLI	CE DEPART.
								st, Middle, Maiden	Surname)		
BE	ARTHUR HAMILTON					EFFI		STONE			
2	19e. INFORMANT'S NAME (Type/Print)					t end Number or Rur				Code)	
.	WANDA HAMILTON		8	3256	NEW CU	T RD. SE	VERN	, MD 21	144		
	20e METHOD OF DISPOSITION 1 (A Buriel 2 Cremetion 3 Res	moval from State	PLACEA	NDDATEO	FDISPOSITION	Neme of				City or Tow	n, State
	4 Donation 5 Other (Specify) PARKWOOD CEMETERY 11-23 BALTIMORE MD										
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. NAME	AND ADDRESS OF	FACILITY			TELL .	10
	► / Y thus	Ho_				ELETON FU					
-	22 PART I Franch discourse	-			1 SI	ECOND AVE	E. S	W. GLEN	BUR	NIE,	MD 21061
	23. PART I. Enter the diseeses, or ehock, or heert feilure	Liet only one ceuse on e	the dec ech line.	eth. Do n	ot enter the r	node of dying, s	uch ee c	erdiec or respin	ratory en	reet,	Approximate
	IMMEDIATE CAUSE (Final	4 1		1	1			1			Onset and Deatl
	disease or condition resulting in deeth)	· Carris	295	117	eden	1 071	TES	+			1
		DUE TO (OR AS A	CONSEO	VENCE OF		17.	1	11			1
Z		1 Nossell	e.	MAM	DUM	hol in	da	212/12	Λ.		J.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEC	UENCE OF	:	1	1/	Col. Dag.	1		1
S	cause. Enter UNDERLYING CAUSE (Disease or injury	e Savare	100	BALL	MAN (want	Pala	BUEN			
드	thet initieted events	DUE TO OR AS A	CONSEC	UENCE OF		1 1 1/1	VVV	Triby			1
E	resulting in death) LAST	a and icely	LMS	A C	MAD	A 1/1/2	0.0	0			
2		100 030	U.1.U.U		1.0.0.	1 6033	0.0	C			1
AL	PART II. Other significent condition	ns contributing to deeth be	ut not re	suiting in	the underly	ng cause given i	in Pert i.				VERE AUTOPSY FINDINGS
용	Mersens	um coas	two	- d1	Neve	WN.		PERFORI			WAILABLE PRIOR TO COMPLETION DF CAUSE
Ē	diam's p	MH ONL			V	V		1 YES 2	_ NO		OF DEATH?
-		7								'	YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					m 400 00 00000					
S	EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (
¥	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3			me 5 - Residence					
	1 Natural 5 Pending	(Month, Day, Year)		28b. TIME INJU		JURY AT ORK?	28d. [ESCRIBE HOW IN	JURY OCC	CURED	
┢	2 Accident Investigation					YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— A1 hom	ie, farm, st	reet, lectory, of	Ice	28f. L	OCATION (Street or ify or Town, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	determined.	10						,, cratoj			
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(s) and menner as ateted.										
S	one) 2 MEDICAL EXAMIN	ER: On the besis of examination	end/or In	veatigation	, in my opinion.	death occured at th	he time. d	ite end place, and	due to the	e cenedat :	and manner on state 4
	29b. SIGNATURE AND TITUE OF CERTIFIE							one piece, and			
H	· Mack M. M.	without MA				29c. LICENSE N	UMBER	12	29d, DATE	SIGNED (Aonth, Day, Yeer)

29d. DATE SIGNED (Month, Day, Year) 20

NICK P. MOUTSOS, M.D./95 AQUAHART ROAD/GLEN BURNIE, MARYLAND 21061

31. DATE FILED (Month, Day.

32. REGISTRAR'S SIGNATURE



	be 1 2 2 should	as I, 2, 3 SHOUN	
United Model and the Introduction of the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE EUNERALD INSECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transfer name because 1.2.2	e field within 74 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPDRTANT If from 28 is marked or from 23 shows any interest or either transmissing assembles assemble to assemble as a section of the market as a section of
	-	-	

	1 - FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND (DEPAR	RTMENT	T OF H	EALTH DEAT	AND I	MENTAL HYGIE REG. N		1 3	1958	
	1. DECEOENT'S NAME (First, Middle, Last) MARY MARGARET F	ĮAYĘS							2. DATE OF DEATH MONTH	DAY 20	YEAR	3. TIME OF DEATH	
		5. SEX	6. AGE (In yrs. la	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Mear) APRIL 25		Country	PLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give stre UNIVERSITY OF MA		HOSPITA	L		TIMO		ON OF DE		-	INTY OF OE		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND				Y, TOWN O	OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 V YES 2 NO	
FUNERAL	100 STREET AND NUMBER 1138 W. HAMBURG	STREET			101. ZIP COOE 10g. CITIZEN OF W. 21230 U.S.A.						IZEN OF WI	A	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AF YES 2 X WAR OR DATES	RMED NO		WAS OECE If yes, spe 1 YES	city Cuba	n, Maxica	NIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)	ea or No-	Black,	- American Indian, White, atc.	
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade co	TION impleted) College (1-4 or 5 d	(G life	ECEOENT'S Give kind of a b. Do NOT us DUCTI	work done se retired.)	during mos	st of workin	g	16b. KIND OF BI		DUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) JOHN HOOKER						18. MOTH		ME (First, Middle, Maide	n Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) IRVIN W. HAYES		19	b. MAILINO 2915	ADORESS	S (Street ar	nd Number	or Rural F	Poute Number, City or To NE, MARYLA	wn, State, Zij	o Code) 21227		
	209. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)		20b. PLACE cemetary, cre NEW C	ematory or or	ther place)			Y		CATION —		y or Town, Stata	
	21. SIGNATURE OF FUNEBAL SERVICE LICEN	mil	5		HU		D FU	NERA	AL HOME IN		ORE. 1	MD. 21229	
	23. PART i. Enter the diseases, or col ahock, or heart fellure. Lis	mplications that at only one cau	caused the de	ath. Do n	ot enter	the mod	le of dyle	ng, aucl	h as cerdiec or resp	oiratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death	
CERTIFICATION	resulting in death) e. OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST e. OUT O(OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): COUMADIN THERAPY DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other significent conditions MITRAL V PERIPHERAL	Contributing to	deeth but not r	PL A	N the un	ME EA	Ceuse g	iven in	Part i. 24a. WAS AI PERFO	RMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
SICIAN:		IOSPITAL:			OTHER	1 :			nck only one)				
ву рнуз	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Yes 2 No 1 Inpetiant 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Rasidenca 8 Other (Specify) MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO INJURY M 1 Yes 2 NO NO NO NO NO NO NO								CUREO			
	3 Suicide 8 Could not be detarmined	28s. PLACE Of building,	FINJURY — At he atc. (Specify)	me, farm, a	treet, facto				281. LOCATION (Street City or Town, State	and Number	or Rural Ros	ite Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the beat of On the basis of ax	my knowledge, de amination and/or i	ath occurre	d at the ti	me, data a	and place,	and dua	to the cause(s) and ma	nner as stat	led. ne cause(s) s	and menner as stated.	
BE C	20h BIONATURE AND TITLE OF OFFICIER												

29G. LICENSE NUMBER

29G. LICENSE NUMBER

29G. AATE SIGNED (MON

11 20

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

M. WOZNIAK

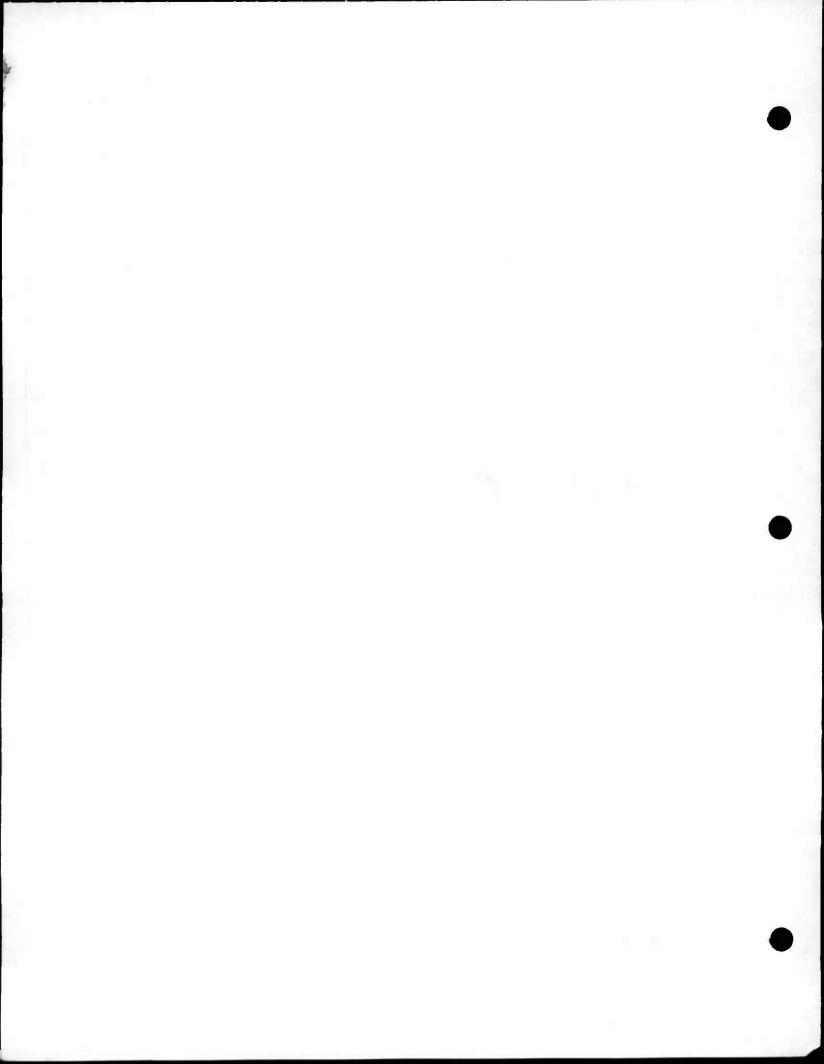
22 S. Greene St BALTIMURE MD

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

NOV 2 2 1991 Julia Davidson-Randall

OHMH-16 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use 3 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN			-11111	CALE	T DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) ANDRE	LE	ON		JACK	SON		PATE OF DEATH	w 19	9YEAR	3. TIME OF DEATH 2:45 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	and hiethelms)	IF UNDER 1 YEA						
	578-04-9430	1 🛛 M 2 🗌 F	2.		MONTHS DAY	B HOURS M	im. (f	ATE OF BIRTH Wonth, Day, Year) AN. 15, 19	66	8. BIRTI Count DIS	PLACE (State or Foreign TWO 1a TRICT of Colu
œ	96. FACILITY NAME (If not institution, give st		HOGDI	m a r	9b. CITY, TOW	N OR LOCATION	OF OEATH		9c. COU	INTY OF C	DEATH
DIRECTOR	PRINCE GEORGE O	ENERAL	HUSPI	TAL		CHEVE	RLY				
EC	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					10d, INSIDE CITY
	MARYLAND P.O	<u>.</u>		320	2 CURT	TS DR.TE	EMPL F	HILL MO	207	748	LIMITS?
AL	10e. STREET AND NUMBER				I	10f. ZIP COOE		11244 116	v		WNAT COUNTRY?
FUNERAL	3202 CURTIS DRIVE	TEMPLE	HILL MD		ŀ	20748			П.	S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS I	ECENDENT OF N	ISPANIC OF	RIGIN? (Specify Yes			E — American Indian, k, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES	2 NO If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 1 YES 2 NO Specify:						Spec	tty:
- 1	15. DECEDENT'S EDUC	ATION	140-0								BLACK
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	(0)	Give kind of vie. Do NOT us	USUAL OCCUP. vork done during to retired.)	most of working		16b. KIND OF BUS			
2	12th GRADE	')					America	edit	. Com	puter of	
O	17. FATNER'S NAME (First, Middle, Last)			шрите	r Ansl		'S NAME (F	Irst, Middle, Maiden			
BE C	RUSSELL LEON J	ACKSON				DELO		BALL	ourname,		
	19s. INFORMANT'S NAME (Type/Print)	10110011	15	9b. MAILING	ADDRESS (Stre			Number, City or Town	n, State, Zij	p Code)	
2	RUSSELL LEON JA	CKSON,Fa						E HILL M			20748
	20a, METHOD OF DISPOSITION 1 \(\times \text{ Buriel} \) 2 \(\text{ Cremation} \) 3 \(\text{ Remo} \)	ami from State	20b. PLACE	AND DATE O	OF DISPOSITION	(Name of					
	4 Donation 5 Other (Specify)		MI.3	CON B	PTIST	CHURCH	1	99 Ric 1/23 DOW	NING	VA.	urity
	21. SIGNATURE OF FUNERAL SERVICE LICE		22. NAME AND ADDRESS OF FACILITY								
	Zunemo.	(1) La	7 I tel	e#051 LEE FUNERAL HOME, INC.P.O.BOX 531 WAR							22572
	23. PART i. Enter the diseases, or co	omplications tha	t caused the d	eath. Do n	ot anter tha	node of dying.	such as	cardiac or respi	ratory ar	reat.	Approximate
	atjock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cau	ae on each lin	e.		, ,					interval Between Onset and Death
		MULT	PIE IN	JURIE	=5						Oliset and Death
	reauting in death) / a		(OR AS A CONSE				-				
z											
일	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	7:				-		
<u> </u>	CAUSE (Disease or injury										
CERTIFICATION	that initiated events resulting in death) LAST	005 10	(OR AS A CONSE	OUENCE OF	·):						
岂	d										
	PART II. Other significant conditions	contributing to	death but not	resulting i	n the underly	ing cause give	n in Part			24b	WERE AUTOPSY FINGINGS
옹ㅣ								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
핗										-1	OF DEATH? 1 YES 2 NO
ž											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 OTHER:	PLACE OF OEATH	N (Check on	ly one)			
YSI	XX YES 2 NO	1 Inpatient 2X	R/Outpatient	3 🗆 DOA		ome 5 🗆 Reside	ncs 8 🗆 (Other (Specify)			
표	27. MANNER OF DEATN 1 Natural 5 Pending	28s. DATE OF (Month, O	ay, Year)		URY	NJURY AT WORK?	100	DESCRIBE HOW IN			AUTO
à l	2 Accident Investigation		6 1991	4:2		YES XX NO	PE	DESTRI	AN S	TRU	CK BY
	3 Suicide 8 Could not be 4 Homicide datarmined	building,	F INJURY — At he atc. (Specify)			fics	281.	LOCATION (Street a City or Town, State)			
<u>.</u>			PUBLI								RYLAND
COMPLETED	(Check only										
8	2 MEOICAL EXAMINER	Investigatio	n, in my opinior	, death occured a	t the time,	data and place, and	d dus to th	ne cause(s) and manner as atated.		
BE	29b, SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE					(Month, Day, Year)		
2	Monald & Wrig	AF NO				0	CME		▶11		17 1991
D. M. O. G. I. M. C. L. T. C. C. T. C. C. T. C. C. C. C. C. C. C. C. C. C. C. C. C.						YTAN	תו	21201			
	31 DATE SILEO (Month Day Ward 20 DECEMBER							21201			
- 1	31. DATE FILEO (Month, Day Year)	Julia.	Davidson-7	Pande 90							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transferential. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

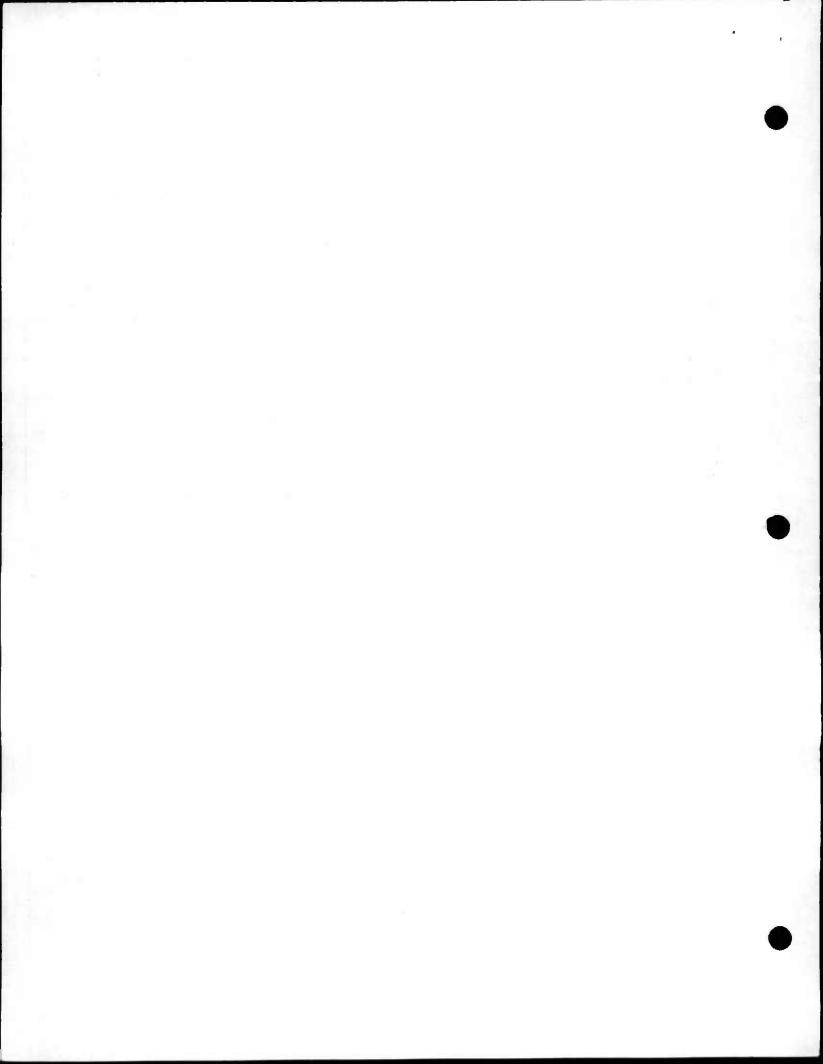
-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
_		OLITITIONIE OF BEATTI	REG. NO.

	1 - STATE REGISTRAR	OINIE OF MAILI	CERTIE	ICATE OF	DEATH	MENIAL HIGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	TOATE OF	DEATH	REG. NO			2 TIME OF DEATH	
	ROLAND	CARROLL	.11	ENKINS		MONTH 20	AY 1 (991	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH	1		I I = 2.4 A M	
	220-14-1160	· MIM o III	7 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	000	Count	y)	
	9a. FACILITY NAME (If not institution, give :	street and number)	/	9h CITY TOWN	OR LOCATION OF D		923	-	YLAND	
DIRECTOR	NORTH ARUNDEL			GLEN H		EATH		NE A	RUNDEL	
<u> </u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	100 CH	Y, TOWN OR LOCA	TION					
Ĕ.									10d. INSIDE CITY LIMITS?	
	MD ANNE 10a. STREET AND NUMBER	ARUNDEL	GL	EN BURN	IE				1 YES 2 NO	
HA!				"					VHAT COUNTRY?	
FUNERAL	6626 WHITMORE CO				21061		U.S			
BY FU	1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 (X) YES IF YES, GIVE WAR OR I W.W. II	IN U.S. ARMED 2 NO DATES	S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- if yea, specify Cuban, Maxican, Puerio Rican, atc.) 14. RACE — Americ Black, Whita, at Specify: WHI						
<u>n</u>	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S	USUAL OCCUPAT	CHRATION					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during m	TOR TRAI	T E D	SINE SS/INI	DUSTRY		
P	8	College (1-4 or 5+) NONE		DRIVER	TOR TRAI		IC CO	MTOAN	37	
OM	17. FATHER'S NAME (First, Middle, Last)	NONE	INUCK	DKIVEK	40 14071/5010 14	TRUCKIN		MPAN	Y	
ŏ	CARROLL W. JENKI	MC				AME (First, Middle, Maiden				
BE	19a. INFORMANT'S NAME (Type/Print)	NO	105 44411 414	ADDRESS (O	GENEVIV	Route Number, City or Tow	NELL			
임									71	
	FRANCES JENKINS 20a. METHOD OF DISPOSITION					APT 158 GLE				
	1 X Burial 2 Cremation 3 Rem	oval from State CA	b. PLACEAND DATE metery, cremetory or o	ther placel			CATION —			
	4 Donation 5 Other (Specify)	· M	LARYLAND	VETERANS	S CEMETER	RY11-25 Cro	wnsv	ille	, MD	
		1			ND ADDRESS OF FA	VERAL HOME				
	a.h.X	1500				S.W. GLEN	7 77 77	NT TO	MD 21061	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS a	A CONSEQUENCE O	F):					Onaet and Death	
	PART II Other elgoitions and disco								<u> </u>	
DICAL	PART ii. Other algnificent condition	e contributing to deeth b	out not recuiting	in the underlyin	ig ceuse given in	Part i. 24e, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
						1 (YES 2			COMPLETION OF CAUSE OF DEATH?	
×									1 TYES 2 NO	
ž										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)				
S I	1, TYES 2 □ NO	1 Inpetient 2 X ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Realdenca	a Other (Specify)				
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN.	JURY AT DRK?	28d. DESCRIBE HOW I	NJURY OC	CURED		
À	1 Natural 5 Pending 2 Accident Investigation	1 1 - 2 0 - 1 9	91 6:23	A W 1 🗆	YES 2 X NO	PEDESTRI	AN S	STRU	CK BY TRU	
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, afc. (Spe	f — At home, farm, s	street, fectory, offic	ca .	28f. LOCATION (Street a	and Number	or Rural R	oute Number,	
4	4 Homicide determined	Dentantig, atc. (Spe		REET		RT.2 & O	RCHA	ARD	ROAD	
COMPLETED		CIAN: To the best of my know								
	29b. SIGNATURE AND TITLE OF CERTIFIER									
38	Donald & Wil	SHE MD			O . C . M . I				(Month, Day, Year) - 1991	
임	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)						
	DONALD G. WRIGHT, 1	KO DOME	111 E	ENN ST	REET BA	ALTIMORE	MARY	ZLAN	D 21201	
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN								

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
BERNARD M. JA	COBS			11 - 17		
4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		12:20P M
216-18-3648 9a. FACILITY NAME (If not institution, give at	1 M 2 F 87	YRS.	NTHS DAYS HOURS MIN.	(Month, Day, Year) 10-07-	1904 BAL	TIMORE
GREATER BALTIMORE			TOWSON	AIH	9c. COUNTY OF D	
RESIDENCE OF DECEDENT	THEOTOME OF				DALL	0, co.
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d, INSIDE CITY
MD F	BALTIMORE CO.	CC	CKEYSVILLE			1 YES 2 NO
6 HONEYBEE CT.,	APT F		21030		10g. CITIZEN OF V	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	.S. ARMED	13. WAS DECENDENT OF HISPAN	IC ORIGIN? (Specify Yes		- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE		If yes, specify Cuban, Maxican 1 YES 2 NO Specify		Speci	, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade	CATION 1	8a. DECEDENT'S USL	JAL OCCUPATION done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	71.7-
Elementary/Secondary (0-12)	College (1-4 or 5+)	FEDERA	Come during most of working lived.)	SW WE	LDER	
17. FATHER'S NAME (First, Middle, Lost) MORDECAI	JACOBS		18. MOTHER'S NAI	ME (First, Middle, Meiden S	MAN	
19a INFORMANT'S NAME (Typospaint)	PDS	196. MAILING ADI	PRESS (Street and Number or Rural B	Number, City or Town	State, Zip Code)	
20s. METHOD OF DISPOSITION 1	oval from Stata 20b.P	LACE AND DATE OF DE	ISPOSITION (Name of	DATE 20c. LOC	ATION - City or To	yn, State
21. SIGNATURE OF FUNERAL SERVICE LICE	I. Gair	PARING	22 HAME AND ADDRESS OF BACK	PEL OF R	CHIME	noNium
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	RESPIRATO	RY ARREST COPD/PNEUMONIA		atory arrest,	Approximate intervel Between Onset and Death Minutes
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	3			
PART II. Other significent conditions	contributing to deeth but	not resulting in th	e underlying cause given in f	Part I. 24a. WAS AN A PERFORM 1 YES 2	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Chec	ck anly one)		
1 YES 2 NO	1 Inpatient 2 ER/Outpatie		Nursing Home 5 Residence	Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW IN.	URY OCCURED	
3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atreet	, factory, offica	281. LOCATION (Street am City or Town, State)	d Number or Rursl R	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowledge: On the besis of examination as	ge, death occurred at	the time, data and place, and due if my opinion, death occured at the if	o the cause(a) and mann	er as stated.	and manner as atsted.
296. SIGNATURE AND TITLE OF CERTIFIER	0.12		29c. LICENSE NUMI	38/-	29d. DATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM TO (Type, Print	M.10. G	BNO	The	1/2
31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNATU		ining- C	017	10 47	n 14(0/1204
NOV 2 2 1991	Julia Davidson	-yandele				

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



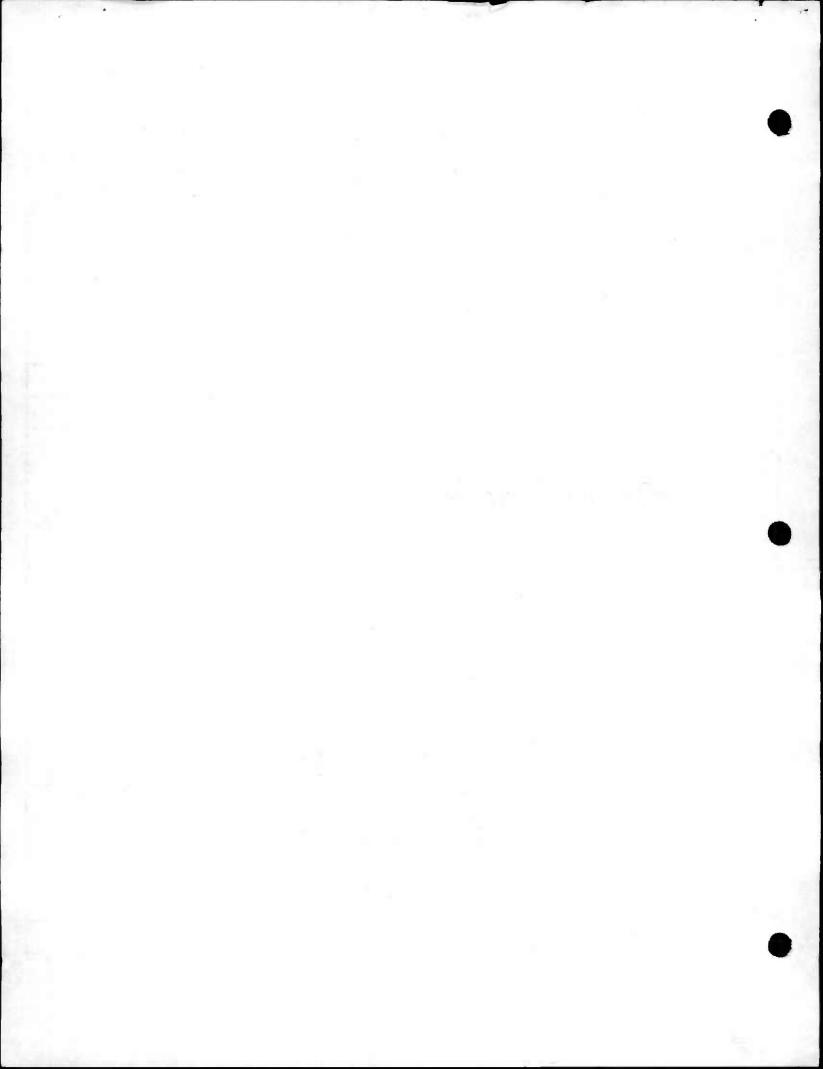
0
9
~
8
2
80
œ
o.
Ų.
0
4.5
5
Ö
Œ
0
Ç
ш
α
_
⋖
F
-
>
<u></u>
0
7
$\overline{\sim}$
\simeq
S
>
\leq

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		STATE OF N		CERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (FI	rst, Middle, Last)	1.	Ko.	sciu	571	40	2. DATE MONT	E OF DEATH	8 9	YEAR	TIME OF DEATH
4. SOCIAL SECURITY NY 089-12-	5331	5. SEX.	8. AGE (In y	rs. lest birthday) YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH th/ Day, Year)	20 1	Country)	U YORK
98. FACILITY NAME (11 no.	aph	To Spit	aL		-	OR LOCATION OF D	2d	21204	9c. COUNT	A L	timore
10a. STATE	10b. COUNT				TOWN OR LOCA						d. INSIDE CITY LIMITS?
100. STREET AND NUMBER		cle			10	17363			10g. CITIZE		T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	_	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	2 □ NO	If yes, s	CENDENT OF HISPA cecify Cuban, Maxico 5 2 NO Special	nn, Puerto	N? (Specify Yea Rican, atc.)	or No— 1-	4. RACE Black V Specify:	Amirican Indian, thits, atc.
	ECEDENT'S EDU only highest grade (0-12)		+)	(Give kind of wo life. Do NOT use	ork done during m retired.)	ost of working		b. KIND OF BUS Mainter		STRY	
17. FATHER'S NAME (First, Joseph K		zko				18. MOTHER'S NA Mary	AME (First,				
190. INFORMANT'S NAME Ann Kosc	(Type/Print) Liuszko					end Number or Rural Circle,					7363
21. SIGNATURE OF FUNE	A SERVICE LI		10		22. NAME /	IND ADDRESS OF F	ACILITY ,	I.J.Hai	rtenst	ein	Mortuary, I
23. PART i. Enter the ahock, of iMMEDIATE CAUSE (disease or condition resulting in death)	haart fallure. Finsl	a. So	JWNJ.	n ilna.	19 S.	Main St	oh as ca	tewarts	town,	Pa.	17363 Approximata interval Between Onset and Death
ahock, or iMMEDIATE CAUSE (disease or condition	ditions, mediate LYING njury	a. CI DUE TO C.	O (OR AS A CO	illina.	19 S.	Main St	oh as ca	tewarts	town,	Pa.	17363 Approximata interval Between
ahock, or immediate CAUSE (disease or condition resulting in death) Sequentially list conif any, leading to immediate. Enter UNDER CAUSE (Disease or ithat initiated events	heart failure. Final ditions, mediate LYING injury AST	a. DUE TO DUE TO DUE TO	O (OR AS A CO	DISEQUENCE OF	19 S. Curci	Main St	· / St	cewarts	AUTOPSY IMED?	Pa. 8t, 24b. W	17363 Approximata interval Between
ahock, or immediate and immedi	ditions, mediate LYING injury	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	DISEQUENCE OF	19 S. ot anter the m Lurus the underlying 26.1	Main St oda of dying, aud oda of dying, aud oda oda oda oda oda oda oda	Part i.	24a. WAS AN PERFOR	AUTOPSY IMED?	Pa. 8t, 24b. W	17363 Approximate interval Between Onset and Death Death D
ahock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list confirmed and the course. Enter UNDER CAUSE (Disease or ithat initiated events resulting in death) L. PART II. Other significations are considered as the course of th	ditions, mediate LYING injury	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	DISEQUENCE OF	ot anter the m	Main St oda of dying, aud oda	Part i.	24a. WAS AN PERFOR	AUTOPSY IMED?	24b. W A C O O 1	17363 Approximate interval Between Onset and Death Death D
ahock, of iMMEDIATE CAUSE (disease or condition resulting in death) Sequentisity list contribution if any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other signification of the cause of the	ditions, mediate LYING njury AST D TO MEDICAL	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO O	DISEQUENCE OF DI	28. I	Main St oda of dying, aud oda	Part i.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	Pa. st, 24b. w A A C C O 1	Approximate interval Between Onset and Death Onset and Death ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DOMPLETION OF CAUSE F DEATH?
ahock, or immediate cause of condition resulting in death) Sequentially list conif any, leading to immediate. Enter UNDER CAUSE (Disease or interest initiated events resulting in death) L. PART II. Other signiff cause. Case referre Examiner? 1 YES 2 OO 27. MANNER OF DEATH 1 Natural 5 ON 29 Accident 6 ON 29a. CERTIFIER (Check only)	ditions, mediate LYING njury AST D TO MEDICAL Pending Investigation Could not be determined	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO O	DISEQUENCE OF DI	19 S. ot anter the m curce it the underlyin Th	Main St ode of dying, auc ode	Part i.	24a. WAS AN PERFOR 1 YES 2 CATION (Street by or fown, Stele) cause(e) and mai	AUTOPSY IMED? I NO NJURY OCCU	Pa. 24b. W A C O I I I I I I I I I I I I I I I I I I	Approximate interval Between Oneat and Daath Oneat and Daath ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DIMPLETION OF CAUSE F DEATH?
ahock, of iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list conit any, leading to improve the cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other signification of the cause. Enter UNDER CAUSE (Disease or in the initiated events resulting in death) L. PART II. Other signification of the cause	heart failure. Final ditions, mediate LYING injury AST D TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYS EDICAL EXAMIN	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO O	DISEQUENCE OF DI	19 S. ot anter the m CUTUL i: i: The underlying hoteless of the street, factory, off details, in my opinion, in my opinion,	Main St ode of dying, auc ode	Part I.	24a. WAS AN PERFOR 1 YES 2 CATION (Street by or Town, Stete) cause(a) and mainta and place, an	AUTOPSY IMED? I NO NJURY OCCL and Number of	Pa. 24b. W A A O O O T JRED JRED d. cause(s) s Signed (A	Approximate interval Between Onset and Daath Onset and Daath ERRANTOPSY FINDINGS ANABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
ahock, of iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list conit any, leading to improve the cause. Enter UNDER CAUSE (Disease or in the tinitiated events resulting in death) L. PART II. Other signification of the cause. The cause of th	ditions, mediate LYING Injury AST D TO MEDICAL Pending Investigation Could not be determined ERTIFYING PHYS EDICAL EXAMINITIE OF CERTIFFIE S OF PERSON WE BERGY,	a. DUE TO b. DUE TO c. DUE TO d	O (OR AS A CO O	DISEQUENCE OF DI	19 S. ot anter the m CUTCL i: The the underlying hoteless of the time, definity of the time, definition, in my opinion,	Main St oda of dying, aud oda	Part I.	24a. WAS AN PERFOR 1 YES 2 CATION (Street by or Town, Stete) cause(a) and mainta and place, an	AUTOPSY IMED? I NO NJURY OCCL and Number of	Pa. 24b. W A A O O O T JRED JRED d. cause(s) s Signed (A	Approximate interval Between Onset and Death Onset and Death Death Death Death Death Death Death Death Death?



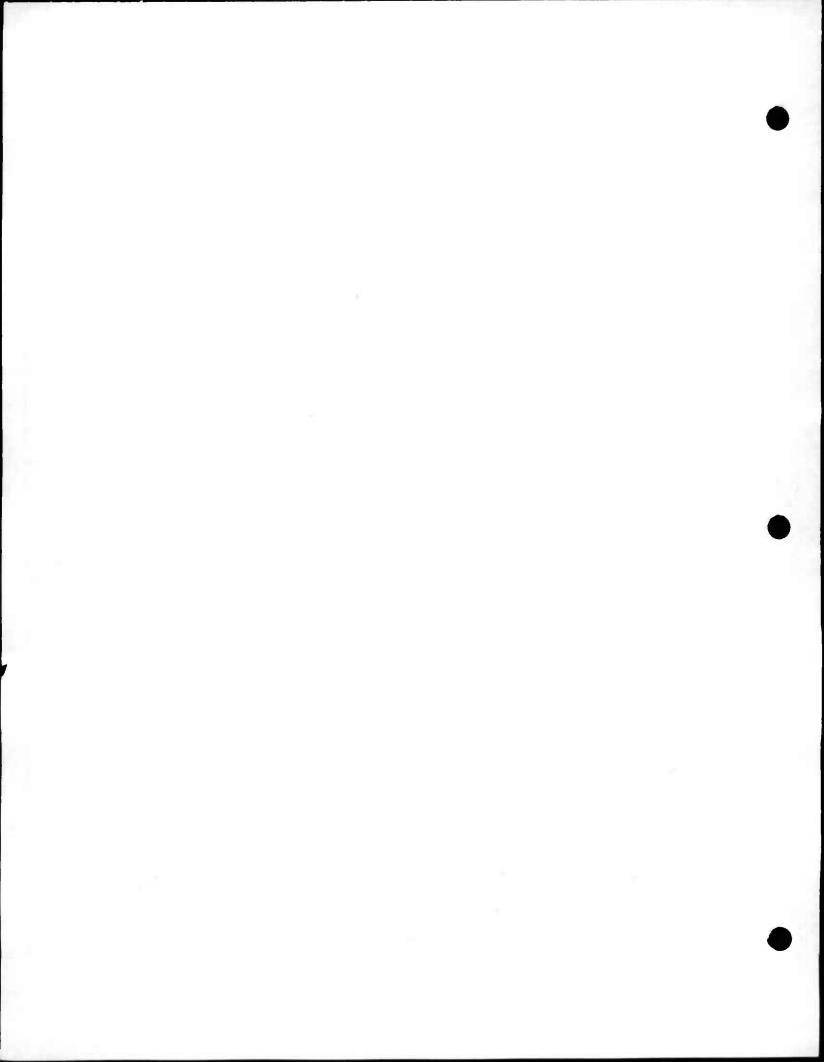
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				ALEC	F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, WYANE T.			ne Lee AYNE)			2. DATE O MONTH	F DEATH	'n è	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In)		F UNDER 1 YEA		7. DATE O	F BIRTH		BIRTHPLACE (State or Foreign
219-56-8812 9e. FACILITY NAME (If not Institution,	1 🕅 M 2 🗆 F	40	YRS.	DATHS DAT		07-	-26-5		MD
		7 m 7 3 3			OR LOCATION OF DE			9c. COUNTY	OF DEATH
RESIDENCE OF DECEDEN	GREENMOUN	IT AV	ENUE	BALI	IMORE C	LIX			
	OUNTY			OWN OR LO	•				10d. INSIDE CITY LIMITS?
MD 10e, STREET AND NUMBER				TIMO		<u> </u>			XX YES 2 NO
3807 NORTH	GREENMOUN	T ^S AV	E. Apt.		101. ZIP CODE 21218			10g. CITIZEI	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	EVER IN U	S. ARMED	13. WAS	DECENDENT OF HISPAN specify Cuben, Mexica	NIC ORIGIN?	(Specify Yes	or No- 14	. RACE — American Indian, Black, Whita, etc.
3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATE	3XX		rES 2 NO Specifi				Specify: BLACK
15. DECEDENT'S (Specify only highest		16	Sa. DECEDENT'S US (Give kind of work	done during	ATION most of working	16b. I	KIND OF BUS	INESS/INDUS	TRY
Elementery/Secondery (0-12)	College (1-4 or 5 +)	Iffe. Do NOT use re	etired.)	_		1		
17. FATHER'S NAME (First, Middle, Le	6yrs.					-		PAPE	SR
RADIS B. KIN					16. MOTHER'S NA		ddle, Meiden : 1AE L		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING AD	DRESS (Stre	et and Number or Rural I				oriel
ELSIE MAE LE	EE				IS ST./Ca				
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3	Removal from Stata	20b. PL	ACE AND DATE OF D	ISPOSITION	(Name of	DATE	20c. LOC	CATION — City	y or Town, Slata
4 Donatio a Other (Specify)		GR	FENMOUN	T CF	MATORY		ВА	LTIMO	DRE, MD.
21. SIGNAFURI STÓNENÍA. SERVI	hCoa	V		WM.	C. MARCH	F.H	. 110	01 E.	North Ave.
23. PARI 1 Enter the diseases shock, or heart fall	, or complications that lure. List only one cau	caused th	a death Do not	antar tha	moda of dylng, suci	h as cardia	ac or respir	atory arrest	Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in daath)	0 (iere	y Sind	kuma			Intervel Batween Onset and Daath
Sequentially list conditions, if any, laading to immedista cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in daeth) LAST	. Aven	4	DISEQUENCE OF):	viern	y Synd	ilula	re		2/2 yrs
	d					·			
PART II. Other significant cond	ditions contributing to	death but	not rasulting in t	ha underly	ing causa given in		PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
						_			1 - YES 2 - NO
25. WAS CASE REFERRED TO MEDIC	At I								
EXAMINER?	HOSPITAL:	FD-10	0	THER:	PLACE OF DEATH (Che				
27. MANNER OF DEATH	1 Inpatient 2 I		28b. TIME Of	-	NJURY AT			HIPV COCHE	-
1 Natural 5 Pending 2 Accident Investiga	(Month, Da	y, Year)	INJURY		WORK?	26d. DEŞÇI	HIRE HOM IN	JURY OCCUR	ED
3 Suicide 6 Could no 4 Homicide detarmin	Dullding, (INJURY — itc. (Specify)	At home, ferm, strea	t, fectory, of	fice	261. LOCAT City or	ION (Street er Town, State)	nd Number or I	Bural Route Number,
29e. CERTIFIER (Check only (Ch									
(Check only Check on Chec									
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1/1/22/5/									
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CARS	OF DEATH	(ITEM 27) (Type, Prin	5, E	astern_	Blvc	2	1	1
31. DATE FILE OF THE PROPERTY		'S SIGNATU	Rando DD.	40	Md a	42	2/		

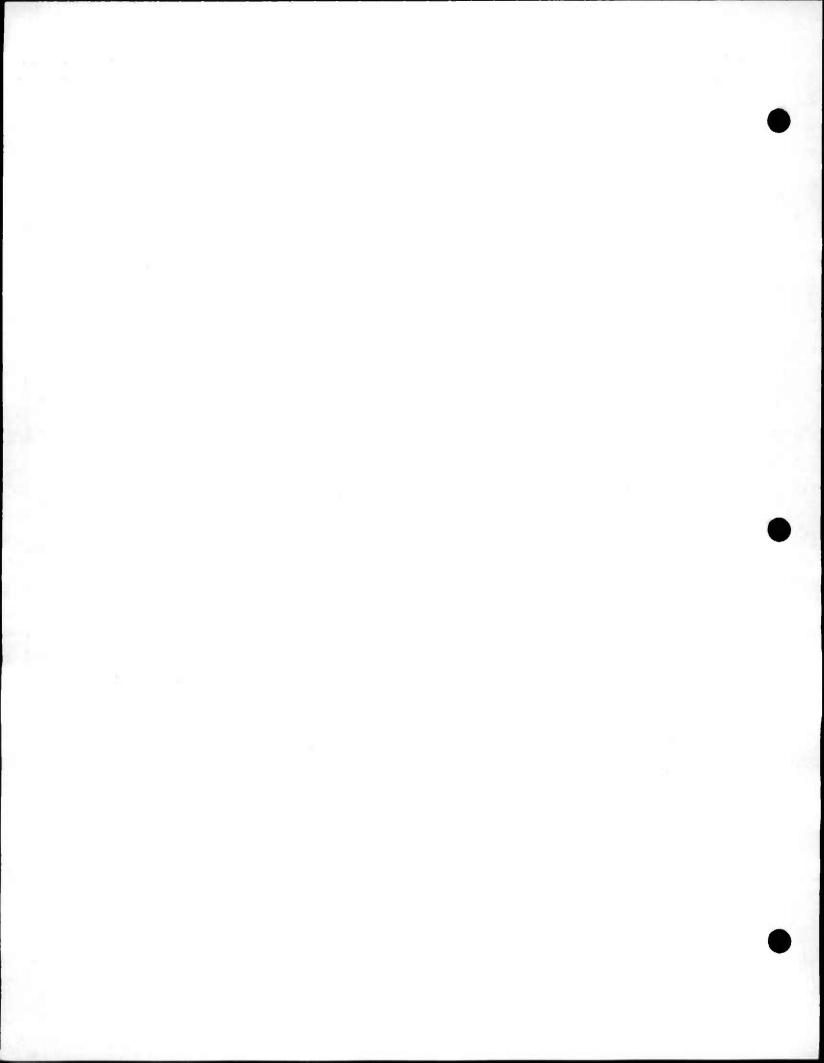




FOR

	1 - STATE REGISTRAR	SIAIL OF I	CERT	IFICAT	E OF	DEAT	AND N	VIENIAL	REG. NO			
	1. DECEDENT'S NAME (First, Midd	die, Last)				DEA.			OF OEATH			3. TIME OF OEATH
	SARAH	J.	LEWIS					MONTH 11	- 1	9 -	91	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthd		R 1 YEAR	IF UNDER		7. DATE C	F BIRTH		6. BIRTI	IPLACE (State or Foreign
	220-14-4717	1 □ M 2 □XF	73 yr:	S. MONTHS	DAYS	HOURS	MIN.	9-1	1-191	.8	Count	N.C.
_	9a. FACILITY NAME (If not institution					OR LOCATE		ATH		9c. COL	JNTY OF D	
Ö	1916 KENNEDY				BALT	IMOR	Ε					
EC		COUNTY	10c.	CITY, TOWN	OR LOCAT	TION	_					10d, INSIDE CITY
금	MD		BA	LTIMO	RE							LIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP CODI	E			10g. CI	IZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	1916 KENNEDY	AVENUE				21218	3			l	J.S.A	١.
Ē	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGINA	(Specify Yes	s or No-	14. RACE	— American Indian,
BY	1 Never Married 2 Marri 3 Wildowed 4 Divorced	IF YES, GIVE V	YES 2 NO WAR OR OATES		1 TYES	5 X NO	Specify.		carr, atc.)		Spec	
	15. OECEOEN	IT'S EDUCATION	18a. DECEOEN	T'S USUAL C	CCUPATIO	ON		(8)	KIND OF BU	DIMERO (IN	DUETOV	DEACK
Ē	(Specify only high Elementary/Secondary (0-12)	college (1-4 or 5	(Give kind	of work done T use retired.)	during mo	st of working	g	lau.	KIND OF BU	SINESS/IN	DUSTRY	
AP.	6TH		DISAB	LED								
COMPLETED	17. FATHER'S NAME (First, Middle,	Last)				18. MOTH	IER'S NAM	WE (First, M	ddle, Maiden	Surname)		
BE (CLAUDE CARLWE	LL-Carwell					LA H					
0	19a. INFORMANT'S NAME (Type/Pr	,	19b, MAIL	ING AGORES	S (Street a	nd Number	or Rural A	loute Numbe	r, City or Tow	n, State, Zi	p Code)	
	JAMES LEWIS, C	JK.		KENN			/ BAL					
	1 Burlat 2 Cremation 3 4 Donatton 6 Other (Spec	Removat from Stata	20b.PLACE AND DA cemetery, cremetory	TE OF OISPO: or other place	SITION (Na	me of		DATE			City or To	
ľ ú	21. SIGNATURE OF FUNERAL SER		TIKING MEM			D ADDRES	SS OF FAC	HITV	KAN	DALL.	2 I OMI	N, MD
	> 1 hus	W Dub		0.000								
-	OUT IQ	W CVP							01 E.			ENUE
		failure. List only one cau	t caused the death. D ise on aach line.	o not enter	the mo	de of dyl	ng, auch	aa cardi	ac or reap	iratory ar	reat,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	0 1	,									Onset and Death
	reaulting in death)	a. Nums	OR AS A CONSEQUENCE	2000								~15mh
z		- Com	(OR AS A CONSEQUENCE	Die	Ke a-							
CERTIFICATION	Sequentially list conditions, if any, leading to immadiate	DUE TO	(OR AS A CONSEQUENCE	OF):								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	a Comp	come At.	Luite	re	•						
	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE	OF):								
E		d										
	PART II. Other algnificant co	onditions contributing to	death but not resulting	g in the ur	nderlying	cause g	iven in F	Part i.	4a. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL	S/P C	erebro vogn	la Arrida	V					PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш										Service .	İ	OF DEATH? 1 YES 2 NO
ä												
PHYSICIAN: M	25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		OTHE		ACE OF OE	ATH (Chec	ck only one)				
IYSI	1 De ES 2 NO	1 Inpatient 2	ER/Outpatient 3 DOA	OTHE	elng Home	5 X Par	sidenca 8	Other	Specity)			
F	27. MANNER OF DEATH 1 Natural 5 Pendii	26a. DATE OF (Month, D		IME OF INJURY	26c. INJU	RK?		26d. DESC	RIBE HOW II	NJURY OC	CURED	
B		Igation	F INJURY — At home, tarr	**		ES 2						
	4 Homicide datem	building.	atc. (Specify)	ii, street, teci	юту, отпса	1		City or	Town, State)	ind Number	or Rural A	oute Number,
	29a. CERTIFIER	C BUYBIGIAN T. M. A. A.										
COMPLET	(Check only one) 2 MEDICAL E	G PHYSICIAN: To the best of EXAMINER: On the basis of as	my knowledge, death occi	urred at the t	ime, data	end place,	and due to	o the cause	e(s) and men	ner ee stat	lad.	
	296. SIGNATURE AND TITLE OF CI			ar my c	prinori, de				ru piace, an			
H	10.1 (1	MD				29c. LICE	NSE NUME	BER		29d. DAT	E SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERS	* *	SE OF DEATH (ITEM 27) /%	pe, Print)							4/2	17/
		MD, Union		Hoan	11	. Ba	Ho	MA	2/	118	•	- 1
	31. DATE FILEO (Month, Day Year)	32. REGISTRA	25 SHOWEDER	N OUT IN	700	1000		- 19	NI.	10	-	
	NOV9 2 1991	11.00										

Û-



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Harbor Hospital Center, Ballings

31. DATE FILED ANDAY 202 YEAR 1991

22. REGISTARES DIGHATUREN dall

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---	--

	-7,10 11-27-91 F11mG081 W					319	9 0				
	1 - STATE OF STATE OF REGISTRAR	MARYLAND / DEP/ CERTI	ARTMENT OF		MENTAL HYGIENE REG. NO.						
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH QAY	YEAR	3. TIME OF DEATH				
	HELEN MARIE LAMBERT.				1 1 -	0 91	3 AH M				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthde	"	IF UNDER 24 HRS.	7. DAT 20,	8. BIR	THPLACE (State or Foreign				
TO BE COMPLETED BY FUNERAL DIRECTOR	222-12-1623 1□ M 2 ♥ F	65 YRS	B. MONTHS DAYS	HOURS MIN.	NOV. 19, 19:						
	9a. FACILITY NAME (If not institution, give street and number)	100	9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF					
œ	HARBOUR HOSPITAL		BALT								
	RESIDENCE OF DECEDENT		DALI	LMOKE							
E C	10e. STATE 10b. COUNTY	10c.	CITY, TOWN OR LOC	ATION			10d. INSIDE CITY				
등	MARYLAND ANNE ARUNDEI		LINTHICUN	ſ			1 YES 2X NO				
	10e. STREET AND NUMBER			of. ZIP CODE		10g. CITIZEN OF WHA					
P.	201 DEVON COURT			21090		U.S.A.					
S		ENT EVER IN U.S. ARMED	12 WAS DE		NIC ORIGIN2 (Specify Van						
5	1 Never Married 2 Married FORCES?	1 YES 2 NO	If you, a	pecify Cuban, Mexic	an, Puarto Ricen, atc.)	86	CE — American Indian, ack, White, etc.				
À	3	WAR OR DATES	1 U YE	S 2X NO Spec	elty:	Sp	ecify: WHITE				
	15. DECEDENT'S EQUATION	18a, DECEDEN	IT'S USUAL OCCUPAT	ION	18b. KIND OF BUS	INESS/INDUSTRY					
Ë	(Specify only highest grade completed)	(Give kind	of work done during n T use retired.)	nost of working	100 1110 01 000						
٦	Elementary/Secondary (0-12) College (1-4 or	5+)	MAKER								
M	17. FATHER'S NAME (First, Middle, Last)			T. Nes	ema "e, Maiden	Durana l					
ၓ	UNKNOWN WHITLOCK	E.S. Whitloo	ck		A REYNOLDS	sumame)					
B											
	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town						
	LINDA L. STURM				BALTIMOR						
	20a. METHOD OF DISPOSITION 1 Burlel 2 (Xcrematton 3 Removal from State 4 Donastion 5 Other (Specify) BALTIMORE 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) METRO—CREMATORY 20c. LOCATION — City or Town, State BALTIMORE										
	4 Donation 5 Other (Specify)	METRO-CR				LTIMORE					
	21. SIGNATURE OF FUMERAL SERVICE DEENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC.										
	4107 WILKENS AVENUE, BALTIMORE, MD. 21229										
	0 100 1 100 00	hat caused the death. D					Approximete				
	shock, or hasrt feliure. List only one cause on sech line.										
	IMMEDIATE CAUSE (Final disease or condition										
	resulting in death) s. Perforated gastin (clear with intro- abdomical aboves of 3										
	disease or condition resulting in death) s. Perforated gastin (elean with intro-abdomical absence of): Due to (or as a consequence of): Sequentially list conditions, for any leading to immediate of the property of the p										
Z	Sequentially list conditions,	umateral	arthris	es on s	Terwil 7	Cerupy					
ΙĔΙ	ii airi, igoonig to iiiiiroarota										
2	cause. Enter UNDERLYING CAUSE (Disease or injury										
L	that initiated events resulting in death) LAST	TO (OR AS A CONSEQUENC	E OF):								
	d										
ERTI	/				n Part i. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS				
- CERTIFICATION	PART ii. Other significent conditione contributing	to death but not resulting	na in the underlyi	na ceuse aiven i							
	PART II. Other significent conditione contributing	to death but not resulti	ng in the underly	ng ceuse given i	PERFOR	MED?	AVAILABLE PRIOR TO				
	PART ii. Other significent conditions contributing	to desth but not resulti	ing in the underly	ng ceuse given i							
EDICAL	PART ii. Other significent conditions contributing	to desth but not resulti	ing in the underly	ng ceuse given i	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDICAL	PART ii. Other significent conditions contributing	to desth but not resulti	ng in the underly	ng ceuse given i	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
MEDICAL	25. WAS CASE REFERRED TO MEDICAL		28.	ng ceuse given i	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28. OTHER:	PLACE OF OEATH ((PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
SICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 HOSPITAL: 27. MANNER OF DEATH 28a. DATE	2 CER/Outpetlent 3 DO OF INJURY 28b.	28. OTHER: A 4 Nursing Hr. TIME OF 28c. II	PLACE OF OEATH (€	PERFOR	□ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Propertion 27. MANNER OF DEATH 1 Netural 5 Pending	2 CER/Outpetlant 3 DO	28. OTHER: 4 Nursing Hi	PLACE OF OEATH (Commo 5 - Rasidence	PERFOR	□ NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Month 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Subjects 28e. PLAC	2 ER/Outpetlant 3 DO OF INJURY 1, Dey, Year) 28b.	28. INJURY M 1	PLACE OF OEATH (to the 5 Grandence NJURY AT YORK?	PERFOR 1 YES 2 Check only one) 8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Month 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Subjects 28e. PLAC	2 ER/Outpetlant 3 DO OF INJURY 1, Dey, Year)	28. INJURY M 1	PLACE OF OEATH (to the 5 Grandence NJURY AT YORK?	Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	2 ER/Outpetlant 3 DO OF INJURY, Dey, Year) 28b. E OF INJURY — At home, lar	OTHER: 4 Nursing H TIME OF INJURY M 1 rm, atreet, factory, of	PLACE OF OEATH (Virine 5 Residence Virine 5 Residence Virine	PERFOR 1 YES 2 Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State)	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO				
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	2 ER/Outpetlent 3 DO OF INJURY, Dey, Year) 28b. E OF INJURY — At home, terning, etc. (Specify)	OTHER: A OTHER: A Nursing H TIME OF INJURY M 1 Trm, atreet, factory, of	PLACE OF OEATH (K	PERFOR 1 YES 2 Check only one) a 8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street of City or Town, State) us to the cause(a) and man	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO				
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1	2 ER/Outpetlent 3 DO OF INJURY, Dey, Year) 28b. E OF INJURY — At home, terning, etc. (Specify)	OTHER: A OTHER: A Nursing H TIME OF INJURY M 1 Trm, atreet, factory, of	PLACE OF OEATH (K	Check only one) a 8 Other (Specify) 28d. DE\$CRIBE HOW II 28f. LOCATION (Street of City or Town, State) us to the cause(a) and man ha time, date and place, en	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NO NO NO NO NO NO NO				



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HIVOLOUS

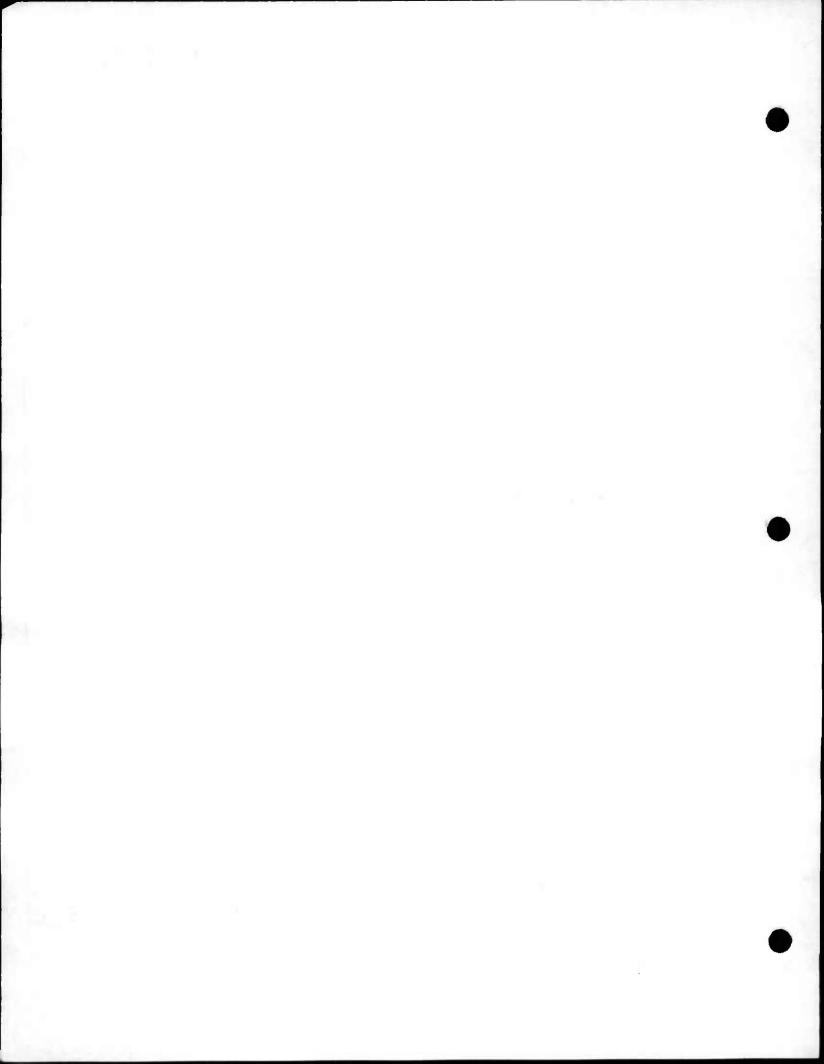
1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
1	1. DECEDENT'S NAME (First, Middle, Last)							_		3. TIME OF DEA	TH	
	ALICE ELIZA LAMSON						MONTH DA	YEAR				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 YEAR	IF UNDER	TH REG. NO. 2. DATE OF DEATH DAY 11 20 19 124 HPS. 10 31 1888 ON OF DEATH ARK ANN FE 109. CIT U.S OF HISPANIC ORIGIN? (Specify Yea or No—In, Mexican, Puerto Ricen, atc.) Specify: 16b. KIND OF BUSINESS/INI INVENTORY S HER'S NAME (First, Middle, Maiden Surneme) ARA BLACKBURN OF Rural Route Number, City or Rown, State, Zig ALTIMORE, MD 21227 DATE 20c. LOCATION— K 11—23 BALTIM SS OF FACILITY FUNERAL HOME VE. S.W. GLEN BURN ING. State or respiratory and state of respiratory and s						
	216-32-5663 1□ M 2 🗓 F	103	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year)	The day year 20 1991 4:35 1	γ)	or orgin		
	9e. FACILITY NAME (If not institution, give street end number)	105		9h CITY TOW	I OR LOCATE	ON OF DE						
Œ.	AA day N	ONDO TAX	IT				old.					
K	MERICIAN N.H. AT HAMMONDS LANE BROOKLYN PARK ANNE ARUNDEL											
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
	MD ANNE ARUNDEL			SEVERN					- 1		l NO	
AL	10e. STREET AND NUMBER				101. ZIP CODI	E		10a. CIT	IZEN OF W		140	
H	8076 QUARTERFIELD RD.				21144							
FUNERAL	11. MARITAL STATUS 12. WAS DECEDE	NT EVER IN U.S. AF	R IN U.S. ARMED 13. WAS DECENDENT OF HIS				IC ORIGIN? (Specify Vee			- American Indi		
	The state of the s	1 ☐ YES 2 📉 I	ES 2 NO If yes, specify Cui			n, Mexicar	n, Puerto Ricen, atc.)			ian,		
BY	3 Wildowed 4 LA Divorced Specific Speci											
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DE	ECEDENT'S	USUAL OCCUPA	TION		16b. KIND OF BUS	INESS/IN		***************************************		
9	Elementary/Secondary (0-12) College (1-4 or 5		. Do NOT us	work done during se retired.)	nost of workin	g						
MP	12 2	II	NVENT	ORY			INVENTO	RY S	ERVI(CE		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTE	IER'S NAM		-				
BE (LEO DILLON				CL	ARA	BLACKBURN					
6	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street	_			. State. Zir	o Code)			
ř	CASIMIR E. KARZAK											
	20e. METHOD OF DISPOSITION	20b. PLACE		OF DISPOSITION (un State		
	1 \(\hat{X}\)Buriel 2 \(\subseteq \text{Cremetion 3 } \subseteq \text{Removal from State} \) 4 \(\subseteq \text{Donetion 5 } \subseteq \text{Other (Specify)} \)	Cemetery, cre	AND	ther plece) MEMORIA	T. PAR	K	1			BIRTHPLACE (State or Country) ILLINOIS OF DEATH ARUNDEL 10d. INSIDE CTILIMITS? 1		
	21, SIGNATURE OF FUREHAL SERVICE LICENSEE	THOREST	JIHID .	22. NAME	AND ADDRES	S OF FAC	ILITY	ILI II.	ione,	MD		
1	1) 8645			SINGI	ETON	FUNE	RAL HOME			BIRTHPLACE (State or Fore Country) ILLINOIS OF DEATH ARUNDEL 10d. INSIDE CITY LIMITS? 1 YES 2 N N OF WHAT COUNTRY? A. RACE — American Indian Black, White, etc. Specify: WHITE RY VICE TOWN, State RE, MD 24b. WERE AUTOPSV FIND AWAILABLE PRIOR TO COMPLETION OF CAUDE AUTOPS AUTOP		
	- De Joseph			1 SEC	OND A	VE.	S.W. GLEN	BURN	NIE,	4:35 P THPLACE (State or Foreigning) JLINOIS DEATH RUNDEL 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? CE — American Indian, ck, White, etc. City: WHITE ICE Town, State , MD MD 21061 Approximate interval Setwee Onset and De Death of Cause Destruction of Cause Destructio	61	
	shock, or heart failure. List only one ca	it caused the de use on each line	eath. Do n	ot enter the n	ode of dyl	ng, such	as cardisc or respin	atory sn	rest,			
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in death) a.											
	DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentially list conditions,	shire	the	ant	tai-	lerk	l.					
A	if any, leading to immediate cause. Enter UNDERLYING	(OH AS A CONSEC	DUENCE OF	7):								
윤	CAUSE (Disease or injury C.	(OR AS A CONSEC	DIJENCE OF	D.								
Ē	resulting in death) LAST	(on Ad A dollace	JOENCE OF	<i>y.</i>								
핑	d											
됩	PART ii. Other significant conditions contributing to	death but not r	esuiting i	n the underly	ng cause g	iven in F	Part I. 24e. WAS AN		24b.	WERE AUTOPSY FI	NDINGS	
S									S. BIRTHPLACE (State or Fon Country) I LLINOIS COUNTY OF DEATH NNE ARUNDEL 10d. INSIDE CITY LIMITS? 1			
Ų I							T TES 2	NO	1			
5							- 1			1 YES 2 I	МО	
Ž	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DE	ATH (Char	ck only one)					
S	EXAMINER? 1 YES 2 VNO 1 Input left 2	ER/Outpatient 3	[] DO4	OTHER:								
主	27. MANNER OF DEATH 280. DATE OF	INJURY	28b, TIMI		JURY AT			ILIEV OC	CURED			
	1 Natural 5 Pending (Month, E	Pay, Year)	INJ	URY V	ORK? YES 2	- 1	200. DESCRIBE NOW IN	JUHY OCC	TOKED	4:35 P HPLACE (State or Foreigner) LINOIS DEATH LUNDEL 10d. INSIDE CITY LIMITS? 1		
	2 Accident investigation 3 Suicide Could and by 28e. PLACE C	F INJURY — At ho	ma term e				And I ORATION 10.					
윤	8 Could not be building.	etc. (Specify)		ireat, tactory, on			City or Town, State)	ld Number	or Rural Ro	BARTHPLACE (State or Foreign Country) ILLINOIS OF DEATH ARUNDEL 10d. INSIDE CITY LIMITS? 1		
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	29e. CERTIFIER											
€	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ea steled.											
8	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner se stated.											
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
	11-21-91											
-	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
	KRISHAN K. SINGAC, 1307 CRAIN HWY SE. GLENBURNIEMD											
	31. DATE FILED (MORITI, Day, Year) 32. REGISTRAR'S SIGNATURE											
	NOV 2 2 199 July	a Nacialian	-Alanda	De.								



			FOR STATE REGISTRAR	ND /	DEPARTMENT OF HEALTH AND MENTAL HYGIENE ERTIFICATE OF DEATH REG. NO.									
			1. DECEDENT'S NAME (First, Middle, Last)	Ella L. Mankins		-				2.	DATE OF DEAT	TH	1991	3. TIME OF DEATH
	Pi		4. SOCIAL SECURITY NUMBER 212–26–9811		yrs. lesi	birthday) YRS.	IF UNDER 1 Y	YEAR DAYS	IF UNDER 2	HRS. 7. I	ATE OF BIRT Month, Day, Ye 3-27-19	N ear)		HPLACE (State or Foreign ry) Md
	1, 2, 3 should	TOR	90. FACILITY NAME (If not institution, give st 3400 Oakfi RESIDENCE OF DECEDENT	e1d Avenue					TOPE	OF DEATH		9c. COL	INTY OF I	DEATH
	33	DIRECTOR	10a. STATE 10b. COUNTY				timore	LOCAT	ION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	physician. burlaf-transit permit.	FUNERAL	3400 Oakfield	Avenue					21207			U	S A	WHAT COUNTRY?
21215-0020	ding physics the burial-	BY	1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X N	MED O	I If y	es, sp	ecity Cuben,	HISPANIC O Mexican, Pu Specify:	RIGIN7 (Speci erto Ricen, et	ty Yee or No-	14. RAC Blec Spec	E — American Indian, k, White, etc.
RE, MARYLAND 21215	retained by the hospital or attending physician. 5 should be detached for use as the burlat-train outified at once.	LETED	15. DECEDENT'S EDUC (Specify only highest grade) Elementery/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(G/ı	CEDENT'S ve kind of v Do NOT us	USUAL OCCI vork done dun e retired.)	JPATIC ing mo	ON st of working		16b. KIND O	F BUSINESS/IN	DUSTRY	
	by the hospit be detached at once.	E COMPLET	6th 17. FATHER'S NAME (First, Middle, Last) Joseph Sherman Johns	son					18. MOTNE	a Tod	irst, Middle, Mi	alden Surname)		
	be retained be 5 should be notified	TO BE	190. INFORMANT'S NAME (Type/Print) Viola Potts	FORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zlp Code)									ore, Md 21207	
BALTIMORE,	age 6 may be director, page ar must be		206. METHOD OF DISPOSITION 1XX Buriel 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Baltimore National Cemetery 112691 Baltimore, Md								.,			
BALTI	er death, Pag the funeral di val,		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue											
ORDS, P.O. BOX 68760,	ted within 24 hours after death, Page 6 may be completely filled in by the funeral director, page ial, cremation, or removal, event, the medical examiner must be r	MEDICAL CERTIFICATION											Approximate Interval Batween Onsat and Death	
	th certificate be execu- ending physician and I Hygiene prior to bur or other traumation		Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated eventa resulting in death) LAST b. Chronic Relucal Facture. Due to (or as a consequence of): Due to (or as a consequence of):											
	requires that the deal been signed by the att of Health and Mental shows any injury,		PART ii. Other significent conditions	ART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO								246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
AL	has Dept	AN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEA	TN (Check on	h one)			1 TYES 2 NO
F VIT	iclan: certification the St.	PHYSICI		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reeldence 8 Other (Specify) 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED										
ONO	DING PHYS After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	(Month, Day, Year) 28e. PLACE OF INJURY —	- At born	INJU	M 1	₩OF	RK? ES 2 N	10				
DIVISION	OR ATTENDING DIRECTOR; After hours after death item 28 is ma	LETED	4 Homicide determined	building, atc. (Specify	"						City or Town, S			toute Number,
		COMPL	2 MEDICAL EXAMINER	IAN: To the best of my knowled: On the bests of examination of) end manner ee stated.
	TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	20 SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	cer mo	N aven	Oth /T			DQ:	NUMBER 283	3	29d. DAT	E SIGNED	(Month, Day, Year)
			Ira N. Man	COMPLETED CAUSE OF DEAT	· (115W	1815	Pot	-5	prin	a R	d. U	When	ulle	POIG CUM,

Julia Davidson-Rendelly

DHMH-16 Rev 1/89



les 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	2	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page to may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If the 28 is marked on life 23 shows any inlury or other traumatic event, the medical examiner must be notified at once.
		1

27. MANNER OF DEATH Natural

2 Accident 3 Suicide

4 Homicide

BY

COMPLETED

9

2 BE

31968 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR 0345 A LARRY E. MILLER U 21 5. SEX 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 1 M 2 - F 72 245 05 6444 WEST VIRGINIA 01-02-19 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Loch Raven VA Medical Center BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MD 1 - YES 2 NO Baltimore FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 1117 DANIELS AVENUE 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 17 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
if yea, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. FORCES? TYTYYES 2 N IF YES, GIVE WAR OR DATES 1946-1967 If yes, specify Cuban, Mexican, Puarto Rican,
1 ☐ YES 2 📉 NO Specify: 1 Never Married 2 X Married Specify: WHITE BY 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) NAVY CHIEF UNKNOWN U.S. NAVY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) (UNKNOWN) (UNKNOWN) MILLER SHEETS BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 1117 DANIELS AVENUE, BALTIMORE, MD ELIZABETH MILLER 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE of cemetary, crematory or oth LOUDON PARK CEMETERY 11 - 23BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD 23. PART I. Effer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart fellure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final Onset and Death** Me disease or condition resulting in death) tastatic DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in daath) LAST PART II. Other algorificant conditions contributing to daeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL Parap NO ALLA 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER:

	Toppenant 2 - Envoypatient	Superiorit 2 En/Outpatient 3 DOA 4 Nursing nome 5 Haaidenca 6 Other (Specify)							
H 5 Pending investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	284. DEȘCRIBE HOW INJURY OCCUREO					
8 Could not be datarmined	28e. PLACE OF INJURY — At his building, etc. (Specify)	ome, farm, street, fac	story, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
7					_				

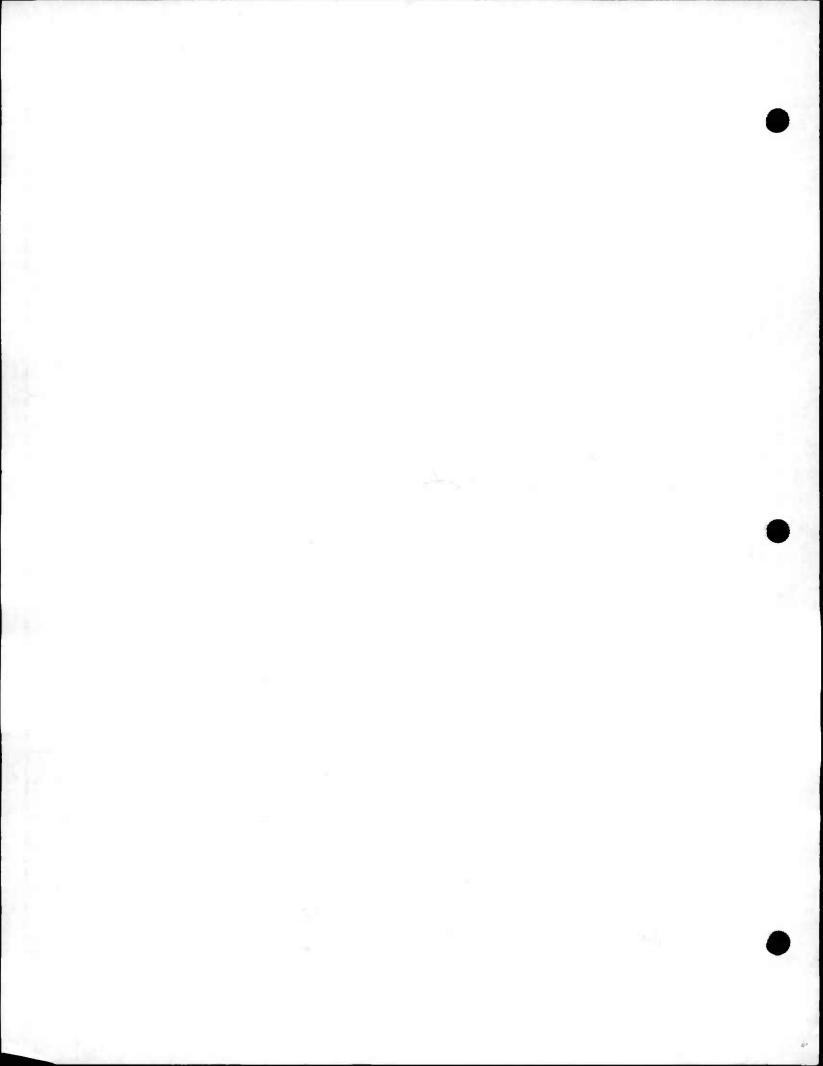
29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner.

	and the same of th		
b, SIGNATURE AND THE OF CERTIFIER	 29c. LICENSE NUMBER	T	r)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

MD STEN NOV 22 de REGISTA AS SIGNATUR 1991



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATN

10d. INSIDE CITY

Specify WHITE

1X YES 2 □ NO

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

Onset and Death

11:03

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

)RD	thank other
L RECORD	and an inches
	-
TA	É
DIVISION OF VITAL RI	TO TUC LINEDITAL OB ATTENDIAL DUVELOIAN. The feet securities these the
_	UNCOLTAI
	TUC
	E

YEAR Joseph Calvin Mooney 11 20 91 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 212169307 DAYS 1 X M 2 - F 67 HOURS YRS. DEC.5,1923 MARYLAND use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital BALTIMORE RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE COMPLETED BY FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2439 ASHTON STREET urs after death. Page 6 may be retained by the hospital or attending physician. in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Merried 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 VES 2 If yes, specify Cuten, Maxicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 3 Wildowed 4 Divorced WW II 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6TH GRADE CONSTRUCTION LLOYD E. MITCHELL CO. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ELMER MOONEY Ħ ANNA LANIER BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2439 ASHTON STREET, BALTIMORE, MD. 21223 EILEEN MOONEY þe 20a METNOO OF DISPOSITION
1 A Burlat 2 Cremetion 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must DATE 4 ☐ Donetion 5 ☐ Other (Specify) OUDON PARK MAUSOLEUM BALTIMORE examiner 21. SIGNATURE OF FUNER & SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC filled in by the fi Mesa 4107 WILKENS AVENUE, BALTIMORE, medicai the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final completely filled rial, cremation, o the CAPDIAC APREST disease or condition resulting in death) death certificate be executed within other traumatic event, burial, CERTIFICATION and Sequentially list conditions, signed by the attending physician as Health and Mental Hygiene prior to I QUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST or item 23 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY PERFORMEO? 1 VES 2 NO this certificate has been with the State Dept. of I PHYSICIAN: Accorbusy 25. WAS CASE REFERE 26. PLACE OF DEATN (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28 is marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO B₹ After death 2 Accident 3 Suicide 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) TO THE HOSPITAL ON ALLENDING THE FUNERAL DIRECTOR: A De filed within 72 hours after de IMPORTANT: If item 28 is COMPLETED 6 Could not be detarmined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, data end place, end due to the cause(s) and menner es atteted. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end pieca, and due to the ceuse(s) and menner es attend. 296 SIGNATURE AND TITLE OF CERTIF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ဥ CAUSE OF DEATH (ITEM 27) (Typo, Print)
3449 WILKEJS AVE

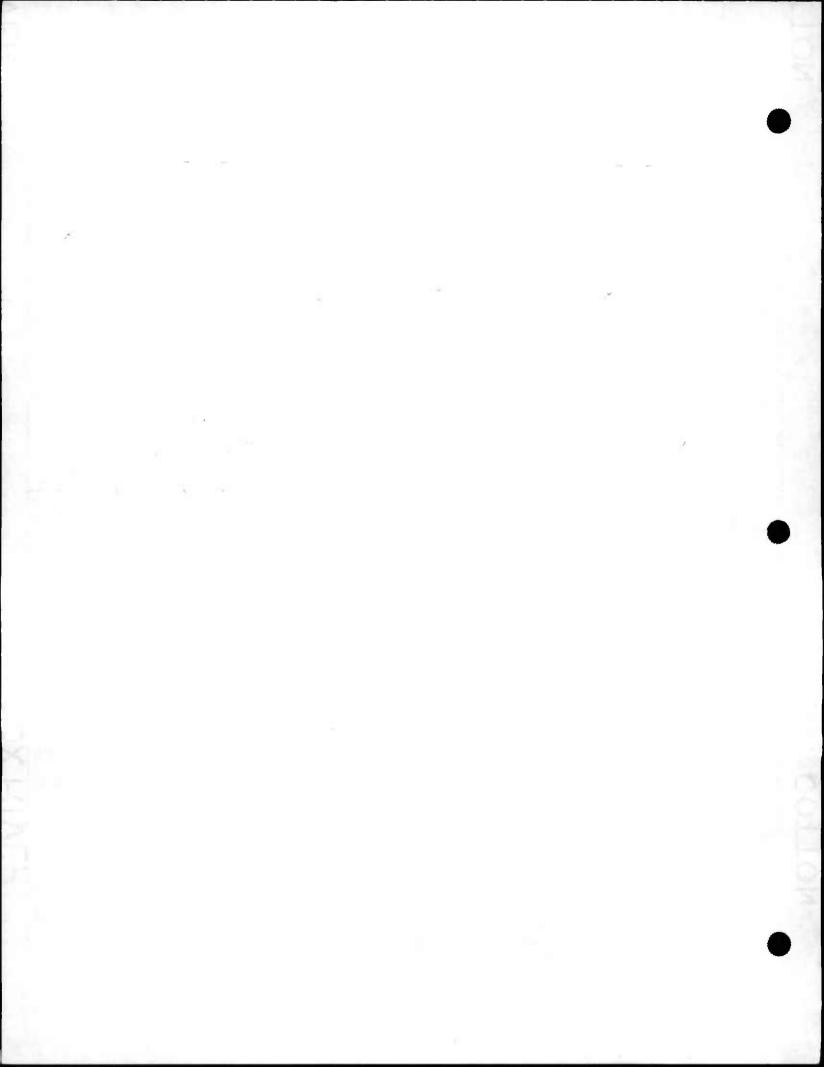
38 REGISTEAR'S SIGNATURE
Juna Davidson-Handolle

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) To Pather's NAME (First, Middle, Last) Adolph Cyzyk 19a. INFORMANT'S NAME (Type/Frint) Donald Miller (Ghe kind of work done during most of working life. Do NOT use retired) Secretary 18. MOTHER'S NAME (First, Middle, Make Emma Kucen 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 3012 Liberty Pkwy Balta	S. BIRTHPLACE (State or Foreign Country) S. BIRTHPLACE (State or Foreign Country) Md Sc. COUNTY OF DEATH Baltimore
218-28-7316 1 M 2 F 59 VRS. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DAYS HOURS MINI. MONTINE DUNDALK 10a. STREET AND NUMBER 3012 Liberty Pkwy 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED PORCES? 1 TES QUEVER OR DATES 11. MAY DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 12. WAS DECEDENT'S SUBJECT OF HISPANIC ORIGIN? (Specify Cubin, Maxican, Purifor Rican, etc.) IT YES 2 M NO Specify: 15. DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 15. DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 15. DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 15. DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 15. DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 15. DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 15. DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 15. DECEDENT'S EDUCATION FORCES? 1 TES QUEVER OR DATES 16. DECEDENT'S WAS DECEDENT OF HISPANIC ORIGIN? (Specify TeS QUEVER) FORCES? 1 TES QUEVER OR DATES 16. DECEDENT'S WAS DECEMBED OR HISPANIC ORIGIN? (Specify TES QUEVER OR DATES OF MONTINE OR OR OR OR OR OR OR OR OR OR OR OR OR	-32 Country Md 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? 1
3012 Liberty Pkwy RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 10c. CITY, TOWN OR LOCATION Dundalk 11c. ZIP COOE 11c. Ves. 2 No 11c. Ves. 2 No 11c. Ves. 2 No 11c. Ves. 2 No 11c. CITY, TOWN OR LOCATION Dundalk 11c. ZIP COOE 11c. Ves. 2 No 11c. Ve	Baltimore 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA Vea or No-
10a. STATE Md 10b. COUNTY Baltimore 10c. CITY, TOWN OR LOCATION DUNDALK 10e. STREET AND NUMBER 3012 Liberty Pkwy 21222 11. MARITAL STATUS 1 Never Married 2 Married 3 Married 3 Wildowed 4 Divorced 15 FORCES? 1 NES 2 NO 1 VES 2 NO Specify: 15 DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Glove kind of work done during most of working ble to NOT use religed.) 17. FATHER'S NAME (First, Middle, Last) Adolph Cyzyk 19a. INFORMANT'S NAME (First, Middle, Last) Donald Miller 20a. METHOD OF DISPOSITION 1 Removal from State 4 Donald 5 Christ Luth Church Cem 23 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Segretary, premajory of other place) Christ Luth Church Cem 23 22. NAME AND ADDRESS QE FACILITY Connecting the death. Do not enter the mode of dying, such as cerdice or reshock, or heert fellure. List only one celese an each line.	Interval Between Onset and Dear
3012 Liberty Pkwy 11. MARITAL STATUS 11. MARITAL STATUS 11. Marital STATUS 11. Never Married 2 Married 12. Was Decedent Ever in U.S. Armeo FORCES? 1 Yes 2 MO If Yes 2 MO If Yes 2 MO If Yes 2 MO If Yes 2 MO If Yes 2 MO Specify: 12. Was Decedent Ever in U.S. Armeo FORCES? 1 Yes 2 MO If Yes 2 MO If Yes 2 MO Specify: 13. Was Decedent of Hispanic Origin? (Specify if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Yes 2 MO Specify: 15. Decedent's Education (Specify only highest grade completed) 16. Kind of Work done during most of working life. Do NOT use religed.) 17. FATHER'S NAME (First, Middle, Last) Adolph Cyzyk 18. MOTHER'S NAME (First, Middle, Mail Emma Kucen 19a. INFORMANT'S NAME (Type/Print) Donald Miller 19b. MAILING Address (Street and Number or Fural Route Number, City or 3012 Liberty Pkwy Balt. 20b. PLACE AND OATE OF DISPOSITION (Name of Church Cem 23) 10. Secretary 11. Was Decement of Hispanic Origins (Specify): 11. Was Decement of Hispanic Origins (Specify): 12. Was Decement of Hispanic Origins (Specify): 13. Was Decement of Hispanic Origins (Specify): 14. Wes 2 MO Specify: 15. MACHOR OR DESPONITION 16. KIND OF (Give kind of work done during most of working life. Do NOT use religed). 16. MOTHER'S NAME (First, Middle, Mail Emma Kucen 17. FATHER'S NAME (First, Middle, Mail Emma Kucen 18a. Decedent's usual occupation of Working life. Do NOT use religed). 18b. MAILING ADDRESS (Street and Number or Fural Route Number, City or 3012 Liberty Pkwy Balt. 20c. PLACE AND OATE OF DISPOSITION (Name of Church Cem 23): 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND Address OF, FACILITY Connelly Funeral High Parties of Mail Inc. Middle, Mai	Interval Balty Indicatory and Desiratory Interval Balty
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Specify: White BUSINESS/INDUSTRY St Luth. Church Sen Sumame) Ski Gown, State, Zip Code) , Md 21222 LOCATION — City or Town, Stata Balt, Md Ome of Dundalk da Balt, Md 2123 spiratory arrest, Approximate interval Between Onset and Dea
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) T7. FATHER'S NAME (First, Middle, Last) Adolph Cyzyk 19a. INFORMANT'S NAME (Type/Frint) Donald Miller 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or 3012 Liberty Pkwy Balta 20e. METHOD OF DISPOSITION 1 Gurial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS of FACILITY Connelly Funeral H 7110 Sollers Pt. R 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reshock, or heart feliure. List only one cause on each line.	st Luth. Church st Luth. Church ski fown, State, Zlp Code) Md 21222 LOCATION — City or Town, State Balt, Md ome of Dundalk d. Balt, Md 2122 spiratory arrest, Approximate interval Betwee Onset and Dea
Adolph Cyzyk 19a. INFORMANT'S NAME (Type/Frint) Donald Miller 20a. METHOD OF DISPOSITION 11 Geuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or 3012 Liberty Pkwy Balt. 20b. PLACE AND DATE OF DISPOSITION (Name of campetary, premajory or other place) Christ Luth Church Cem'23 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY COnnelly Funeral H 7110 Sollers Pt. R 23. PART I. Enter the diseases, or complications that capsed the death. Do not enter the mode of dying, such as cerdiec or restored. IMMEDIATE CAUSE (Finel	ski own, State, Zip Code) , Md 21222 LOCATION — City or Town, Stata Balt, Md ome of Dundalk da Balt, Md 212: spiratory arrest, Approximate interval Between Onset and Des
Donald Miller 20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral H 7110 Sollers Pt. R 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reshock, or heart fellure. List only one ceuse on each line.	, Md 21222 LOCATION — City or Town, Stata Balt, Md ome of Dundalk da Balt, Md 212 Spiratory arrest, Approximate Interval Between Onset and Des
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CONNELLY Funeral H 7110 Sollers Pt. R 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or re shock, or heart fellure. List only one cause on each line.	Balt, Md ome of Dundalk d Balt, Md 212 spiratory arrest, Approximate interval Between Onset and Des
PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reshock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel	Approximate interval Betwee Onset and Des
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Tarattaral Call Caractara, DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):	Blodden 3 yrs
PER	24b. WERE AUTOPSY FINDING PORMED? 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	
1) Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO	W INJURY OCCURED
2 Accident Investigation	oet and Number or Rural Route Number, ate)
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and content of the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place	
29b. SIGNATURE AND JULIE OF CERTIFIER 29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D. E. C. C. C. C. C. C. C. C. C. C. C. C. C.	LOGY CENTER





10

CORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Debt. of Health and Mental Hydiene prior to burial, remaining no removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deg; of Health and Mental Hydiene prior to burial, cremainn	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatite

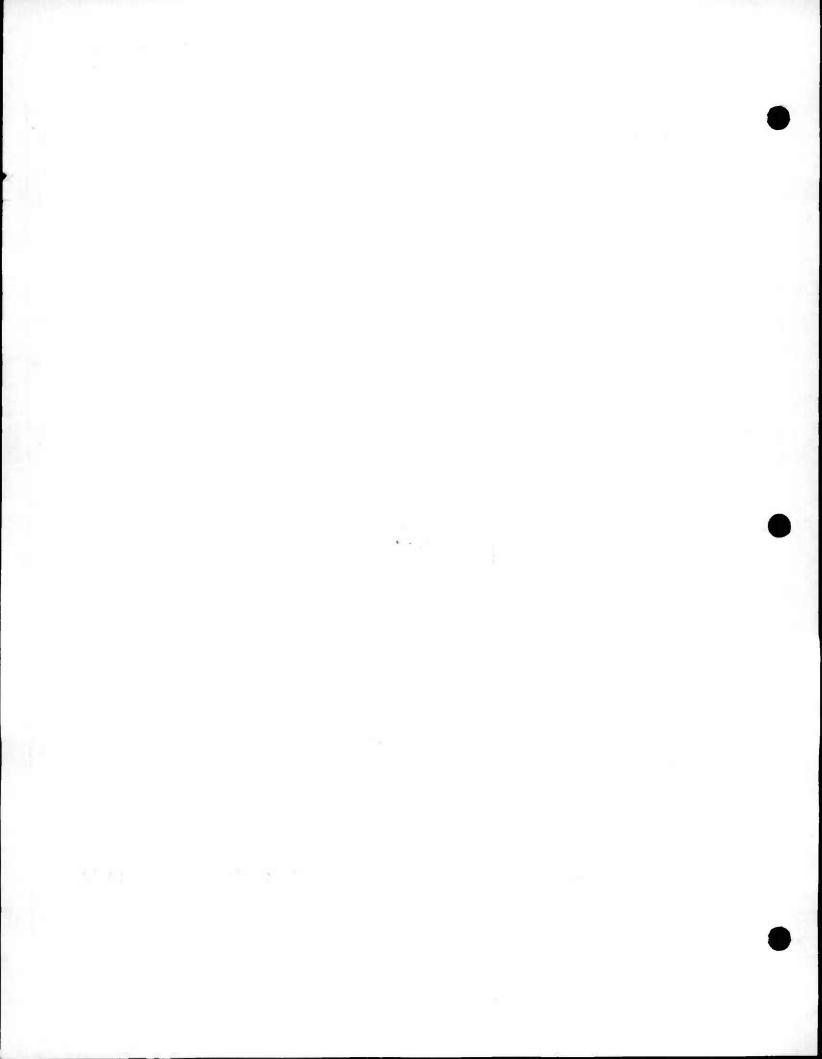
							. 01		
	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEP. CERT	ARTMENT OF I	HEALTH AND M	ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) ELIZABETH V			MERZ		2. DATE OF DEATH	5 9¶	3. TIME OF DEATH 8:25 AM M	
		5. SEX 1 M 2 K F	6. AGE (In yrs. lest birthde 86 YRS	MONTHS DAVE	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 11, 1		BIRTNPLACE (State or Foreign Country) Omerset Co., PA	
TOR	99. FACILITY NAME (If not institution, give stream NORTH ARUNDEL HOS	The second second	SSOCIATION		BURNIE		9c. COUNTY OF DEATH A.A. COUNTY		
DIRECTOR	100. STATE 10b. COUNTY Maryland Anne	10c. (CITY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 TYES 2 X NO		
FUNERAL	939 Autumn Wood I	Orive		101	21054		109. CITIZEN OF WHAT COUNTRY?		
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 X NO AR OR DATES	If yes, sp	ENDENT OF NISPANIC ecify Cuben, Mexicon, 2 NO Specify:	ORIGIN? (Specify Yes Puerlo Rican, etc.)	or No- 14.	RACE — American Indien, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	T'S USUAL OCCUPATION of work done during mot use retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUST				
OME	12 17. FATHER'S NAME (First, Middle, Last)		Home	maker	** *********	HOTE E (First, Middle, Maiden			
BE C	Charles Verostic	k			Julia		Sumame)		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Street a	nd Number or Rural Rou	ute Number, City or Tow	n, State, Zip Coo	de)	
-	Edward W. Merz		939	Autumn Wo	od Dr., G	ambrills.	MD. 2	1054	
	20e. METNOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Remov 4 □ Donetion 5 □ Other (Specify)	val from State	20b. PLACE AND DAT	TEOF DISPOSITION (Na	me of	DATE 20c. LO	CATION — City	or Town, State	
1	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Greenw	ood Cemet	ery 1	1/20/91 D	aytona	Beach, Fla.	
	· Anie	2 N	12 -211	Cap	itol Fune	ral Servi			
	23. PART I. Enter the diseases, pr co	mnlicetions that	acces.	/ 721	3 Lee Hig	hway, Fal	1s Chu	rch, Va. 22046	
	IMMEDIATE CAUSE (Final	at only one caus	OR AS A CONSEQUENCE			es Cerdiec or reepi	ratory arrest,	Approximate Interval Batween Onset and Death	
z	E	At	OR AS A CONSEQUENCE	rillatio	C			3 years	
은	Sequentially list conditions, if any, leading to immediate	502 10 (1 6	. T	7		i -	
TIFICATIO	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	or s a consequence					3 years	
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (MGEG FIVE ON S A CONSEQUENCE YTHINGS	lentic	- Hear.	* Disea	58_	3 years	
- 11	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (MGEG FIVE ON S A CONSEQUENCE YTHINGS	lentic	- Hear.	T D (5-84	AUTOPSY T	24b. WERE AUTOPSY FINDINGS	
- 11	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (MGEG FIVE ON S A CONSEQUENCE YTHINGS	lentic	- Hear.	* Disea	AUTOPSY MED?		
- 11	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (MGEG FIVE ON S A CONSEQUENCE YTHINGS	lentic	- Hear.	rt I. 244. WAS AN.	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
- 11	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditione 25. WAS CASE REFERRED TO MEDICAL	DUE TO (MGEG FIVE ON S A CONSEQUENCE YTHINGS	le natic	Hear,	rt I. 24e. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
- 11	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (Mger five or is a conscouence yther 950 deeth but not resulting	g in the underlying	Ceuse given in Pa	rt I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
- 11	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	Contributing to a	DOR AS A CONSCOUENCE THE OSC deeth but not resultin ER/Outpatient 3 □ DOA NJURY 286. T	g in the underlying 28. PL OTHER: 4 Nursing Norm IME OF 28c. INJU	Ceuse given in Pa	rt I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?/ CY NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 NO	DUE TO (DOR AS A CONSCOUENCE THE OSC deeth but not resultin ER/Outpatient 3 □ DOA NJURY 286. T	g in the underlying 28. PL OTHER: 4 Nursing Norm IME OF 28c. INJUNY WOOD NUMPY WOOD	Ceuse given in Pa	rt I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?/ CY NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	DUE TO (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Co	DOR AS A CONSCOUENCE THE OSC deeth but not resultin ER/Outpatient 3 □ DOA NJURY 286. T	g in the underlying 28. PL OTHER: 4 Nursing Norw IME OF NJURY WOIL M 1 Y	Ceuse given in Pa	rt I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?/ TY/NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	DUE TO (A Contributing to (Contributing to (CONTRIBUTION CONTRI	CEN/Outpetlent 3 DOA NJURY (A Specify) NJURY — At home, ferrite. (Specify)	28. PL. OTHER: 4 Nursing Normal ME OF NJURY M 1 Y vot, atreel, fectory, office treed at the time, date	ACE OF DEATH (Check 5 5 Residence 8 INRY AT 26 ES 2 NO 26 end place, end due to	only one) Other (Specify) ad. DESCRIBE NOW IN City or Town, State)	AUTOPSY MED? (CV NO IJURY OCCURE and Number or Re there as stated.	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
D BE COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CETIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (A Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a Contributing to a	RGIRE FIVE OR AS A CONSCOUENCE Y A LATING SC Geeth but not reculting ER/Outpatient 3 DOA NJURY (Year) 26b. T INJURY — At home, ferrifice. (Specify) Thy knowledge, death occumination end/or investigation. Chum Line Chum Line	g in the underlying 2a. PL OTHER: 4 Nursing Norm M 28c. INJU NJURY No. 1 Y In, atreel, fectory, office	ACE OF DEATH (Check 5 5 Residence 8 INRY AT 26 ES 2 NO 26 end place, end due to	only one) Other (Specify) Describe Now in City or Town, State) The cause(s) end menter, end date and place, end	AUTOPSY MED? CY NO JURY OCCURE and Number or Re there is stated, if due to the case	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
TO BE COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditione 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	DUE TO (A CONTRIBUTING TO (A CONTRIBUTION TO (A CONTRIBUTION TO (A CONTRIBUTION TO (CONTRIBUTION	RGIRE FIVE OR AS A CONSCOUENCE Y A LATING SC Geeth but not reculting ER/Outpatient 3 DOA NJURY (Year) 26b. T INJURY — At home, ferrifice. (Specify) Thy knowledge, death occumination end/or investigation. Chum Line Chum Line	g in the underlying 28. PL OTHER: 4 Nursing Nome IME OF 28c. INJU NJURY 1 Y or, atreel, fectory, office at the time, date tion, in my opinion, da AD.	ACE OF DEATH (Check 5 AResidence 8 1817 182 183 184 185 185 186 186 186 186 187 188 188 188	only one) Other (Specify) Bd. DESCRIBE NOW IN City or Town, State) the cause(s) end mente, date and place, end	AUTOPSY MED? (V) NO JURY OCCURE and Number or Re her es stated. I due to the cau 29d. DATE SIG	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D Iral Route Number, see(s) end menner as stated.	

. . .

|--|

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPAR CERTIF					MEN.	TAL HYGIEN	E		1 6
	1. DECEDENT'S NAME (First	t, Middle, Last)			CERTIF	ICATI	E OF	DEA	IH	T 2 04	REG. NO.			E-1-11-11-11-11-11-11-11-11-11-11-11-11-
3	Victor J. 4. SOCIAL SECURITY HUM									1]	L-21-199	<u> </u>	YEAR	3. TIME OF DEATH 5:45 A. M
	217-09-802	777	5. SEX	6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day's Hours Min. 7. DATE OF BIRTH (Month, Day's Hours Min. 7. DATE OF BIRTH (Month, Day's Hours Min. 7. DATE OF BIRTH					TE OF BIRTH Conth, Day, Year) 5-12-191	Q	Count			
	9a. FACILITY NAME (If not in		treet and number)			9b. CITY	r, TOWN	OR LOCAT	ION OF D)-TZ-T31		HTY OF D	nsylvania EATH
DIRECTOR	Inns of Ev	ergree	n			1		re (N/		
E C	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	ION						10d. IHSIDE CITY
	Maryland 100. STREET AND NUMBER	N/A			Bal	timo								LIMITS? 1 X YES 2 NO
FUNERAL	4309 Berge		ue					21206					ZEN OF V	WHAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN			13.				NIC ORI	GIN? (Specify Yea			- American Indian
	1 Never Married 2 🔀		FORCES? 1				If yes, sp	ecify Cubi	en, Maxic	an, Puar	to Rican, etc.)		Black	E — American Indian, k, White, atc.
D BY	3 Widowed 4 Dive		WII										Whit	
<u> </u>	(Specify onli	EDEHT'S EDU	CATION completed)	16	Give kind of life. Do NOT u	USUAL O	CCUPATION TO COURT OF THE COURT	OH st of worki	ing		16b. KIHD OF BUS			
COMPLETED	Elementary/Secondary (C		College (1-4 or 5								Baltimo			Anna Chan
M	10th Grade				Printer								OI E	ducation
	Joseph Mar										andela	Sumame)		
BE I	19a. INFORMANT'S NAME (7)				19b. MAILIHO	ADDRESS	S (Street)				umber, City or Town	- Ctata 7	(a. Carda)	
2	Helen A. M	archin	Ω								timore,			21206
	20a. METHOD OF DISPOSIT	ЮН	-	20b. PL	ACEANDDATE	OF DISPOS	SITION (Na		,				City or To	
	1 □ Burial 2 □ Crematio 4 □ Donation 5 □ Other		oval from State	- Ga:	ry, cremetory or o	of Fa	ith			11/2				Maryland
	21. SIGHATURE OF FUHERA	L SERVICE LIC	EHSEE		1			ID ADDRE						
	▶ Narge	lun	m. Me	unh	~ 1/	JO	hn (. Mi	Llle	r,]	Inc.	20110	Mone	yland 21206
FAIITICALION	shock, or heart feliure. Liet only one ceuse on each / lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): b. Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):								Onset and Death					
WEDICAL OF	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in						Part I.	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
3	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL				5 144	/28. PL	ACE OF D	EATH (C)	eck only	one)			
ź	1 YES > HO		HOSPITAL:	ER/Outpatie	int 3 🗆 DOA	OTHER 4 Nun	t:				ther (Specify)			
PH TSICIAN:	27, MANNES OF DEATH		28a. DATE OF (Month, D		28b. TIM		28c. IHJ	-			ESCRIBE HOW IH	JURY OC	CURED	
		Pending Investigation				М	1 🗆 1	ES 2	NO					
	3 Suicide 8 Homicide	At home, tarm, s	street, fact	ory, offici			281, L	OCATION (Street as ity or Town, State)	nd Number	or Rural R	loute Number,			
29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMIHER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as								and manner as stated.						
	295. SIGNATURE AND TITE			-				-	EHSE NU		T			(Month, Day, Year)
	//	16-						7	27	56	9	•	11/2	12/9,
	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type,	Print)					-			
	Dr. Allen	Hettle					‱ad	, Pil	kesv	ille	e, Mary	Land	2120	8
	31. DATE FILED (Month, Day, NOV 2	2 1991	32. HEGISTRA	AUG BRUS	REMandall					-				

DHMH-16 Rev 1/89



must examiner medical the other traumatic event, shows any 23 Item o the

FUNERAL |

TO THE F TO THE F De filed v

MPORTANT:

BE

2

290. SIGNATURE AND TITLE OF CERTIFIER

91 31973 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH LAWRENCE MAXWELL ROBERT 6:00 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 234075740 1 X M 2 | F HOURS West 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Balto. Md. FUNERAL DIRECTOR St. Agnes Hosp. 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE Catonsville 1- YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ITHWOOD AVE. SUMM U.S.A. 2/22 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexicen, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried COMPLETED BY 3 Widowed 4 Divorced Specify: W 1931* 1934 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or S+) Foundry Worker American Standard Co. N/A once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Patrick H. Maxwell 7 Goldie V. Lewis BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Mr. Robert R. Howmiller 3065 Strickland St. Balto. Md. 21223 pe 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State cemetery, cremetory or other process Vets. Cem Garrison Nov. 25, 1991 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21229 G. Truman Schwab 3512 K Frederick Ave. Balto. Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such se cardiac or respiratory errest, Approximata shock, or haart failura. List only one cause on each line. IMMEDIATE CAUSE (Final **Onset and Death** Cardionespiralar disease or condition reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): keamong CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING Tusu CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) thet initiated eventa resulting in daeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 100m ASCNO AVAILABLE PRIOR TO COMPLETION DF CAUSE menna 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Dispetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28 is marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural S Pending ВҮ 1 YES 2 NO 2 Accident Investigation 28a. PLACE OF INJURY — At home, ferm, street, factory, offica building, afc. (Specify) 3 Suicide COMPLETED 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner ee stated. = 2 MEQICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the films, data and place, and due to the cause(a) and manner as stated.

RESIDENT

11-21-91

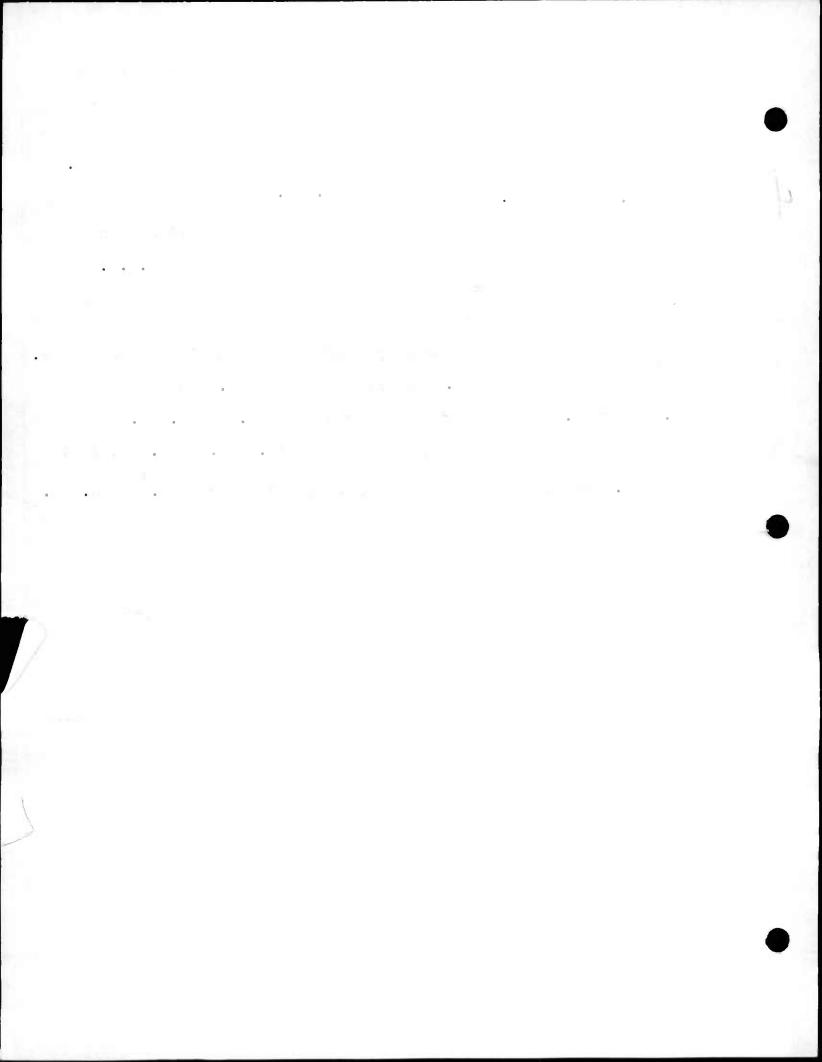
29c. LICENSE NUMBER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ST. AGNES IMPERIAL 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Savidson-Rendale

29d. DATE SIGNED (Month, Day, Year)

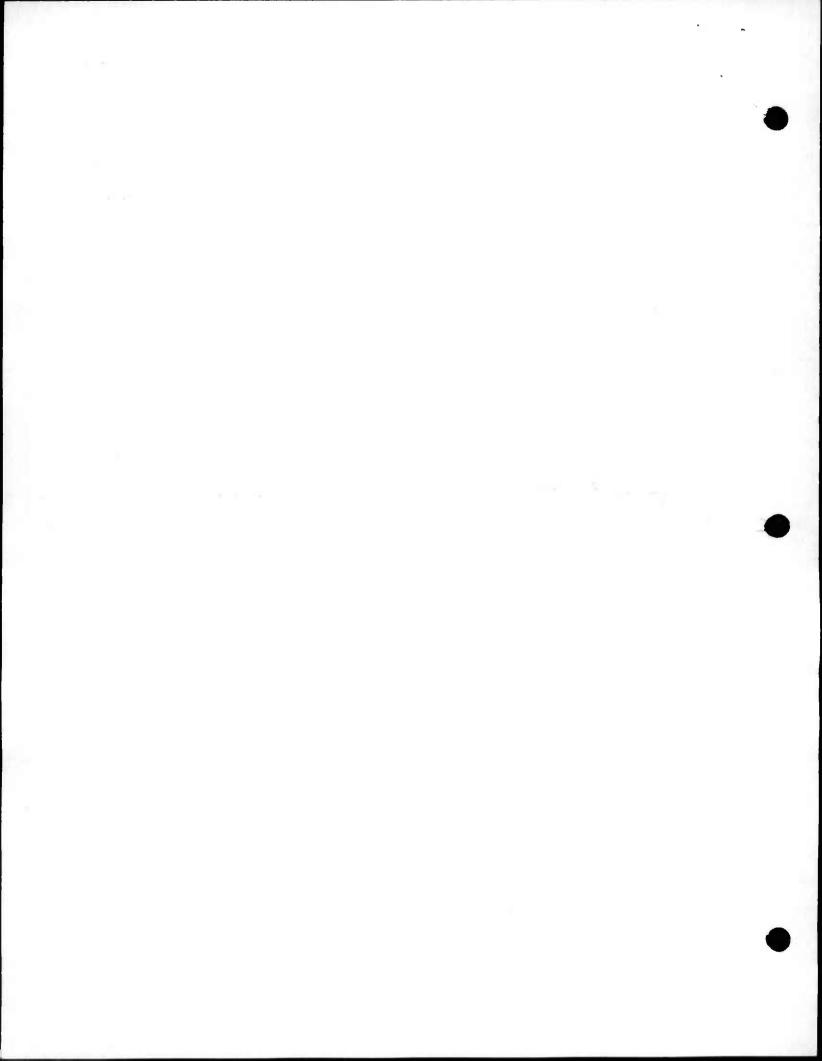


BALTIMORE, MARYLAND 21215-0020	22 mours after death. Page 6 may be retained by the hospital or attending physicial filed in the the timeral disease and change the state of the sta	mined in by the romena one coul, page a should be detached for use as the buriar-tr. on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician TO THE FINERAL DIRECTOR After this certificate has been stoned by the attending physician and computational filed in the shortest director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH

	1 - STATE REGISTRAR	OINIE OF F	C	ERTIF	ICATE C	F DEA	AND N TH	MENIAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEATH
	GEORGE	ERNEST			MATUS	Y, JF	₹.	MONTH D	18	YEAR 1	01:54 PM m
	4. SOCIAL SECURITY NUMBER	5. SEX	X 6. AGE (In yrs. last birthday) If UNDER 1 YEAR IF UNDER 24 MRS. 7. DATE OF BIFTH					7. DATE OF BIRTH			PLACE (State or Foreign
	219-32-6767	1 🔼 M 2 🗌 F	MONTHS DAYS HOURS MIN. (Month, Day, Year)							Country	y)
	So. FACILITY NAME (If not institution, give	atreet end number)			9b. CITY, TOV	N OR LOCATI	ON OF DE	7-24-35	9c COI	MAK JNTY OF DI	YLAND
DIRECTOR	NORTH ARUNDEL		ASSOCIA	TION		LEN BU		at n	96.000		A. COUNTY
<u>ا</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		T 100 CIT	Y, TOWN OR LO	CATION					
뜸	MARYLAND ANNE	ADIMIDET							1		10d, INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ARUNDEL		GLE	N BURN	10f. ZIP COD	-				1 TYES 2 NO
FUNERAL	606 MEADOWBROOK F	RD.				21061				S.A.	/HAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	RMED	13. WAS	ECENDENT (OF HISPANI	C ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian.
ВУ	1 Never Married 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 A	NO	If yee	Specify Cube ES 2 XNO	n, Mexican Specify:	, Puerto Ricen, etc.)		Black Specif	
	15. DECEDENT'S EDU	ICATION	18e. DE	CEDENT'S	USUAL OCCUP	TION		16b, KIND OF BUS		Dugger	WHITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	(G	ive kind of a	work done during	most of working	ng	100, KIND OF BUS	SINE 35/IN	DUSTRY	
릴	12	4		3 TEC	HNICIA	V		MODEL N	AVEL	,	
õ	17. FATHER'S NAME (First, Middle, Last)			120	222,120111		HER'S NAM	IE (First, Middle, Maiden		`	
BE C	GEORGE MATUSKY,	SR.				1	INA	KRATZ	ourname)		
일	19e. INFORMANT'S NAME (Type/Print)		196	b. MAILING	ADDRESS (Stre			oute Number, City or Town	n, State, Zi	p Code)	
F	VERA H. MATUSKY							GLEN BURN			061
	20a, METHOD OF DISPOSITION 1 (2) Burlal 2 Cremetion 3 Ram	oval from State	cemetery, cre	AND DATE	OF DISPOSITION	(Neme of		DATE 20c. LO	CATION —	City or Tov	wn, Stata
	4 Donation 5 Other (Specify)	CENEER	GLEN	HAVE	N MEMOR	IAL P	ARK	11-22 GLE	N BU	RNIE.	, MD
- 11	1 4/5	/				AND ADDRE		NERAL HOME			
L.	LIX Wall	2								RNIE	, MD 21061
	23. PART i. Enter the diseasea, proshock, pr heart failure.	complications that	caused the de	ath. Do r	not enter the	node of dy	ing, auch	aa cardiac or reapi	ratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Final										interval Between Onset and Death
	disease or condition reaulting in death)	a. Acufe Antonio Well Myscardial infarction DUE TO (OR AS A CONSCOUENCE OF): Coveray actus disease DUE TO (OR AS A CONSCOUENCE OF):								1 kour	
		DUE TO	OR AS A CONSEC	DUENCE OF	F):	,		1			
CERTIFICATION	Sequentially liet conditions,	b. DIE TO	ronary	art.	cy o	esees	P				
AT	if any, leeding to immediate cause. Enter UNDERLYING	0	cabeles	in 1	W. Gi						
윤	CAUSE (Disease or injury that initiated events	C. DUE TO	OR AS A CONSEC								
E	reaulting in death) LAST				,-						i
8		0									-
DICAL	PART II. Other aignificant condition	a contributing to	death but not n	esulting i	n the underly	ing cause g	iven in P	art i. 24a. WAS AN . PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8								1 YES 2			COMPLETION OF CAUSE DF DEATH?
¥											1 YES 2 NO
ž I											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF D	EATH (Chec	k only one)			
YSI	1 ☐ YES 2 ☐ NO	1 - Inpatient 24	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing H	ome 5 🗆 Ra	eldence 8	Other (Specify)			
표	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF (Month, Da		28b. TIMI INJ		NJURY AT		26d. DESCRIBE HOW IN	JURY OC	CURED	
à	1 Natural 5 Pending 2 Accident Investigation				M 1	YES 2	NO NO				
- 10	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE Of building,	FINJURY — At hor otc. (Specify)	me, farm, s	treet, factory, of	fica		26t. LOCATION (Street a: City or Town, State)	nd Number	or Rural Ro	oute Number,
립	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge, dea	ath occurre	d at the time, d	its end place,	end dua to	the cause(e) end man	ner ae stat	led.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: Dn the besis ot ax	emination and/or is	nvestigatio	n, in my opinion	death occur	ed at the ti	me, date end place, and	due to th	ne ceuse(e)	and mennar as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						NSE NUME				(Month, Day, Year)
H	Mouri	J. Nay1	8	MM)	D	3112		> /	1/19	15
2	30. NAME AND ADDRESS OF PERSON WHO					1 1	-		-	117	(()
	KEVIN J. DOYLE					#206/	GLEN	BURNIE, M	ARYL	AND 2	21061
	31. DATE FILED (Month, Day, Year)		S SIGNATURE				-				
	NOV 2 2 19	y guli	wavedson-	-Naulon							



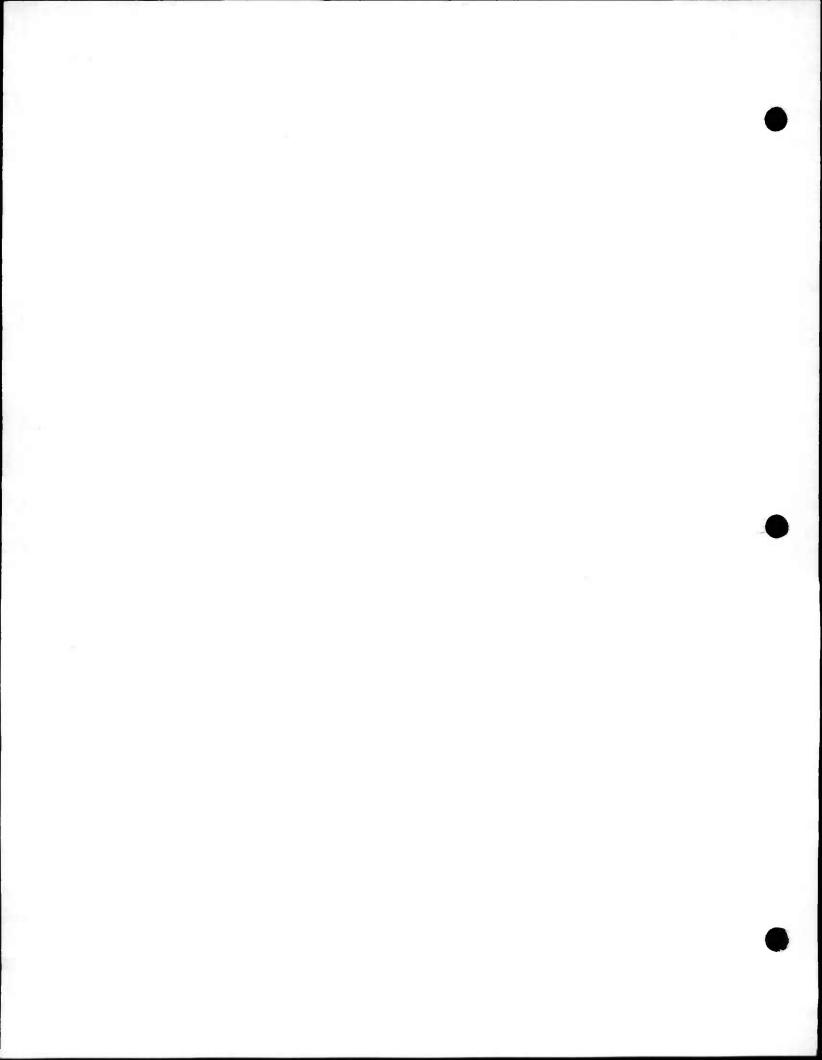
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)					DEATH	Lan	HEG. NO			
Rebecca,	Matcher	Rebe	cca 1	Matc	her	64	onth bo		YEAR 991	3. TIME OF DEATH 11:00AM M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	€ (In yrs. lest birthde 73	y) IF UNDE	R 1 YEAR	IF UNDER 24 H	RS. 7. D.	ATE OF BIRTH Fonth, Day, Year)	T	8. BIRTH	PLACE (State or Foreign
212-22-7794D	1 M 2 🟋 F	. WONTES							ARYLAND	
9a. FACILITY NAME (If not institution, give st	treet and number)	_	9ь. СІТ	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH
Maryland Genera	1 Hospital		В	alti:	more Ci	Lty				
10a. STATE 10b. COUNTY		10c. (CITY, TOWN	OB LOCA	TION					
MARYLAND				LTIM						10d, INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 3034 CHESTERFIELI	D AVE.			10	ZIP CODE 212	13		10g. CITIZ		HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13.	WAS DEC	CENDENT OF HI	SPANIC OR	IIGIN? (Specify Yes	or No-	14. RACE	- American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	DATES			pecify Cuben, Me S 2 □MO S		rto Rican, atc.)		Specia	, White, atc.
										WHITE
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT	I'S USUAL (of work done I use retired.)	during me	ON ost of working		16b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		OUSEW					AT HO	ME	
17. FATHER'S NAME (First, Middle, Last)	29				ts. MOTHER'S		rst, Middle, Maiden	Sumame)		-
HARRY ROSENBEI	KG							NKELC		4
HENRY GOLDBAUM		180	2 EUT	'AW P	LACE	BALT	Number, City or Town	MD 2	21217	7
20s_METHOD OF DISPOSITION 1 ABurial 2 Commetting 3 Plants 4 Donation 5 Donation	oval from State	0b. PLACE AND DAT metery, crematory of ARLINGT	r other place	1				CATION — C		wn, Stata RE, MD
21. SIGNATURE OF PONERAL SERVICE CO	BUTTE	MATTAGE			ND ADDRESS O			נואט	LITOI	(E) (E)
MmH	Domin	*	6				BROS., VN RD.			4D 21215
24 FART I. Enter the diseases, or c	perplications that caus	ed the death. De	not ente	r the mo	ode of dying,	auch aa	cardiac or reani	retory arre	eat.	Approximate
ahock, or heart failure	Clat Dnly Dne cause on	each line.								interval Between Onset and Death
disease or condition	Asystole									Onset and Death
resulting in death)	DUE TO (OR AS	A CONSEQUENCE	OF):							
C.	Septic S	hock								İ
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):							
CAUSE (Disease or injury	Aspirati	on pneum	onia							
that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):							
PART II. Other algnificant conditions	s contributing to death	but not resultin	g in the u	nderiyin	g cause giver	in Part i	, 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
							t 🗌 YES 2	M NO		DF DEATH?
										1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH	(Check only	v one)	_		
EXAMINER? 1 Tes 2 No	HOSPITAL:	Itpetient 3 🗆 DOA	OTHE	R:	e 5 ☐ Rasider					
27. MANNER OF DEATH	28a. DATE OF INJUR	7 28b. T	IME OF	28c. INJ	URY AT	_	Ther (Specify) DESCRIBE HOW IN	JURY OCC	URED	
1 🔀 Natural 5 🗌 Pending	(Month, Day, Year,	'	NJURY M	WO	PRK?				JILD	
2 Accident Investigation 3 Suicida 8 Could not be	28a. PLACE OF INJUI	RY — At home, farm	, street, fec			_	OCATION (Street a	nd Number o	v Pumi P	nute Mumber
4 Homicide determined	building, atc. (Sp	pecify)		,			City or Town, State)	TO PROTEIN C	A Hurer IN	ode Number,
29a. CERTIFIER (Check only one)	CIAN: To the best of my kno	wiedge, death occu	rred at the	time, data	and place, and	dua to the	cause(a) and man	ner as state	d.	
	R: On the beals of examinat	ion and/or investiga	tion, in my	opinion, d	leath occured at	tha tima, o	data and place, and	dua to the	cause(a)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER		Λ 1	1)		29c. LICENSE	NUMBER		29d. DATE	SIGNED	(Month, Day, Year)
Kaling	ux	M	,1/,					1	1/19	/91
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	PEATH (ITEM 27) (7)	Print)	+U	S	c/o	Marylan	d Gne	ra1	Hospital
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Panda 00	-	1			, ,	-110		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

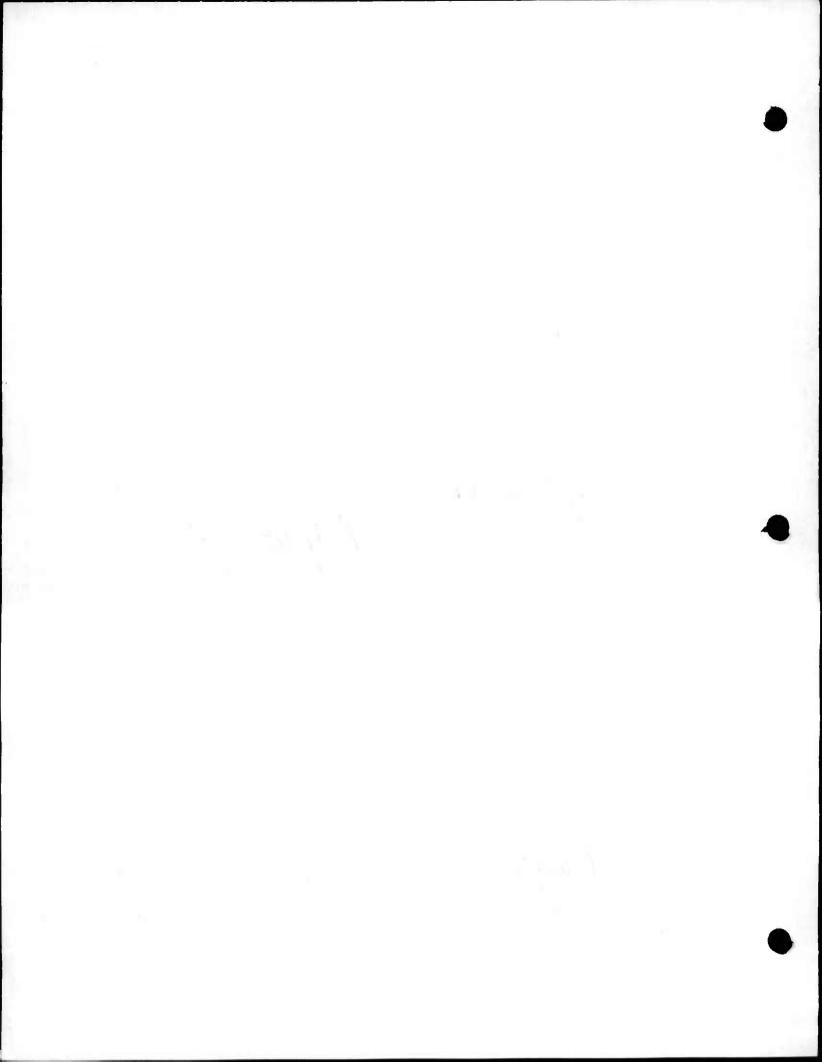


2
00
9
~
ВОХ
\approx
·
0
0
4.00
DS
Œ
0
O
RECOR
α
AL
-
>
F
0
7
\subseteq
S
NIS.

BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by the hospital or attending physician. And the stending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rate Dear of Heath and Mental Huniers prior to burial cremation or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transic per filed within 72 hours after death with the State Deat of Health and Merital Horiene prior to hard the communication or removed.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	TATE OF MARYLAND / DEP.	ARTMENT OF H	EALTH AND ME	ENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Charles E.	Overman		1 2	NOV. 18,199	YEAR	3. TIME OF DEATH 6:30pm M
		M 2 □ F 61 YRS	MONTHS DAVE	IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year) July20, 1930	8. BIRTH	IPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street a 8001 Gough Street			LOCATION OF DEAT	Н 9с.	соинту оғ в Ва	eath ltimore
DIRECTOR		timore 10c.	CITY, TOWN OR LOCATI	on point			10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	8001 Gough Street		107.	21224	10g	CITIZEN OF V	VHAT COUNTRY?
BY FUNERAL	1 Never Married 2 K Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES Y NO FYES, GIVE WAR OR DATES	If yes, spe	NDENT OF HISPANIC offy Cuban, Maxican, F 2 NO Specify:	ORIGIN? (Specify Yea or No Puarto Rican, atc.)	14. RACE Black Speci	- American Indian, Whita, atc. White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compo-	leted) (Give kind	T'S USUAL OCCUPATION of work done during mos- T use retired.)	of working	State of I		nd
BE	17. FATHER'S NAME (First, Middle, Last) Jesse Overman 19a. INFORMANT'S NAME (Type/Print)			===	(First, Middle, Maiden Sumar		
5		erman 80	01 Gough S	Street Ba	te Number, City or Town, State altimore MA:	ryland	
	1 (Spurial 2 Cremation 3 Removal f 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	cemetery crematory of Oak LAW	r Cemeters	11/21/			wn, stata MAryland
	Connelly Fu	neral Home	Conne	_	alHome 300M		. 21221
	23. PART I. Enter the disease, or compandock, or heart filiure. List of iMMEDIATE CAUSE (Final disease or condition resulting in death)	ilications that caused the death. Donly one cause on each line. OUE TO (OR AS A CONSEQUENCE	Ω	4	e cardiac or reapiratory Colom Mu		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE	OF):	nam	nu		
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):				
MEDICAL	PART II. Other significant conditions con	ntributing to death but not resultin	g in the underlying	cause given in Par	24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		SPITAL:	OTHER:	CE OF DEATH (Check			
BY PHYS		Inpetient 2 ER/Outpetient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. T	IME OF 28c. INJUI INJURY WOR	K?	Other (Specify) d. DESCRIBE HOW INJURY	OCCURED	
		28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	n, atreet, factory, office	28	t. LOCATION (Street and Nur City or Town, State)	mber or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PRYSICIAN: 2 MEDICAL EXAMINER: On	To the best of my knowledge, death occurrence the basis of axamination and/or investigation.	arred at the lime, data a	nd place, and dua to t	the cause(s) and manner as	stated, to the cause(s)	and manner as stated.
TO BE (29b. SIGNATURE AND TITLE O CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO COM	Meca		DIOGENSE NUMBER	29d.	DATE SIGNED	(Month, Day, Year)
	R. Perez-Mer		Kern	BWd	Balto	mr	21221
	NOV 2 2 1991	na Navason-Handell				··-	





$\overline{}$	P
1.7	9
8	xecute
9	9
	- 8
\times	417
N OF VITAL RECORDS, P.O. BOX 6876	ă
\sim	63
ш -	्र
	,2
<u>~</u>	1
\circ	6
	O
О.	5
-	(4)
10	ŏ
٧,	d)
\Box	ĕ
~	-
ш.	50
\circ	=
~	6/2
O	9
111	3
-	2
Œ	2
	3
_	40
⋖	63
	ϵ
	-
=	Z
-	≤
	\circ
_	SO
0	~
_	ď.
7	cn
=	\approx
0	5
_	×
(A)	u
>	A
	OC.
DIVISION	0
_	-
	X
	5
	S
	Ö
	I
	4E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF I	HEALTH AND	MENT	AL HYGIENE REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last) Agnes Pask	a Agnes	Helen Pask	a		2. DAT	TE OF DEATH DAY	20 VE	3. TIME OF DEATH
2		4. SOCIAL SECURITY NUMBER 213 - 67-5919	1 🗆 M 2 🔀 🗲	In yrs. last birthday) IF I	MOER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT (Mo	E OF BIRTH 4-Conth, Day, Year) 4-6/94		Baltimore
2, 3 should	TOR	90. FACILITY NAME (If not institution, give st Stella Maris RESIDENCE OF DECEDENT	Hospice	96.	and the latest l	OR LOCATION OF D	lary	land	c. COUNTY	
. Pages 1,	DIRECTOR	10a. STATE May 10b. COUNTY	edobeceses.		WN OR LOCA	TION Balt	imon	e		10d. INSIDE CITY LIMITS?
020 physician. burlal-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 402 (ornwall Str	eet	<u>_</u>		r. ZIP CODE	47 W	1	og. CITIZEN	1 № YES 2 □ NO OF WHAT COUNTRY?
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-trancol.	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	II yes, sp	CENDENT OF HISPA Decity Cuban, Maxic S 2 X NO Speci	an, Puarte	ilN? (Specify Yea or o Rican, atc.)	1	RACE — American Indian, Black, White, atc. Specily:
21215-0020 al or attending physic for use as the burial	ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work of life. Do NOT use reti	AL OCCUPATION during mo	ON ost of working	10	66. KIND OF BUSINE	ESS/INDUSTI	White
MARYLAND retained by the hospital 5 should be detached it notified at once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Houseu	ork	18. MOTHER'S NA	AME (Eirot	Ax Middle, Maiden Sun	t Home	:
RYL ed by the used by the ed at e	BE C	Adalbert Szyman 198. INFORMANT'S NAME (Type/Print)	ski			Rosal	ie K	azmiercz		
, MAR be retained to ge 5 should be notified	2	Elaine Bacinski				ide Driv	-00		Le Md	
BALTIMORE, 1 after death. Page 6 may be by the funeral director, page smoval.		20a. METHOD OF DISPOSITION 1 Surlat 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata 20b.	PLACE AND DATE OF DIS eterly, cremejory or other p	POSITION (N	ame of	-25-	TE 20c. LOCAT	ION — City o	or Town, Stata
ALTIN death. Pag death. Pag e funeral dir J.		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE A	ong nosara	22. NAME AI	ND ADDRESS OF FA	ACILITY	9 5 0	6.	224 astern Ave.
BA irs after de n by the fu removal.		23. PART i. Enter the diseases, or complete or heart fallure is	omplications that caused	the deeth. Do not a	of tare	de of dular and	uer	a son s	nc. E	
24 hours r filled in tion, or re		IMMEDIATE CAUSE (Finei disease or condition	O	och iine.	nter the mo	de of dying, suc	in es ce	rulec or respirate	ory arrest,	Approximate intervel Between Onset end Deeth
SO, withir relations		resulting in death)		CONSEQUENCE OF):						
OX 6871 be executed cian and com for to burial, raumatic ex	TION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):						
B ficate physical property	ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
	O	resulting In death) LAST								
2 m 2 m	JICAL	PART II. Other significent conditions	contributing to death bu	ut not resulting in the	underlying	g ceuse given in	Part i.	24a. WAS AN AUT PERFORMED	7	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	: MEDI							1 YES 2		DF DEATH? 1 YES 2 NO
VITAL AN: The law tificate has b e State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only o	nne)	process of	
1 으 호 드	PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatiant 2 ER/Outpe	11 DOA 4 2	HER: Nursing Hom 26c. INJ	e 5 Rasidence		er (Specify) SCRIBE HOW INJU	DV OOGUDE	
ON OF DING PHYS After this of death with	ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	4 1 U	PRK?		- NOW INSU	HI OCCURE	
TSI TTEN TTEN after 28 1	E I	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, atreet, fy)	factory, office		281. LO: City	CATION (Street and I or Town, State)	Number or Ru	ral Route Number,
DIV PITAL OR A RAL DIREC 1 72 hours	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	edge, death occurred at 1	he time, date	and place, and due	10 the ca	use(a) and manner	an stated.	
TO THE HOSPITAL TO THE FUNERAL be filed within 72 P	BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	On the besis of exemination	and the angellon, in	O Opinion, o	290 LICENSE NUR				se(a) and manner as stated. NED (Month, Day, Year)
0 0 8 W	<u>و</u>	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	/	D. 7.	08	7	11	120/91
		NOV 22 1991 4	32. REGISTRAR'S SIGNA	TURE						

A REST OF THE PERSON OF THE

	,
-	
	i
0	7
\approx	
BOX 68760	
∞	
မ	
\sim	
\circ	
=	
0.0	
0	
9	
σ.	
_	
S	
0	
=	
RECORDS	
~	
O	
111	
-	
4	
VITAL B	
•	
_	
>	
L	
0	
$\mathbf{\circ}$	
7	
4	
0	
=	
DIVISION OI	
37	
>	
0	
-	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR LORMAN G. PITTINGER 20 11 91 8:00 A. 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 215-22-0983 79 12 MARYLAND 10 21 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4513 WILMSLOW ROAD BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? USA 4513 WILMSLOW ROAD 21210 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAY OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Ri 1 Never Married 2 X Married Specify: BY 3 Widowed 4 Divorced WW II WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9TH BARBER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ROLAND OMAR PITTINGER SUSSIE MANN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4513 WILMSLOW ROAD, BALTO., MD. 21210 HELEN PITTINGER 20a. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State 1 to Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Donation 5 Other (Specify) MEMORIAL PK. 11/22/91 ELKRIDGE. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME allan 3818 ROLAND AVENUE, BALTO., MD. 21211 23. PART i. Enter the dieseses, or complications that coused the death. Do not enter the mode of dying, euch ee cerdlec or respiretory arrest, Approximate shock, or heert fellure. List only one ceuse on each line. intervai Between Onset end Deeth **IMMEDIATE CAUSE (Final** disease or condition)15EHSE MARTERY ORONARY reauiting in death) PERTEN SION CERTIFICATION Sequantieily list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Entar UNDERLYING HIPER LHOLESTEROLEMIA CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO INSUFFICIENC COMPLETION OF CAUSE 1 YES 2 NO 1 | YES 2 | 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated

29c. LICENSE NUMBER

D2079

6212 YORK

CHOI NOV 2 2 1991 32. REGISTRAR'S SIGNATURE a Davidson Randelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

tou

296. SIGNATURE AND TITLE OF CERTIFIER

띪

9

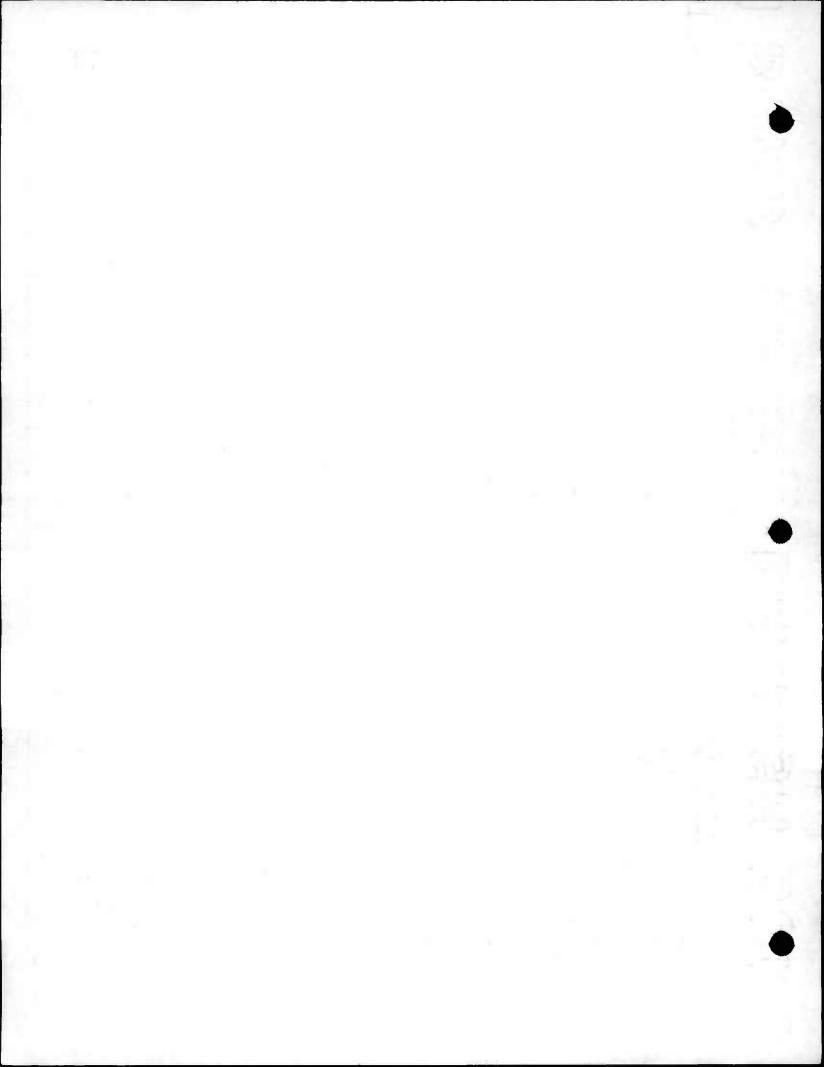
29d. DATE SIGNED (Month, Day, Year)

20

BALTIMORE

W

RD

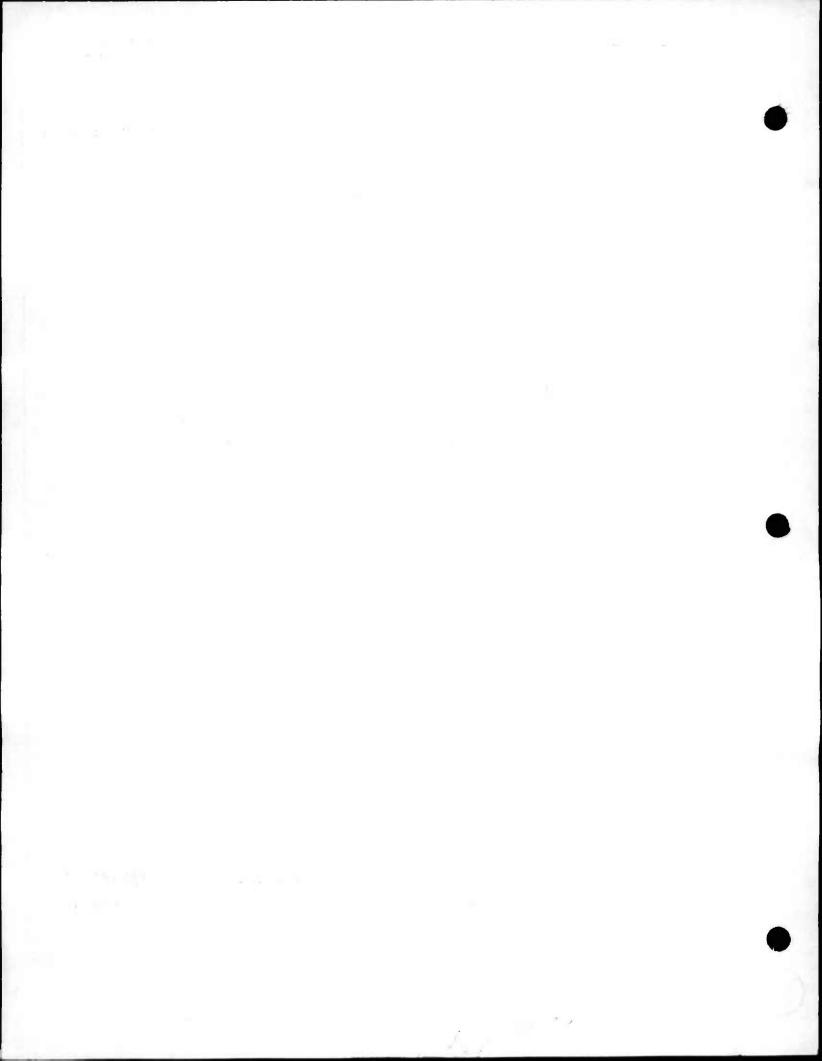


$\mathbf{\omega}$	
	•
	4
-	1
9	
9	,
876	
68	
BOX 6	
×	
0	4
m	1
	d
\circ	4
۲.	the state of the s
₾.	4
RECORDS	the state of the de state of
\Box	
00	4
\overline{a}	
\sim	
U	į
ш	
œ	
7	-
-	ż
5	-
	č
_	ŝ
0	
7	-
_	5
DIVISION OF VITAL	On attendance proportion The
~	i
00	Ė
>	8
=	5
	•
	i
	è
	S
	-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 liveurs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, cace 5 should be detached for use as the initial transit narmit house 1.9.2 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								,		, , , , ,
	FOR 1 STATE	STATE OF M	ARYLAND /	DEPAR	TMENT OF	HFALTH	AND M	FNTAL HYGI	NE	
	REGISTRAR		CI	ERTIF	ICATE OF	DEAT	ГН	REG. N		
	1. DECEDENT'S NAME (First, Middle, Last) LOUISE		PINKI	MEV				2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF QEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	W 1880		11 2		991 9:45 a M
		1 Du MVE	79	YRS.	MONTHS DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Pay, Year) 3-15-	912	8. BIRTHPLACE (State or Foreign Country) N • C •
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN	OR LOCATIO	ON OF OEAT			TY OF DEATH
10F	LIBERTY MEDIC	AL CENTE	R		BALT	IMOR	Е			
DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CIT	y, TOWN OR LOCA Baltim	ore				10d. INSIDE CITY
	10e. STREET AND NUMBER				10	01. ZIP CODE			19g. CITIZ	1 XYES 2 NO EN OF WHAT COUNTRY?
FUNERAL	2325 Braddish	Avenue				212	16		US	
1 5	11. MARITAL STATUS	12. WAS OECEDENT FORCES? 1	EVER IN U.S. AR	MEO	13. WAS DE	CENOENT O	F HISPANIC	ORIGIN? (Specify		14. RACE — American Indian, Black, White, atc.
₽	1 Never Merried 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WA	R OR DATES			S 2 KNO	Specify:	Puerto Rican, etc.)		Black, while, ale.
COMPLETED	15. DECEGENT'S EDU (Specify only highest grade	completed)	16a. DE	CEDENT'S	USUAL OCCUPAT work done during m ie retired.)	ION ost of workin	g	18b. KIND OF I	USINESS/INOU	STRY
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	, , ,		usewif					
Ö	17. FATNER'S NAME (First, Middle, Last)				GOOWEL	_	ER'S NAME	(First, Middle, Maid	en Surname)	
BE	June Lan	gston				Ro		Green	,	
2	19a. INFORMANT'S NAME (Type/Print)							ute Number, City or 1		
	Zion T. Bowse	r					venu			1. 21207
	208. WE HOD OF DISPOSITION Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	KING	Mem	of disposition (A	Park		11/25 1	Balto.	ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1-					ton &	Sons	
	James	1 a.	ma	1/2	0					
	23 PART I Enter the diseases or				7 / 7 7 0 7	T 211	rong	C+ D	1+0	MA 21217
3 1	23. PART I Enter the diseases, or cannot be shock, or heart failure.	Complications that	caused the de	ath. Do n	ot anter the m	Lau oda of dyi	rens	St. Bas cardiac or res	plretory arre	st, Approximata
	iMMEDIATE CAUSE (Final	List only one cause	on aach lina.	•	ot anter the me	oda of dyli	ng, such a	es cardiac or res	plretory arre	Md . 21217 st, Approximate interval Batween Onset and Death
	iMMEDIATE CAUSE (Final	a. AR TERIOSO	LEROTIC	CAR	ot anter tha m	oda of dyli	ng, such a	es cardiac or res	alto.	st, Approximata Interval Between
7	iMMEDIATE CAUSE (Final	a. AR TERIOSO	on aach lina.	CAR	ot anter tha m	oda of dyli	ng, such a	es cardiac or res	alto.	st, Approximata Interval Between
TION	iMMEDIATE CAUSE (Final	a. AR TERIO SO	LEROTIC	CAR	Olovascu	oda of dyli	ng, such a	es cardiac or res	alto.	st, Approximata Interval Between
ICATION	IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions,	a. AR TERIOSCOUE TO (O	LEROTIC PR AS A CONSEC	CAR DUENCE OF	OIOVASCU	oda of dyli	ng, such a	es cardiac or res	alto., piretory arre	st, Approximata Interval Between
TIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. AR TERIOSCOUE TO (O	LEROTIC	CAR DUENCE OF	OIOVASCU	oda of dyli	ng, such a	es cardiac or res	alto.	st, Approximata Interval Between
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. AR TERIO SO OUE TO (O b	R AS A CONSEC	DUENCE OF	DIOVASCU):	oda of dyli	ng, such a	es cardiac or res	plretory arre	st, Approximata Interval Between
O	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. AR TERIO SO OUE TO (O b	R AS A CONSEC	DUENCE OF	DIOVASCU):	oda of dyli	ng, such a	es cardiac or res	piretory arre	st, Approximate interval Between Onset and Death Onset and Death
O	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. AR TERIO SO OUE TO (O b	R AS A CONSEC	DUENCE OF	DIOVASCU):	oda of dyli	ng, such a	es cardiac or res	Piretory arre	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. AR TERIO SO OUE TO (O b	R AS A CONSEC	DUENCE OF	DIOVASCU):	oda of dyli	ng, such a	es cardiac or res	Piretory arre	st, Approximata Interval Between Onset and Death Onset and Dea
MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	a. AR TERIO SO OUE TO (O b	R AS A CONSEC	DUENCE OF	Or over the model of the model	oda of dyli)/ SEAS	ort I. 24a. WAS / PERF-	Piretory arre	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. AR TERIO SO OUE TO (O DUE TO (O d. D. DUE TO (O d. D. DUE TO (O d. D. D. D. D. D. D. D. D. D.	R AS A CONSECURA A CONSECURA A CONS	CAR DUENCE OF	DIOVASCU): n the underlyin 26. P OTHER:	oda of dyli	O/SEAS	ort I. 24a. WAS / PERF- 1 YES	Piretory arre	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	a. AR TERIO SO OUE TO (O) b. DUE TO (O) c. DUE TO (O) d	R AS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSECURAS A CONSE	DUENCE OF	DIOVASCU D: Other: 4 □ Nursing Hor	oda of dyli	Ivan in Pa	ort I. 24a. WAS / PERF- only one) Other (Specily)	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	a. AR TERIO SO OUE TO (O DUE TO (O d. D. DUE TO (O d. D. DUE TO (O d. D. D. D. D. D. D. D. D. D.	R AS A CONSECURA S A CONSECURA	CAR DUENCE OF	DIOVASCU D: D: D: D: D: D: D: D: D: D	LACE OF DE	Ivan in Pa	ort I. 24a. WAS / PERF- 1 YES	IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	a. AR TERIO SCOUE TO (O) b. DUE TO (O) c. DUE TO (O) d HOSPITAL: 1 Inpetient 2 X E 28a. DATE OF IN (Month, Day,	R AS A CONSECURA S A CONSECURA	DUENCE OF DUENCE	DIOVASCU D: D: D: D: D: D: D: D: D: D	LACE OF DE	Ivan in Pa	only one) Other (Specify) 6d. DESCRIBE HOW	IN AUTOPSY DRMED? 2 M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO 27. MANNER OF OEATN 1 Netural 5 Pending Investigation	a. AR TERIO SO OUE TO (O b. DUE TO (O c. DUE TO (O d HOSPITAL: 1 Inpetient 2 XE 28a. DATE OF IN (Month, Day)	R AS A CONSECURA S A CONSECURA	DUENCE OF DUENCE	DIOVASCU DIO	LACE OF DE	Ivan in Pa	only one) Other (Specify) 6d. DESCRIBE HOW	IN AUTOPSY DRMED? 2 M NO	Approximata Interval Batween Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat Ons
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 29 Accident 3 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	a. AR TERIOSCOULD TO (O) b. DUE TO (O) c. DUE TO (O) d	R AS A CONSECURA S A CONSECURA	DOA 26b. TIME	26. P OTHER: 4 Nursing Hon OF 28c. IN. HY M 1 Irrael, factory, office d at the Ilme, date	LACE OF DE LACE OF DE THE S Red JURY AT JURY AT THE S THE	Ivan in Pa EATN (Check eldence a [2]) NO 21	art I. 24a. WAS / PERF- 1 YES Other (Specify) 6d. DESCRIBE HOW BI. LOCATION (Street City or Town, State)	IN AUTOPSY PRIMED? 2 M NO I INJURY OCCU t and Number of e)	Approximata Interval Batween Onsat and Daath 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 29 Accident 3 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	a. AR TERIOSCOULD TO (O) b. DUE TO (O) c. DUE TO (O) d	R AS A CONSECURA S A CONSECURA	DOA 26b. TIME	26. P OTHER: 4 Nursing Hon OF 28c. IN. HY M 1 Irrael, factory, office d at the Ilme, date	LACE OF DE LACE OF DE THE S Red JURY AT JURY AT THE S THE	Ivan in Pa EATN (Check eldence a [2]) NO 21	art I. 24a. WAS / PERF- 1 YES Other (Specify) 6d. DESCRIBE HOW BI. LOCATION (Street City or Town, State)	IN AUTOPSY PRIMED? 2 M NO I INJURY OCCU t and Number of e)	Approximata Interval Batween Onsat and Daath 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	a. AR TERIO SO OUE TO (O b. DUE TO (O c. DUE TO (O d. SECONTRIBUTING TO do DESCRIPTION OF TO (O D DESCRIPTION OF TO (O D D D D D D D D D D D D D D D D D D D	R AS A CONSECURA S A CONSECURA	DOA 26b. TIME	26. P OTHER: 4 Nursing Hon OF 28c. IN. HY M 1 Irrael, factory, office d at the Ilme, date	LACE OF DE DE S DE Red JURY AT ORK? YES 2	Ivan in Pa EATN (Check eldence a [2]) NO 21	ort I. 24a. WAS / PERF- 1 YES Only one) Other (Specify) 6d. DESCRIBE HOW City or Town, Stat	IN AUTOPSY PRIMED? 2 M NO 1 INJURY OCCU t and Number of e) enner as stated	Approximata Interval Batween Onsat and Daath 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be deermined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER HORALS AND TITLE OF CERTIFIER CONCALS AND TITLE OF CERTIFIER HORALS AND TITLE OF CERTIFIE	a. AR TERIO SCOUE TO (O) b. DUE TO (O) c. DUE TO (O) d	R AS A CONSECURA S A CONSECURA	DOA 26b. Tilminute in the occurrence of the occu	OI OVASCU DI OVASCU DI OVASCU DI OVASCU TO THER: 4 Nursing Hone OF 28c. IN. W I I I Itraal, factory, office d at the lime, date n, in my opinion, of	LACE OF DE DE S DE RES DE LACE OF DE S DE RES DE LACE DE RES	Ivan in Pa ATN (Check eldence 8 21 NO 21 and due to the time	only one) Other (Specify) Other (Specify) Other (Specify) Other (Specify) Ithe cause(a) and man, date and place,	IN AUTOPSY PRIMED? 2 M NO I INJURY OCCU t and Number of e) enner as stated and due to the 29d. DATE 5	Approximata Interval Batween Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat
BE COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Netural 5 Pending Investigation 27. MANNER OF OEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	AR TERIOSCOUE TO (O) B. DUE TO (O) C. DUE TO (O) d	R AS A CONSECURA S A CONSECURA	DOA 28b. TIME INJ. Tree farm, s	OI OVASCU DI OVASCU DI OVASCU DI OVASCU TO THER: 4 Nursing Hone OF 28c. IN. W I I I Itraal, factory, office d at the lime, date n, in my opinion, of	LACE OF DE DE S DRY AT ORK? A and place, desth occurs 29c. LICEI O .	Ivan in Pa Ivan i	only one) Other (Specify) 6d. DESCRIBE HOW BI. LOCATION (Street, State of State o	IN AUTOPSY PRIMED? 2 M NO I INJURY OCCU t and Number of e) enner as stated and due to the 29d. DATE 5	Approximata Interval Batween Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat and Death Onsat





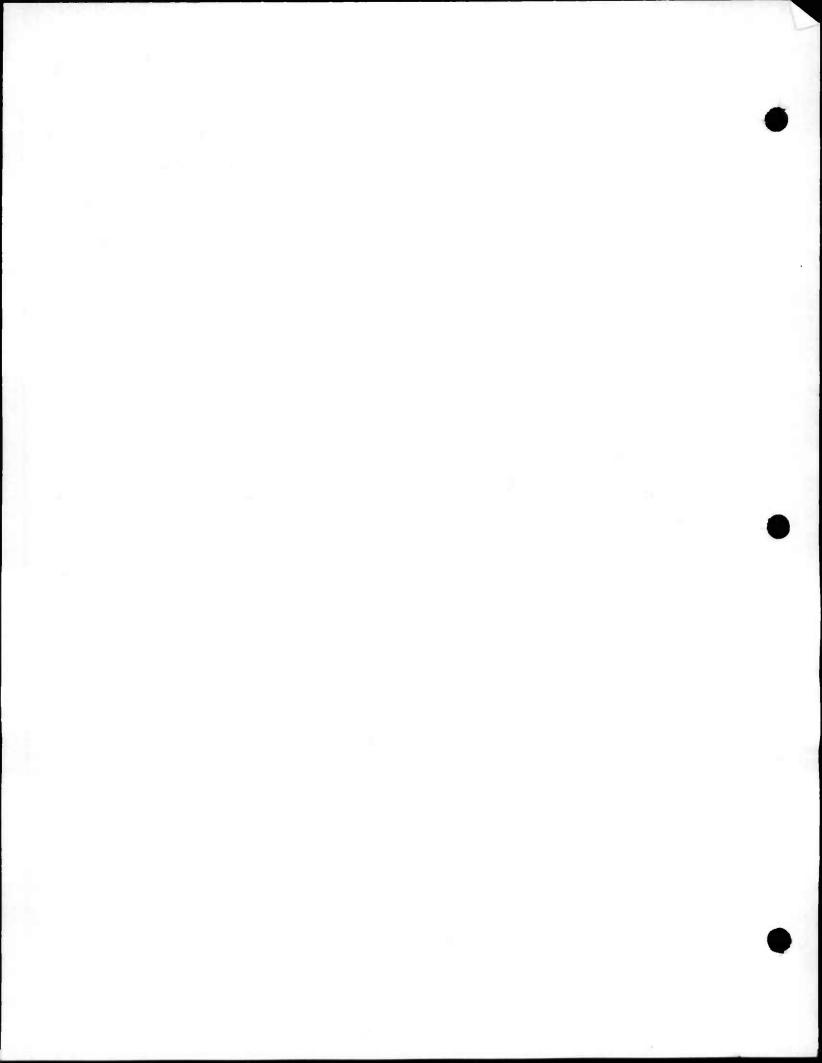
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPARTI	MENT OF	HEALTH AND	MENT	AL HYGIEN			0 (1)	U
1. OECEDENT'S NAME (First, Middle, Lest) GLADYS	AGNES	POSTON				2. DAT	re of Death orth vember		1991	3. TIME OF DE	ATH P M
4. SOCIAL SECURITY NUMBER 211-22-8503 90. FACILITY NAME (If not institution, give st	1 🗆 M 2 💢 F	AGE (In yrs. last	YRS.	ONTHS DAY	HOURS MIN.	7. DAT (Mo NO U	E OF BIRTH orth, Day, Year)		8. BIRTN Country	PLACE (State or	Foreign
Bel Forest Nursa			,		n or location of lest Hill			9c. COUN	ity of De		
	rford			ovn or Lo						10d, INSIDE CI LIMITS? 1 X YES 2 (
Bel Forest Nursi					101. ZIP CODE 2103			l	EN OF W	NAT COUNTRY	?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 X N	MEO O	If yes,	ECENOENT OF NISE specify Cuben, Mexi ES 2 X NO Spe	ican, Puerti	ilN? (Specify Ye o Rican, atc.)	a or No—	14, RACE Black Specif	- American in White, etc.	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G/v	CEDENT'S US to kind of work Do NOT use no 1002 T	done during	most of working	10	Sb. KINO OF BU				
17. FATHER'S NAME (First, Middle, Lest) (Unknown) Marsh	hall				18. MOTNER'S	NAME (First	, Middle, Maiden		-		
190. INFORMANT'S NAME (Type/Print) Jim Poston					Head Dr.	al Route Nu	mber, City or Tow		Code)	1	
20e. METNOD OF DISPOSITION 1 General 2 Gremation 3 A Ramo 4 Donation 5 Other (Specify) 21. BIGNATURE OF TUNEBAL SERVICE LICE		20b. PLACE AT CEMETERY, Crem Jaspet	NO DATE OF C netory or other L City	Ceme	tery	11/	TE 20c. LO			vn, State	
A. George	altures	4		ROBER	AND AGORESS OF C TC. ALT Harkord	ENBU Rd	Ralt	imana	M		
23. PART I. Enter the diseases, or creshock, or heart failura. L IMMEDIATE CAUSE (Final disease or condition resulting in death)		m aach iina.	5- PC		node of dying, su			iratory arre	est,	Approxi	nata
Sequantially list conditions, if any, leading to immediata	OUE TO (OR	AS A CONSECU	re hir	1000	ular acc	cide	ut			ment	l,
cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEOL	JENCE OF:	2/	Filmill.	ation	4			4-90	m
PART II. Other significant conditions	contributing to das		- (ng causa given in		240. WAS AN		24b 1	WERE AUTOPSY	
							PERFOR	IMEO?		AMAILABLE PRIO COMPLETION OF OF DEATH?	R TO CAUSE
	HOSPITAL:	Outpatient 3 [DOA A	VER:	PLACE OF DEATN (C						
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	RY	28b. TIME OF	28c. I	NJURY AT YORK? YES 2 NO	_	SCRIBE NOW II	NJURY OCCL	JAED		
3 Suicide 8 Could not be 4 Nomicide detarmined	28s. PLACE OF INJ building, atc. (URY — At hom Specify)	a, ferm, stree	t, fectory, of	ice	281. LOI City	CATION (Street a or Town, Stete)	and Number o	r Rural Ro	ute Number,	
(Check only one) 2 MEOICAL EXAMINER:	IAN: To the beat of my ki	nowledge, deat	h occurred at	the time, da	te and place, end du death occured at th	e to the ca	use(s) and man	ner as stated	1, cause(a)	and menner as	atated.
29b. SIGNATURE AND TITLE OF CERTIFIER	M				29c. LICENSE NU	JMBER 75		29d. DATE :	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	(Clus s	n			i Naul		301 Ac.	- Ma	('	1014	
31. DATE FILED (Month, Day, Year) NOV 2 2 1991	32 REGISTRAR'S S		102								





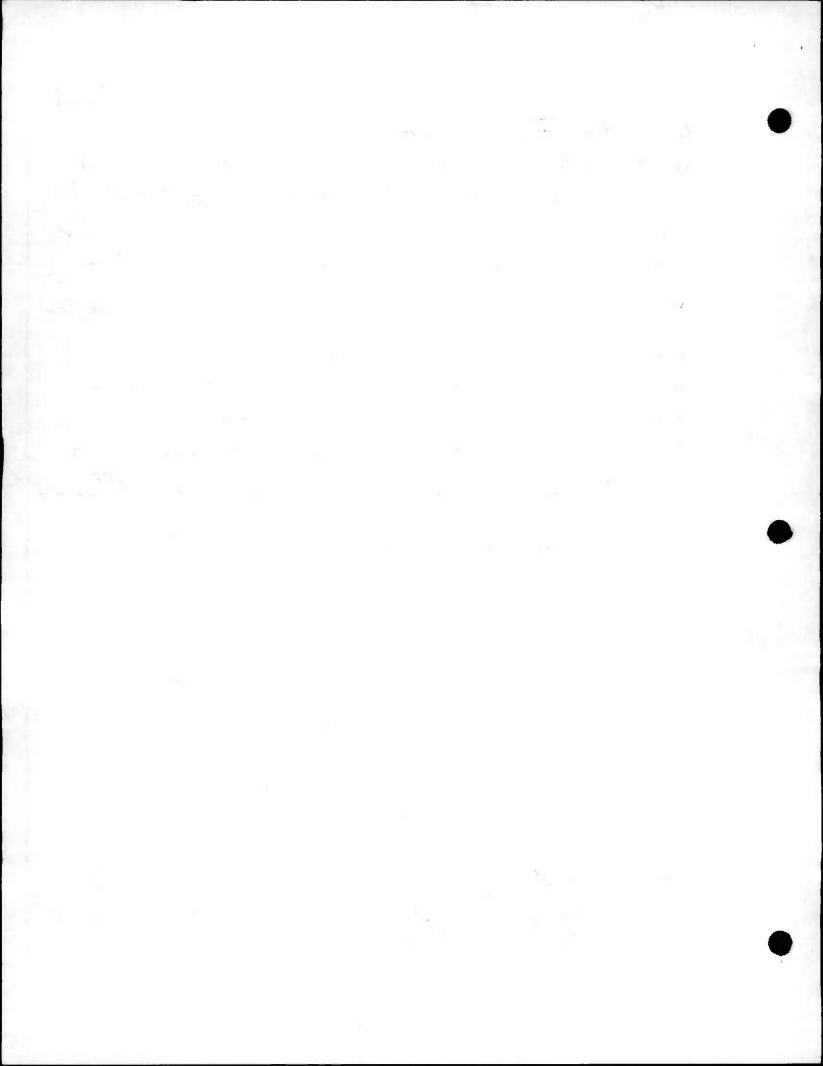
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALLIMORE, MARTLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	moval.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

31. DATE FILED (Month, Day, NOV 2 2

^{76ar)} 1991

guna Daydon-Randall

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF DEATH REGULATION OF THE STATE OF DEATH REGULATION OF THE STATE OF DEATH REGULATION OF THE STATE OF DEATH REGULATION OF THE STATE	1 31981
COMPLETED BY FUNERAL DIRECTOR	REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) PIETRA 2. DATE OF DEATH MONTH DAY 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 92. YRS. 8. AGE (In yrs. last birthday) 94. FUNDER 14 FUNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 95. CITY, TOWN OR LOCATION OF DEATH 96. COL RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION CARNEY 107. TOWN OR LOCATION CARNEY	Specify: J. A. S. Time OF DEATH J. J. S. M BIRTHPLACE (State or Foreign Country) 10d. INSIDE CITY LIMITS? 10d. INSIDE CITY LIMITS? 11d. RACE — American Indian, Black, White, etc. Specify: White, etc.
TO BE COME	17. FATHER'S NAME (First, Middle, Last) WILLIAM R. HUNTER 16. MOTHER'S NAME (First, Middle, Meiden Sumame) LUCINDA R. C. 190. INSORMANT'S NAME (Type/Print) PECONDS 190. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, 2 AS ABOVE	BERTS
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a shock, or heart tailure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Approximata Interval Between Onset and Death
BY PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24e. WAS AN AUTOPS' PERFORMED? 1 YES 2 AND 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpetitat 2 ER/Outpetient 3 DOA 28. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 28c. PLACE OF INJURY - At home, farm, street, factory, office 28c. PLACE OF DEATH (Check only one) 28d. DESCRIBE HOW INJURY OF 28d. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OF 28d. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OF 28d. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OF 28d. INJURY AT WORK? 28d. PLACE OF INJURY - At home, farm, street, factory, office 28d. DESCRIBE HOW INJURY OF 76WN, Street and Number City or 76WN, Street and Numbe	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
TO BE COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as a source of the cause of the cau	



TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death 'certificate be executed within \textition for after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the builal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

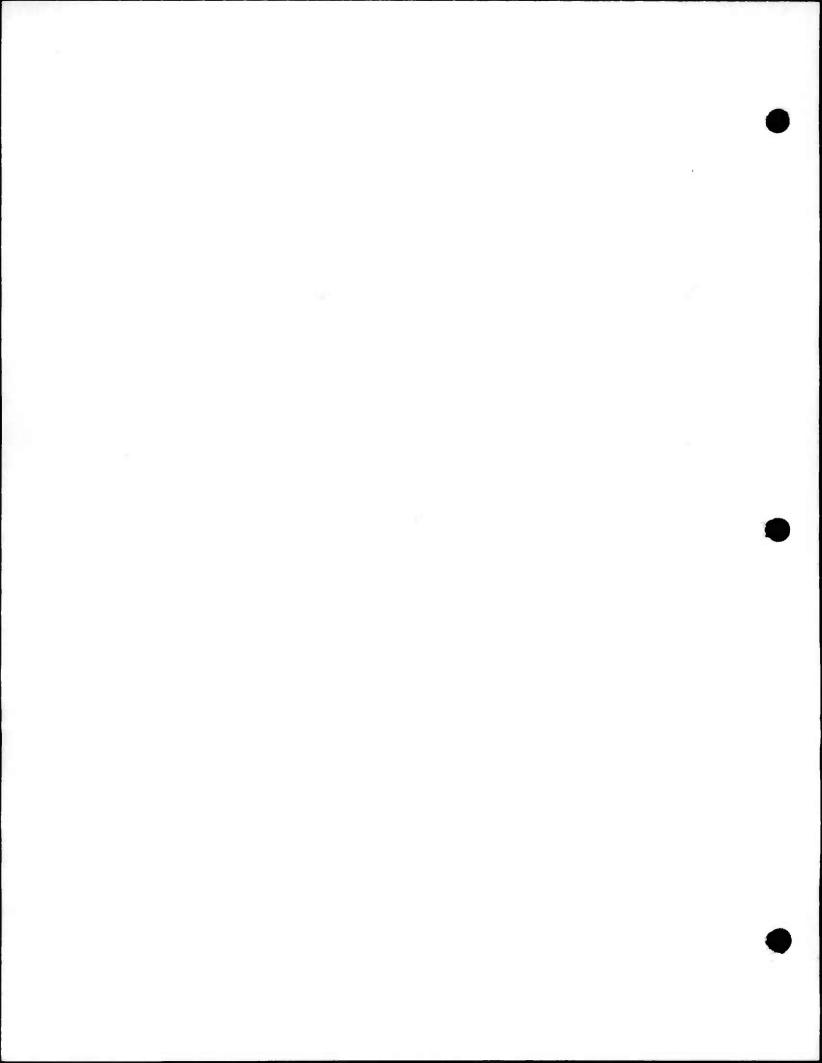
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

15.	1	
Г	V	í.
		J
	7	N

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SCHOOL SCHOOL STATES NAME (First, Action, March ART TEACHER ART TEACHER ART TEACHER SCHOOL ART TEACHER ART TEACHER SCHOOL ART TEACHER IN. MOTHER'S NAME (First, Action, March ART TEACHER ART TEACHER IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MOTHER'S NAME (First, Action, March IN. MARCH IN. MOTHER'S NAME (First, Action, March IN. MARCH IN. MOTH		REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	•	
2.14-40-5567 10 a 2 gK6 9 2 via mornia mor		1. DECEDENT'S NAME (First, Middle, Last)	HARRI	ET CHEW	PARKS	·	MONTH D		IR / 90
KESWICK BALTIMORE, CITY Sea MINESCRIPT Sea CITY			201				(Month, Day, Year)	C	ountry)
The state of the process of the state of the	1	9e. FACILITY NAME (If not institution, give stre	et end number)	-	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY C	OF DEATH
The state of the process of the state of the	TOR				BALT	IMORE, C	CITY		
The state of the process of the state of the				10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
The state of the process of the state of the	DIR						CITY		TXYES 2 □ NO
The state of the process of the state of the	IERAI	700 WEST 40th			10		.211		
SAMUEL A. PARKS SESSIE DUMPHY 196. MALLNO ADDRESS (Stored and Number of Parts Rush Marches City or Burn. Store. 20 Corn) 4209 CARDWELL AVE. BALTIMORE, MD. 21236 206. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) WILLIAM PARKS 206. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 207. STANDING OF PUMPHAL SERVICE LICENSES 208. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 209. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 21. STANDING OF PUMPHAL SERVICE LICENSES 22. PART I. Enter the disease-bury commications that caused the death of the Store of Parts Rush Marches Or Parts Rush Rush Marches Or Parts Rush Rush Marches Or Parts Rush Rush Rush Rush Rush Rush Rush Rus	B	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	city Cuban, Maxica	n, Puarto Rican, atc.)		Black, White, atc.
SAMUEL A. PARKS SESSIE DUMPHY 196. MALLNO ADDRESS (Stored and Number of Parts Rush Marches City or Burn. Store. 20 Corn) 4209 CARDWELL AVE. BALTIMORE, MD. 21236 206. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) WILLIAM PARKS 206. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 207. STANDING OF PUMPHAL SERVICE LICENSES 208. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 209. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 21. STANDING OF PUMPHAL SERVICE LICENSES 22. PART I. Enter the disease-bury commications that caused the death of the Store of Parts Rush Marches Or Parts Rush Rush Marches Or Parts Rush Rush Marches Or Parts Rush Rush Rush Rush Rush Rush Rush Rus	TED	15. DECEDENT'S EDUC/ (Specify only highest grade of	ATION ompleted)	(Give kind of wo	rk done during m	ON ost of working	18b. KIND OF BU	SINESS/INDUSTR	RY
SAMUEL A. PARKS SESSIE DUMPHY 196. MALLNO ADDRESS (Stored and Number of Parts Rush Marches City or Burn. Store. 20 Corn) 4209 CARDWELL AVE. BALTIMORE, MD. 21236 206. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) WILLIAM PARKS 206. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 207. STANDING OF PUMPHAL SERVICE LICENSES 208. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 209. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 21. STANDING OF PUMPHAL SERVICE LICENSES 22. PART I. Enter the disease-bury commications that caused the death of the Store of Parts Rush Marches Or Parts Rush Rush Marches Or Parts Rush Rush Marches Or Parts Rush Rush Rush Rush Rush Rush Rush Rus	PLE						SCHO	OOL	1
SAMUEL A. PARKS SESSIE DUMPHY 196. MALLNO ADDRESS (Stored and Number of Parts Rush Marches City or Burn. Store. 20 Corn) 4209 CARDWELL AVE. BALTIMORE, MD. 21236 206. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) WILLIAM PARKS 206. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 207. STANDING OF PUMPHAL SERVICE LICENSES 208. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 209. PLACE OF DEPOSITION (Name of commency or Parts Rush Marches City or Burn. Store. 20 Corn) 21. STANDING OF PUMPHAL SERVICE LICENSES 22. PART I. Enter the disease-bury commications that caused the death of the Store of Parts Rush Marches Or Parts Rush Rush Marches Or Parts Rush Rush Marches Or Parts Rush Rush Rush Rush Rush Rush Rush Rus	8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malder	Sumame)	
The mean of the part of the		SAMUEL A. PARKS	5			BESSIE	DUMPHY		
VILLIAM PARKS 14 209 CARDWELL AVE BALTMORE, MD. 21230 200, MERCO DEPOSITION (Name) of combine, commerce or other places) 201, MERCO DEPOSITION (Name) of combine, commerce or other places) 210, MERCO DEPOSITION (Name) of combine, commerce or other places) 220, MERCO DEPOSITION (Name) of combine, commerce or other places) 230, PARCO DEPOSITION (Name) of combine, commerce or other places) 231, SIGNATURE OF QUERRAL SERVICE LICENSES 232, NAME and Adorders of Fraction 4 (Specific Ave Ave Ave Ave Ave Ave Ave Ave Ave Ave				196, MAILING A	DDRESS (Street	and Number or Rural I	Route Number, City or Tox	wn, State, Zip Cod	(e)
200. METHOD OF DISPOSITION 10 Buries 2 C remetato 3 Removal from State 11 Donation 5 Donation 5 Donation 5 Donate (Specify) 21 SIGNATURE OF PURPEAL SERVICE LUCINSS 22 NAME AND ADDRESS OF FACILITY 4 90 5 YORK ROAD 21212 4 HENRY W. JENKINS AND SONS.BALTO, MD. 23 PART I. Enter the diseases or combilications that caused the death Juno not enter the mode of dying, such as cardiac or respiratory screet. 4 DONATE CAUSE (Final Address or combilications that caused the death Juno not enter the mode of dying, such as cardiac or respiratory screet. 4 HENRY W. JENKINS AND SONS.BALTO, MD. 4 HENRY W. JENKINS AND SONS.BALTO, MD. 5 Sequentially list conditions, resulting in death) 5 DUE TO (OR AS A CONSEQUENCE OF): 6 DUE TO (OR AS A CONSEQUENCE OF): 6 DUE TO (OR AS A CONSEQUENCE OF): 7 DUE TO (OR AS A CONSEQUENCE OF): 8 DUE TO (OR AS A CONSEQUENCE OF): 9 DUE TO (OR AS A CONSEQUENCE OF): 9 DUE TO (OR AS A CONSEQUENCE OF): 9 DUE TO (OR AS A CONSEQUENCE OF): 9 DUE TO (OR AS A CONSEQUENCE OF): 9 DUE TO (OR AS A CONSEQUENCE OF): 9 DUE TO (OR AS A CONSEQUENCE OF): 9 DUE TO (OR AS A CONSEQUENCE OF): 9 DUE TO (OR AS A CONSEQUENCE OF): 10 DUE TO (OR AS A CONSEQUENCE OF): 11 YES 7 NO 12 SENDANCE OF DEATH (Direct only only) 12 SENDANCE OF DEATH (Direct only only) 12 SENDANCE OF DEATH (Direct only only) 12 SENDANCE OF DEATH (Direct only only) 13 SIGNATURE OF DEATH (DIRECT ONLY ONLY ONLY ONLY ONLY ONLY ONLY ONLY	F	WILLIAM PARKS		4209	CARDWE	ELL AVE.	BALTIMO	ORE, MD	. 21236
PROSPECT HILL CEMETERY TOWSON, MD. 21204	1			Ob. PLACE OF DISPOSE					
22. NAME AND ADDRESS OF FACILITY 4 905 YORK ROAD 21212 HENRY W. JENKINS AND SONS.BALTO, MD.					HILL	CEMETER	RY TO	WSON, M	D. 21204
23. PART I. Enter the diseaseshor combilections that caused the death Do not anter the mode of dying, such as cardiac or respiretory arrest, above, or heart failural. List only one cause on each line. Approximate interval Between Onset and Death death Do not anter the mode of dying, such as cardiac or respiretory arrest, interval Between Onset and Death death Dut To Cause City of the		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEP L				GILITY 4905	YORK R	OAD 21212
AND TO FEATH II. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions contributing to death but not resulting in the underlying cause given in Part I. Other aigniticant conditions and the underlying cause given in Part I. Other aigniticant conditions and the underlying cause given in Part I. Other aigniticant conditions and the underlying cause given in Part I. Other aigniticant conditions and the underlying cause given in Part I. Other aigniticant conditions and the underlying cause given in Part I. Other aigniticant condit	\rightarrow	22 PADT i Enter the diseases or or	1	MA VV					
Sequentially list conditions, if any, leading to immediate acuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DEPARTMENT OF DEATH (Check only one) AMILABLE PRIOR TO CONSEQUENCE OF OCCUPANT OF OCCUPANT OF OCCUPANT OF O		ahock, or haart tallure. L IMMEDIATE CAUSE (Finsi disease or condition	iat only one cause on	aach iina.					intarval Betwaen
PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death to counted in Part II. Part II. Other algoriticant conditions contributing to death to counted at the underlying cause given in Part II. Part II. Other conditions contributing to death occurred at the underlying cause given in Part II. Part II. Other conditions contributing to death occurred at the underlying cause given in Part II. Part II. Other conditions contributing to death occurred at the underlying cause given in Part II. Part II. Other conditions contributing to death occurred at the underlying cause given in Part II. Part II. Other conditions confidence of Other (Specify)	rification	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		A CONSEQUENCE OF)		ochemic	udaes	ks	
PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other algoriticant conditions contributing to death to counted in Part II. Part II. Other algoriticant conditions contributing to death to counted at the underlying cause given in Part II. Part II. Other conditions contributing to death occurred at the underlying cause given in Part II. Part II. Other conditions contributing to death occurred at the underlying cause given in Part II. Part II. Other conditions contributing to death occurred at the underlying cause given in Part II. Part II. Other conditions contributing to death occurred at the underlying cause given in Part II. Part II. Other conditions confidence of Other (Specify)		resulting in death) LAST							
25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 YES 2 NO 26. PLACE OF DEATH (Check only one) THER: 1 YES 2 NO 27. MANNER OF DEATH 1 Inputtant 2 ER/Outpatient 3 DOA THER: 1 YES 2 NO 28e. DATE OF INJURY 28h. TIME OF NJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT home, farm, street, fectory, office 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. PLACE OF INJURY AT WORK? 1 YES 2 NO 28e. DATE OF INJURY AT WORK? 29e. CERTIFIER (Check only one) 28e. SIGNATURE AND ITLE OF CENTRES OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29e. LICENSE NUMBER 29e. LICENSE NUMBER 29e. DATE SIONED (Month, Day, Year) 29e. DATE SIONED (Month, Day, Year) 29e. DATE SIONED (Month, Day, Year) 29e. DATE SIONED (Month, Day, Year) 29e. DATE SIONED (Month, Day, Year)	CAL C			but not resulting in	the underlyle	ng causa givan in	PEREC	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30b. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20c. LICENSE NUMBER 20c. LICENSE NUMER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER	Σ	Viral ga	stroenten	dij.				. (4) 110	
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30b. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20c. LICENSE NUMBER 20c. LICENSE NUMER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER	AN	25. WAS CINCE REFERRED TO MEDICAL T			20 1	ACE OF DEATH AC	eck nets one)		
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30b. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20c. LICENSE NUMBER 20c. LICENSE NUMER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER	2	EXAMINEN			OTHER:				
29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 29b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRE AND TITLE OF CERTIFIER 30b. SIGNADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30b. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20c. LICENSE NUMBER 20c. LICENSE NUMER 20c. LICENSE NUMBER 20c. LICENSE NUMBER 20c. LICENSE NUMBER	3HYS	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b, TIME	OF 28c. IN	JURY AT		INJURY OCCURE	ED
29a. CERTIFIER Check only one) 29a. CERTIFIER Check only one) 29a. CERTIFIER Check only one) 2 denotal examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Dey, Vear) 21 DEBLES WIPP. Print) 200. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 200. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 200. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ВУ	2 Accident Investigation			M 1 🗆	YES 2 NO	and a control of		
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIONED (Morith, Day, Year) 297. DATE SIONED (Morith, Day, Year) 298. DATE SIONED (Morith, Day, Year) 298. DATE SIONED (Morith, Day, Year) 299. DATE SIONED (Morith, Day, Year) 299. DATE SIONED (Morith, Day, Year) 299. DATE SIONED (Morith, Day, Year)	TED		building, atc. (S	pecify)	reet, rectory, on	ca			lural Houte Number,
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DATE SIONED (Morith, Day, Year) 297. DATE SIONED (Morith, Day, Year) 298. DATE SIONED (Morith, Day, Year) 298. DATE SIONED (Morith, Day, Year) 299. DATE SIONED (Morith, Day, Year) 299. DATE SIONED (Morith, Day, Year) 299. DATE SIONED (Morith, Day, Year)	OMPLE	(Check only							use(a) and manner as stated.
P. SIL HAME AND ACCOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TOSTALL FROM THE COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TOSTALL FROM THE COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TOSTALL FROM THE COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TOSTALL FROM THE COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	- 1	296. SIGNATIONE AND FITLE OF CENTURISM	11		-	29c. LICENSE NU	MBER	29d. DATE SI	DNED (Month, Day, Year)
Loseful ZEBLES UND 700E 40K Freet Balto ZIZII	0	10000	1 muy			1777	334	1 21	1/1/9/
31. DATE FILED (MONTH, Dev. 1897) 1991 32/AFGISTRAM'S SIGNATURE	2.	30. HAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	005	Laket	1. 1.	1431-1
		31. DATE FILED (MONT), 201, 1031/1991	32 AEGISTRAN'S	GHATURE SON-Mande DO	, (306	ev we	170	112 D 6721



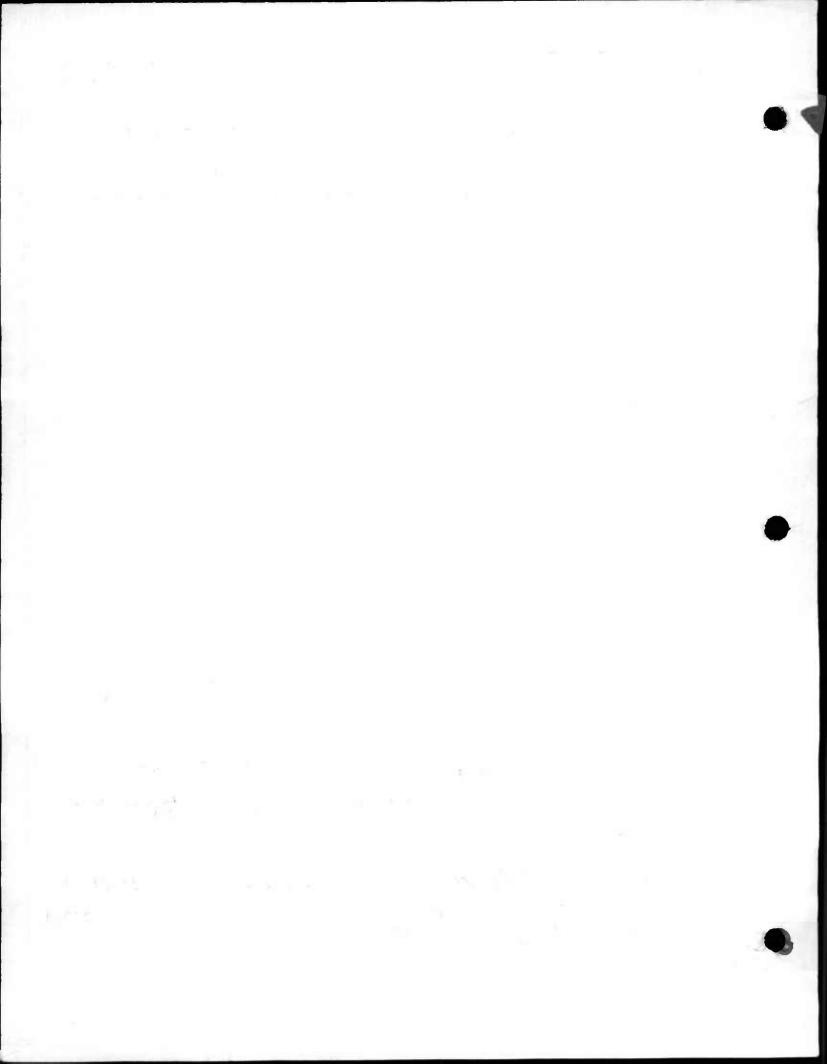
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE reb REGISTRAR	:23par	STATE OF	8a,b,c,d MARYLAND/ CI	l,e,f Depar Ertif	perl RTMENT	MEO (G-68: IEALTH	2 12, AND N	/9/9 Menta	1 L HYGIEN	9 E	3	198	3
	1. DECEDENT'S NAME (First	, Middle, Last)						O LA		2. DATE	OF DEATH			3. TIME OF C	EATH
	MARVIN		JERF	OI.D		D	ERE	Т		MONT 1 1			YEAR	4:00	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER	24 HRS		OF BIRTH	- 13		HPLACE (State of	p M
	216-46-283		XX M 2 D F	43	YRS.	MONTHS	DAYS	ночяа	MIN.	2/	171948		Court	ARYLAN	D
œ	9e. FACILITY NAME (If not in					9b. CITY	BAYTY	IMOR	ON OF DE	ATH		9c. COU	NTY OF D	DEATH	
DIRECTOR	6636 EBE	RLE D	RIVE #3	301								В	alti	more	
RE	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	PI LOCAT	ION						10d. INSIDE (YTK
	MARYLAND 100. STREET AND NUMBER	Balti	imore					TIMO						1 XYES 2	
FUNERAL	6636 EBERLI	E DR.,	APT. 30	1			101.	. ZIP CODI		1215		10g. CIT	USA	WHAT COUNTR	Y?
3	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AF	MED	13. 1	WAS DEC	ENDENT O	E HISPAN	IC OBIGIN	1? (Specify Yes	or No I	14 DAC	E — American I	mella -
BY	1 Never Merried 2 3 Wildowed 4 Divo		FORCES?	YES 2 X	40	1	t yes, spe	2 X NO	n, Mexicen	, Puarto I	Ricen, etc.)		Speci	k, White, etc.	
E	15. DEC	EDENT'S EDUC	CATION Completed)	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N N		16b	. KIND OF BUS	INESS/IND	USTRY		
9	Elamentary/Secondary (0		College (1-4 or 5	+i life.	. Do NOT u									000	
COMPLET	17. FATHER'S NAME (First, M.	(ddla Leet)	4	H	IEALT	HCARI	E FI				U.S.		RNME	NT	
BE CC	FRED I	PEREL						18. MOTH		ME (First, 1 ETHE	Middle, Maiden	Surname) LVER			
2	18s. INFORMANT'S NAME (7)										ber, City or Town				
-	MR. FRED PI								K DR	., A)., MD	21215
	1 XBurial 2 □ Crematio 4 □ Donation 5 □ Other	er 3 🖵 Remo	oval from State	206. PLACE /				ma of	11/	21/9		AT OT		own, State	
	21. SIGNATURE OF FUNCTION		NISEE	IIDDIX	3/1 10			D ADDRES					PORE	עורו זיו	
	1 day	1	Ken								ROS.,			31	
- 4	(/m)	///	1	nen										MD 212	15
	23. PART I. Enter the di ahpck, pr he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	ai	List only one cau	ise on each line					ng, auch	aa card	flac or reapir	atory arr	reat,		imate Between and Death
				(OR AS A CONSEC										1	
CERTIFICATION	Sequentially list condition if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAST	diate NG ry		(OR AS A CONSEC											
E		-													
PHYSICIAN: MEDICAL	PART II. Other algnificat	nt conditions	contributing to	death but not r	esulting	in the un	derlying	cause g	iven in F	Part I.	PERFORI	WED?	24b.	WERE AUTOPS AVAILABLE PRI COMPLETION O OF DEATH?	OR TO
Ž	25. WAS CASE REFERRED TO	MEDICAL					26. PL/	ACE OF DE	ATH (Chec	ck only on	e)				
Sic	EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpetient 3	□ DOA	OTHER	:	5X Res							
ξ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	JRY AT			CRIBE HOW IN	JURY OCC	URED		
ВУР		Pending nvestigation	(Month, D.	7 /9/		PM	1 Y		NO	0.1	MACHINE C	V 4 -	-		l
	a in substance	Could not be	28e. PLACE O		go, façm, s	treet, facto	ry, office			281, LOC	ATION (Street ar	IGEST of Number	or Burni B	oute Number, D	
		detarmined	foun	etc. (Specify)		home				#4 /	Town, State)	663	6 E 6	erle D	
COMPLETED	29e. CERTIFIER (Check only one)	FYING PHYSIC	IAN: To the best of	my knowledge, de	ath occurre	nd at the tir	ne, date o	and place,	end due t	o the cau	se(s) and menr	ner as atate	ed.) and manner	
E C	29b. SIGNATURE AND TITLE								NSE NUME		7				
0	Klean	1	1) 11.	to	1							.		(Month, Day, Ye.	
일	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITER	27) (Type,	Print)		0.0	. M . 1	<u>.</u>			1/2	0/199	
				11	1 PE	NN 9	STRE	TET	RΔ1	i TTN	AODE	МАР	VT A	ND 21	201
	31. DATE FILEDNIOV2	2' 1991	32. REGISTRA	S SIGNATURE	andell	<u> </u>	LICI	1 11 1	DA	n T T I	TORE,	MAK	ІЦА	ND ZI	201



TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 fours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bullat-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. Pages 1, 2, 3 should

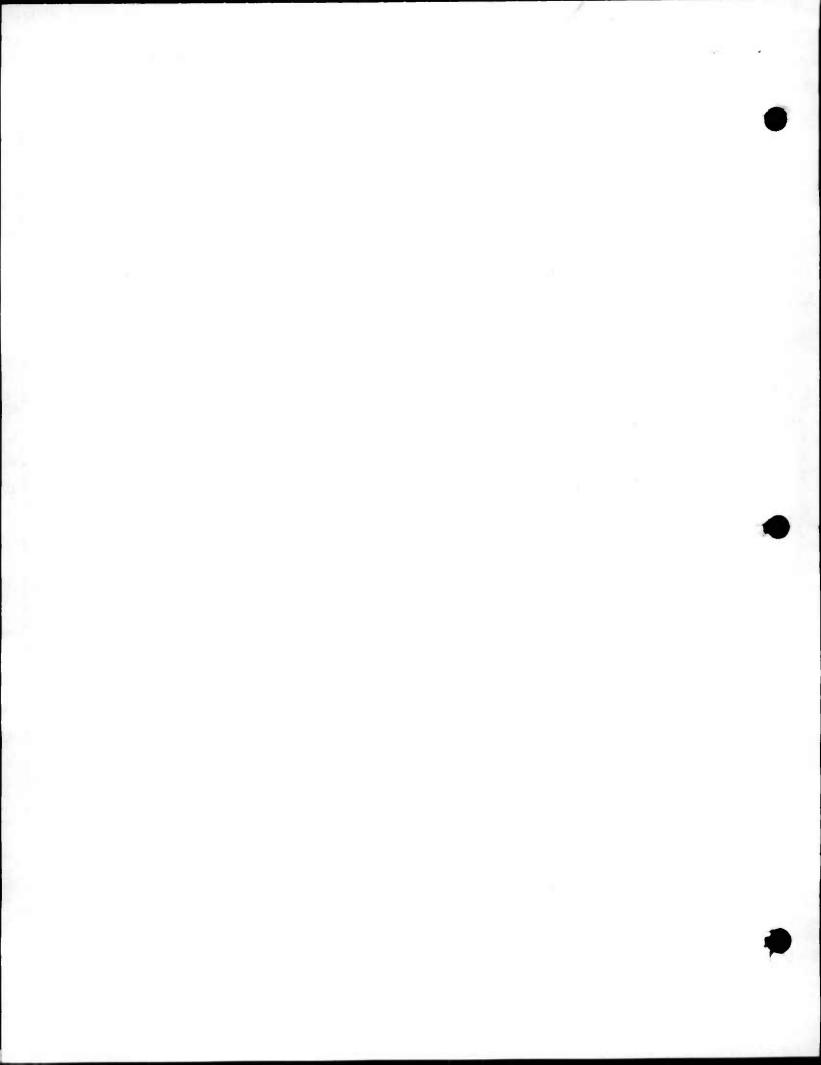
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGIST

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAN				CERTIF	TUA	IE OF	DEATH		REG. NO).		
1. DECEDENT'S NAME (First) NELL		BLY		OUEEN				MONT		AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		5. SEX	E AGE (In u	rs. lest birthday)				11		19	91	7:00₩
22/ 72 2/20		1 M 2 K F			MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH		8. BIRTH	PLACE (State or Foreign
234-72-3430			87	YRS.				9-2	6-04		WEST	VIRGINIA
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. C	ITY, TOWN	OR LOCATION OF I	DEATN		9c. COU	NTY OF DE	
1621 LORIM	ER RD.				GI	EN BI	URNIE			ANN	JE AR	UNDEL
RESIDENCE OF DEC										22141	IL MI	ONDEL
	10b. COUNT					N OR LOCA						10d. INSIDE CITY LIMITS?
MARYLAND	ANNE	ARUNDEL		G	LEN	BUR	NIE				- 1	1 YES 2 NO
10e. STREET AND NUMBER						10	f. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?
1621 LORIM	ER RD.						21061			II.S	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.	S. ARMED	1	3. WAS DEC	ENDENT OF HISPA	ANIC ORIGIN	? (Specify Yes			- American Indian.
1 Never Married 2		FORCES? 1 IF YES, GIVE V				If yes, sp	ecify Cuban, Maxic	an. Puatto F	lican, etc.)		Black,	, White, etc.
3 Widowed 4 Divo	rced	J. 124, 41, 2				I L TES	2 ZX NO Spec	ny:			Specif	
	EDENT'S EDU		16	. DECEDENT'S	USUAL	OCCUPATION	ON	16b.	KIND OF BU	SINESS/IND	DUSTRY	WHITE
Elementary/Secondary (0		College (1-4 or 5)	(Give kind of a life. Do NOT us	work dor se retired	ne during mo d.)	ost of working					
8th		0	' I	HOMEMAK	FR				OWN HO	OME.		
17, FATHER'S NAME (First, M.	iddle, Last)			TOTAL	DIC		18. MOTHER'S N					
CHARLES BRA	DV									Sumame)		
19a. INFORMANT'S NAME (T				Electric constitution	1,155.4		RACHE			-		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						and Number or Rural					
OWEN T. QUE							R RD. GL	EN BU	RNIE,	MD 2	1061	
20a. METHOD OF DISPOSITI	n 3 🗆 Reme	oval from State	20b. PL	ACE AND DATE (OF DISP	OSITION (NE	eme of	DATE	20c. LO	CATION -	City or Tow	vn, Stata
4 Donation 5 Other			MT.	VERNOI	N CI	EMETE	RY		PHI	LIPP	I.WES	T VIRGINIA
21. SIGNATURE OF FONERA	L SERVICE LIC	ENSEE	1		2		ND ADDRESS OF F					
D LAT	1/2/00	1 Cum	la	and the second			SLETON F					
22 2427/1 544/4 4	V And					1 SE	ECOND AV	E. S.	W. GLI	EN BU	RNIE	, MD 21061
23. PART I. Enter the di	seases, Dr c art failure. I	omplications that List only one cau	t causad the	a daath. Do n	ot ant	er tha mo	da of dying, su	ch as card	lac or respi	retory sn	rest,	Approximate
IMMEDIATE CAUSE (Fin												Onset and Dasth
disease or condition resulting in death)	+		(orl)	0/-	CUZ	teso-	=					
		DUE TO	(OR AS A CO	NSEQUENCE OF	F):							
			predia	2	arr	Ahr	e wa t fail					j
Sequantially list conditi- if any, leading to immed		DUE TO	OR AS A CO	NSEQUENCE OF	F): /	<i> </i> · · · · · · · · · · · · · · · · · · ·						
cause. Entar UNDERLY	NG	(guges	Arus	V	Hear	1 feil	uno				į
CAUSE (Disease or injuited events	, L	DUE TO	OR AS A COL	NSEQUENCE OF): '	()						
resulting in death) LAST	ī l											İ
		•										
PART II. Other signification	nt condition	contributing to	daath but n	ot resulting i	n tha	underlying	cause given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_	1 YES 2	□ NO		OF DEATH?
								-				1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL											
EXAMINER?	MEDICAL	HOSPITAL:			ОТНЕ		ACE OF DEATH (C)	neck only one)			
1 YES 2 NO		1 Inputient 2 I	ER/Outpatien	H 3 DOA			e 5 🗆 Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, Da	INJURY ty, Year)	28b. TIME	E OF URY	28c. INJ	URY AT RK?	28d. DES	CRIBE NOW IF	NURY OCC	URED	
	Pending restigation		. ,		М		ES 2 NO					
3 Sulcida	Could not be	28e. PLACE OF	HUNURY A	t home, farm, s	treet, fa	ctory, office		28f. LOCA	TION (Street a	nd Number	or Rural Ro	ute Number
	etermined	bunding,	wie. (Specify)					City o	r Town, State)			
29a. CERTIFIER	EVINO BUNGI											
(Check only One)	AL EVAMINE	TAN: To the best of	my knowledge	, death occurre	d at the	time, data	and place, and due	to the caus	e(a) and man	ner as state	ad.	
		: On the basis of ax	emination and	l/or investigation	n, In my	opinion, de	eath occured at the	time, data	and placa, and	d dus to the	a cause(a)	and manner as stated.
296. SIGNATURE AND TITLE							29c, LICENSE NUI	MBER		29d. DATE	SIGNED (Month, Day, Year)
UV-W	ung	ulli					1)2970	48		> 1	1/19/	9,
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type.	Print)						1 -[L
A. MANE	SWAL	4, MD	13	07 0	CRA	nn	Hung	. G	LENI	sure	18	mg 21061
NOV	221		TS SIGNATUR									



N. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	rificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	nation, or removal.	, the medical examiner must be notifled at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifin	60 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygien	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH		3. TIME OF DEATH
HELEN RAW	пс				MONTH 1 1	20 1991	YEAR	6:15 P M
4. SOCIAL SECURITY NUMBER		AGE (In vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			HPLACE (State or Foreign
090-36-0582	1 M 2 VF		-	HOURS MIN.	(Month, D	lay, Year)	Coun	try)
	- A	- 0						York
9e. FACILITY NAME (If not institution, give a	reet end number)	1	9b. CITY, TOWN OF	LOCATION OF DE	ATH	9c. CO	UNTY OF	DEATH
THE JOHNS HOPKIN	S HOSPITAL		BALTIM	ORE		B	ALTI	MORE CITY
RESIDENCE OF DECEDENT							TILL I L.	HORE OIII
10e. STATE 10b. COUNTY	'	10c. CITY,	TOWN OR LOCATE	ON				10d. INSIDE CITY
Md.			Baltime	ore				1 X YES 2 NO
10e. STREET AND NUMBER				ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?
5936 St. Regis	PΑ			21206				
11. MARITAL STATUS	12. WAS DECEDENT EV	ED BUILD ADMED		21206			USA	
1 Never Married 2 Married	FORCES? 1	YES 2- NO	If yes, spe	ify Cuben, Mexicen	, Puerlo Rice	Specify Yee or No-	14, RAC Blac	E — Americen Indian, ok, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 TYES	NO Specify.			Spec	Black
	<u> </u>		1				<u> </u>	Didex
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S U. (Give kind of wo	SUAL OCCUPATION ork done during most retired.)	of working	16b, KI	ND OF BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)					
12		Beauti	cian		l c	osmetol	oav	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM		die, Maiden Sumame		
Rufus Maberr	·v			D	11+h 1	Dove 1		
19a. INFORMANT'S NAME (Type/Print)	· <u>J</u>	10h MAU INC A	DDBESS (Street or			Royal City or Town, State, 2		
Tyrone Rawls		15936	St. Rec	is Rd.	Bal	to., Md		
209 METHOD OF DISPOSITION 1	oval from Stata	20b. PLACE AND DATE OF		e of	DATE	20c. LOCATION -	- City or T	own, State
4 Donetion 5 Other (Specify)		Mt. Zio	n			Caton	svil	le,Maryla
21. SIGNATURE OF FUNERAL SERVICELIC	ENTEE		22. NAME AND	ADDRESS OF FAC	PILITY			-
1	1 X							ones F.H.
23. PART I. Enter the disesses, Dr	C //0	W-3-	4611 E	ark He	ights	s Ave.	Balt	o., Md.15
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUÉ TO (OR	AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:						20day 7monts
	d							
PART II. Other significant condition	s contributing to dea	th but not resulting in	the underlying	cause given in l	Part I. 24	Ie. WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
						PERFORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
					— i'	YES 2 NO		OF DEATH?
					_			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T		CE OF DEATH (Che	ick only one)			
1 TYES 2 NO	1 Inpatient 2 □ ER		OTHER: Nursing Home	5 - Reeldence	6 Other (S	Specify)		
27. MANNER OF DEATH	28a. DATE OF INJU	JRY 28b. TIME	OF 28c. INJU	RY AT		IBE HOW INJURY O	CCURED	
1 Natural 5 Pending	(Month, Day, Y	ear) INJUI	100	K? S 2 NO				
Accident Investigation	280 DI ACE OF IN	IIImy As home seem sto						
3 Suicide 6 Could not be 4 Homicide determined	building, etc.	JURY — At home, term, str (Specify)	reat, rectory, offica		City or 1	ON (Street and Numb Fown, Stete)	per or Rural	Route Number,
Geterning.								
29e. CERTIFIER (Check only	CIAN: To the best of my	knowledge, death occurred	at the time, date a	nd place, and due	to the cause	(e) end menner se s	tated.	
		nation and/or investigation,						(a) and manner on state 4
- Lucian de la companya de la compan			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Jake all			
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER	29d. D	ATE SIGNE	D (Month, Day, Year)
la + un	MIT						11/	20191
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, F	Print)		P.I		. /	
14/80 Cas Flo		Tole	1 Han	himan	11	nite 6	1	
31. DATE FILED MARINE DE TOO	1/ 32. 96 (18 70 40)	SIGNATURE TO	1101	rune	1/20	THE X	-	
NUV22 199	32. HEGILTHAN	Hason Randell						
4	0	•						

		•

notified at

	,
_	
_	
0	
\approx	
260	
BOX 68760	
∞	
9	
\times	
0	
\sim	
$\mathbf{\omega}$	
$\dot{\circ}$	•
\circ	
P.0	
ш	
m	
~	
OC.	
=	
0	
RECORDS,	
9	
ш	
C	
-1	
=	1
4	
-	1
_	
>	:
	i
ц,	- 1
\circ	- 3
$\mathbf{\circ}$	3
7	
~	- 5
0	1
\simeq	
CO	í
~	Ì
<u></u>	1
DIVISION OF VITAL F	ı
$\overline{}$	3
	1
	1
	5
	ì

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

	1 - FOR REGISTRAR	STATE OF MARY	LAND / DEPA CERTI	RTMENT OF	HEALTH AND	MENTAL HYGIEN		0120	, 0		
	1. DECEDENT'S NAME (First Middle, Lest)	SHIRLEY M				2. DATE OF DEATH		YEAR 15	38 M		
		□ M 2/X F	(In yrs. last birthday	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-17-193		MARYLA	(State or Foreign		
CTOR	FRANCIS SCOTT KEY RESIDENCE OF DECEDENT		NTER		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY						
_ DIRECTOR		LTIMORE	10c. C	ITY, TOWN OR LOCA	UNDALK		Li	ISIDE CITY IMITS? YES XX NO			
FUNERAL	100. STREET AND NUMBER 2931 CORNWALL ROAD 11. MARITAL STATUS					222	10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S 2X NO Speci	ANIC ORIGIN? (Specify Yes an, Puarto Rican, etc.) illy:	or No-	or No— 14. RACE — American Indian, Black, Whita, atc. Specity: WHITE				
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	s usual occupat I work done during m use retired.)	ION ost of working		SINESS/INDUSTRY						
COM	12TH GRADE N 17. FATHER'S NAME (First, Middle, Last) ALBERT T. McCADDEN	AME (First, Middle, Malden	POPS TAVERN (First, Middle, Maiden Surname) RRISON								
TO BE	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOHN RYAN 702 GREGWOOD COURT BALTIMORE, MARYLAND 2122								21222		
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or Town, State Company Comp										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY PUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222										
	23. PART I. Enter the dispuses, or com- shock, or heart refure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one cause on a	ecn line.	not enter the me	ode of dyling, suc	CANCE	ratory erres	st, A	pproximate nterval Betwee Inset and Deat		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING									
ERTIFI	that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):							
AL.	PART II. Other eignificant conditions conditions	ontributing to death b	out not resulting	in the underlyin	g ceuse given in	Pert I. 24a. WAS AN PERFOR 1 YES 2	MED?	AVAILAB COMPLE DF DEAT	UTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? ES 2 NO		
PHYSICIAN: MEDIC	EXAMINER?	FRANCIS SC OSPITAL: Inputlant 2 = ER/Outs		OTHER:	LACE OF DEATH (Ch						
ву рну	1 Pinpetlant 2 ER/Outpetlant 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED										

PART	H.	Other	eignificant	conditions	contributing	to death	but not	reculting	in the	underlying	ceuse	given	in Pert I
_						_							

3 Sulcida

4 Homicide 29a. CERTIFIER

TO BE COMPLETED

5 Pending Investigation 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 6 Could not be detarmined

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my of

29c. LICENSE NUMBER MD

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type.

N. EGBEWAT

FRANCIS

SCOTT MEDICAL CENTER

AGBOR N.
31. DATE FILED (MORTH, Day, YBA*)
NOV 2 2 1991

32. ALGISTRAR'S SIGNATURE Julia Davidson-Randelle

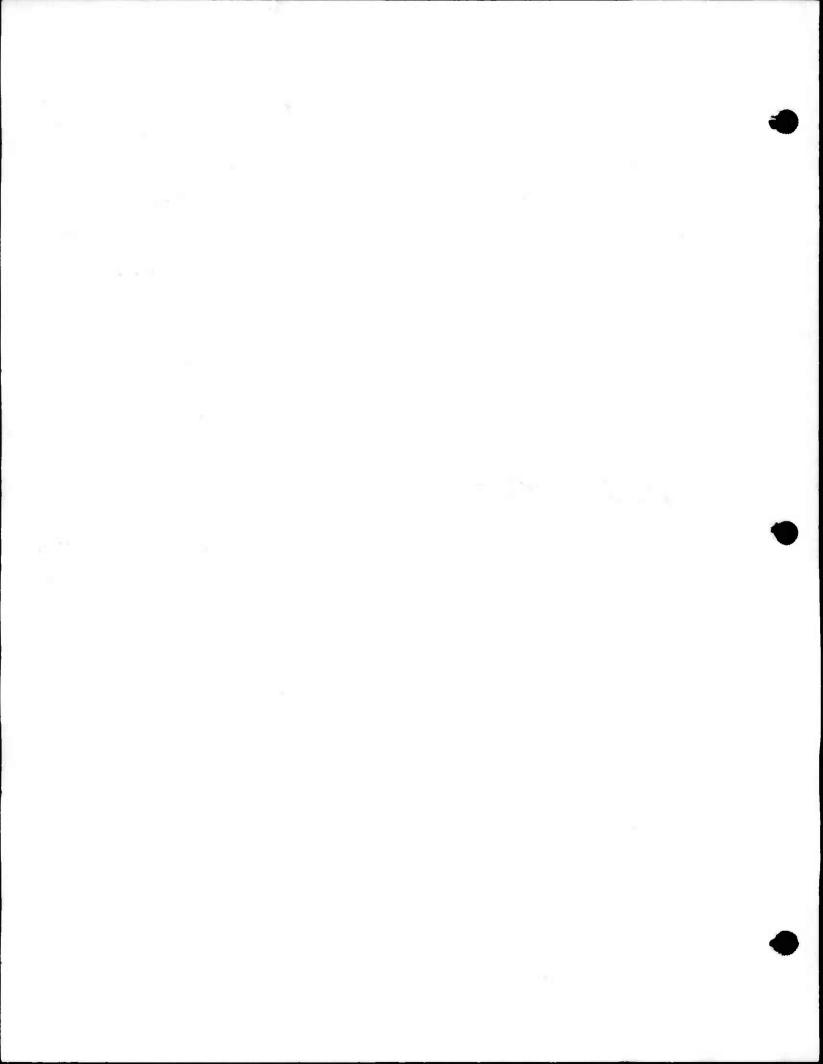
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

100	III.	4 1	1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 2 medius after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending power of the contraction of the power of	be filed within 72 hours after death with the State Uept, or relating and mental hygerie prior to bounds, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)					DATE OF DEATH	YE.	AR 3. TIME OF DEATH		
- 1	ANNA M.	RUDOLPH		11 20 9/11:20						
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In y	//			DATE OF BIRTH (Month, Day, Year)		OIRTHPLACE (State or Foreign country)		
	214-74-4923	M 2 X F 9.	4 YRS. MON	THS DAYS F	HOURS MIN.	lay 2, 189		Maryland		
	9a. FACILITY NAME (If not institution, give street and			CITY, TOWN OR	LOCATION OF DEATH		9c. COUNTY			
Œ	Meridian Nursing Cen	ton-Consic	a Hill	Conti	reville		Ougai	1 Anne		
K	RESIDENCE OF DECEDENT	xer consid	a mary	CEILU	revice		<u> 2aeer</u>	i Anne		
Ä	10a. STATE 10b. COUNTY			WN OR LOCATIO				10d. INSIDE CITY LIMITS?		
5	Maryland Queen A	nne	Steve	ensville	2			1 - YES 2 (X) NO		
7	10e. STREET AND NUMBER			101. Z	IP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
ER/	103 Queen Anne Rd.				21666		S.A.			
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WA	AS DECEDENT EVER IN U.					RACE — American Indian.			
	I Never Married 2 Married IF	PRCES? 1 TYPES 2 YES, GIVE WAR OR DATE:				vario Rican, alc.)		Black, Whife, atc. Specify:		
B	3 Wildowed 4 Divorced							White		
	15. DECEDENT'S EDUCATION (Specify only highest grade complete		a. DECEDENT'S USU (Give kind of work			16b. KIND OF BUS	INESS/INDUST	RY		
<u> </u>		ge (1-4 or 5+)	life. Do NOT use ret	ired.)	or working					
린		1	Homemaker	L		Own Hon	1e			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	•			16. MOTHER'S NAME	(First, Middle, Maiden	Sumame)			
BE C	Martin Lang				Hannah	Rediger				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street and		e Number, City or Town	, State, Zip Cod	le)		
2	Evelyn Bruff		103 Que	en Anne	2. Rd S.	tevensvil	lo. N	ID 21666		
	20a. METHOD OF DISPOSITION	20b. PI	LACE OF DISPOSITIO					or Town, Slata		
	1 5 Burial 2 Cremation 3 Ramoval fro 4 Donation 5 Other (Specify)		rkwood C	omotonu		R	altima	re MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AND	ADDRESS OF FACILI	TY				
	> /V. U. (-	101 1		ROBERT	C. ALTEN	BURG FUNE	RAL HO	ME, INC.		
- 1	m'skenje (unes		6009 Ha	unford Rd	. Ralti	mare,	MD 21214		
	23. Part L Entar tha diseases or complic shock, or heart failure. List on	cations that caused y nly one ceuse on aach	ha daath. Do not a n Ilna,	entar tha mode	a of dying, auch a	s cardiac or respi	ratory arrest.	Approximate Interval Between		
	IMMEDIATE CAUSE (Final									
	disease or condition resulting in death)	Care	Lova	alla	1 Ac	ceder	K	Sagn		
	DUE TO JOR AS A CONSEQUENCE OF):									
Z	Converted to the conditions of the A.S.C. V. D.									
CERTIFICATION	Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
2	ceuse. Enter UNDERLYING CAUSE (Disease or Injury									
쁜	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):							
ER	d									
	PART II. Other significant conditions cont	ributing to death but	not resulting in ti	ha underlying	cause givan in Pa	rt I. 24e. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS		
MEDICAL					3	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
Ä.						_ 1 🗆 YES 2	NO	OF DEATH?		
Σ						-		1 TYES 2 NO		
ž										
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS	SPITAL:	0	26. PLA THER:	CE OF DEATH (Check	only one)				
S		npatient 2 - ER/Outpation	ent 3 🗆 DOA 4	Nursing Home	5 Residence 8 [Other (Specify)				
	1 YES 2 NO 1 I		28b. TIME OF 28c. INJURY AT			8d. DEŞCRIBE HOW II	NJURY OCCUR	ED		
H	1 YES 2 NO 1 I/2 27. MANNER OF DEATH 2	(Month, Day, Year)	INJURY	M 1 YES 2 NO						
3Y PHYSICIAN	1 YES 2 NO 1 I I I 27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 TYE	S 2 NO					
B	1 YES 2 NO 1		At home, farm, stree	M 1 TYE		8f. LOCATION (Street a City or Town, State)	nd Number or I	Runsi Route Number,		
B	1 YES 2 NO 1 I II 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY —	At home, farm, stree	M 1 TYE		8f. LOCATION (Street a City or Town, State)	nd Number or I	Rural Route Number,		
B	1 YES 2 NO 1 I II 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined 2 Homicide CERTIFIER	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stree	M 1 TYE	29	City or Town, State)		Rurel Aoute Number,		
B	1 VES 2 NO 1 I IN 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) Fo the best of my knowled	At home, farm, stree	M 1 YE	nd place, and due to	City or Town, State) the cause(e) end mer	ner ee stated.	Rursi Route Number,		
COMPLETED BY	1 VES 2 NO 1 I IN 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) Fo the best of my knowled	At home, farm, stree	M 1 YE It, factory, offica It the time, date a n my opinion, dec	nd place, and due to ath occured at the time	City or Town, State) the cause(e) end mer	mer ee stated. d dua to the c	suse(s) and manner as stated.		
B	1 YES 2 NO 1 I IN 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On to	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) Fo the best of my knowled	At home, farm, stree	M 1 YE It, factory, offica It the time, date a n my opinion, dec	nd place, and due to	City or Town, State) the cause(e) end mer	mer ee stated. d dua to the c			
BE COMPLETED BY	1 YES 2 NO 1 I IN 27. MANNER OF DEATH 1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On till 28b. SIGNATURE AND TITLE OF CERTIFIER	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) fo the best of my knowled the basic of axamination a	At home, farm, street ge, daeth occurred a nd/or investigation, in	M 1 YEst, factory, office	nd place, and due to ath occured at the time	City or Town, State) the cause(e) end mer	mer ee stated. d dua to the c	suse(s) and manner as stated.		
COMPLETED BY	1 YES 2 NO 1 I IN 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On to	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) fo the best of my knowled the basic of axamination a	At home, farm, street ge, daeth occurred a nd/or investigation, in	M 1 YEst, factory, office	nd place, and due to ath occured at the time	City or Town, State) the cause(e) end mer	mer ee stated. d dua to the c	suse(s) and manner as stated.		
BE COMPLETED BY	1 YES 2 NO 1 I IN 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PENSON WHO COMME	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) fo the best of my knowled the basic of axamination a	At home, farm, street ge, death occurred a nd/or investigation, in	M 1 YEst, factory, office	nd place, and due to ath occured at the time	City or Town, State) the cause(e) end mer	mer ee stated. d dua to the c	suse(s) and manner as stated.		
BE COMPLETED BY	1 YES 2 NO 1 I IN 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the determined 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMMITTED TO STATE OF THE DESCRIPTION OF THE DESC	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) fo the best of my knowled the basic of axamination a	At home, farm, street ge, death occurred a nd/or investigation, in	M 1 YEst, factory, office	nd place, and due to ath occured at the time	City or Town, State) the cause(e) end mer	mer ee stated. d dua to the c	suse(s) and manner as stated.		
BE COMPLETED BY	1 YES 2 NO 1 I IN 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PENSON WHO COMME	(Month, Day, Year) 28e. PLACE OF INJURY — building, atc. (Specify) fo the best of my knowled the basic of axamination a	At home, farm, street ge, death occurred a nd/or investigation, in	M 1 YEst, factory, office	nd place, and due to ath occured at the time	City or Town, State) the cause(e) end mer	mer ee stated. d dua to the c	ause(s) and manner as stated.		



-	
13146,	
BOX	
<u>о</u> .	
RECORDS,	
: VITAL	
ON OF	
NOISIAIC	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 31988

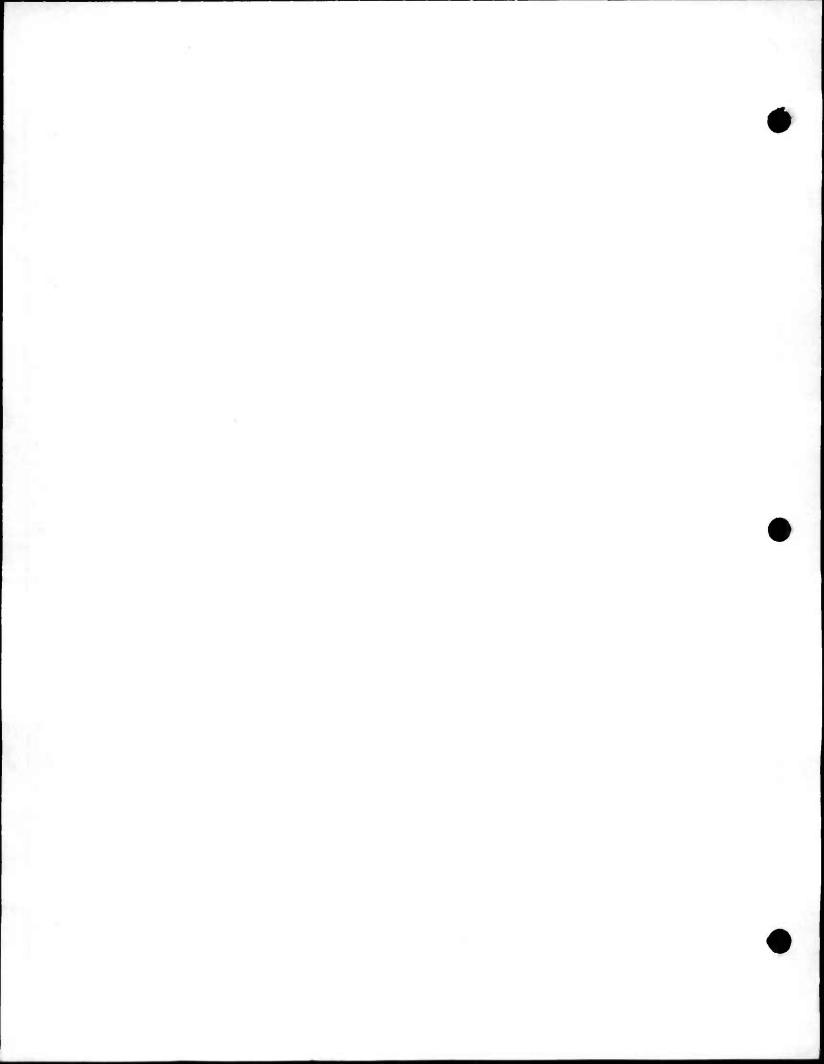
	1 - FOR STATE OF MARYLAND A		MENT OF		MENTAL HYGIEN REG. NO.		01988				
	1. DECEOENT'S NAME (First, Middle, Last)	2 (1)	5		2. DATE OF DEATH	Y YEAT	3. TIME OF DEATH				
	AMUEL S. COP. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In	(ast birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH	6. BII	ATHPLACE (State or Foreign				
	318-32.4417 128M2□F 83	Q YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-22 -0	MARYLAND (Month, Day, Year) 2-23-09 MARYLAND					
~	9e. FACILITY NAME (If not institution, give street end number)			OR LOCATION OF DE	ATH COST	9c. COUNTY O	- N				
DIRECTOR	KESWICK NURSING HOME		Un	LTIMOR	2 6/17	DHL	TIMORE CITY				
E	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA				10d. INSIDE CITY				
	MARYLAND		BAI	TIMORE			1 YES 2 NO				
AL	10e. STREET AND NUMBER		10	f. ZIP CODE	0		F WHAT COUNTRY?				
FUNERAL	200 CROSS KEYS RD., APT. 61			2121		US					
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. & FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	If yes, s	CENDENT OF HISPAN secify Cuben, Mexice 3 2 NO Specify		В	ACE — American Indian, leck, White, etc. pecify: WHITE				
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed) ((ECEDENT'S U	SUAL OCCUPAT	ON net of working	18b. KINO OF BU	SINESS/INDUSTR	Y				
	Elementery/Secondary (0-12) College (1-4 or 5 +)		rk done during m retired.)		D111	NOME OF CO	/DDUCC				
COMPLETED	4	SELE	EMPLO			ARMACIST	LA DROGS				
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Maiden A MOLOKOI						
H	MAX RABINOWITZ				, All -						
2	190. INFORMANT'S NAME (Type/Print) MRS. DEANE ROBBINS				Poute Number, City or Tow PT • 61 BI		E, MD 21210				
	20e. METHOO OF DISPOSITION 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
22. NAME AND ADDRESS OF FACILITY & BROS., INC.											
	May Sommer	S			TOWN RD.	BALTO.	, MD 21215				
	23. PART I. Enter the diesess, or complications that caused the	leeth. Do no	ot enter the m	ode of dying, suc	h es cerdiec or resp	iratory erreat,	Approximete				
	ahock, or heart fellure. List only one ceuse on each line. Interval Between Oneet end Death Oneet end Death										
	disease or condition resulting in deeth)	rem	nor s	1215	ease		years				
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										
¥	cause. Enter UNDERLYING										
Ē	CAUSE (Disease or Injury that initiated evente OUE TO (OR AS A CONSI	EQUENCE OF)):		,						
ᇤ	reaulting in death) LAST										
	PART II. Other eignificant conditions contributing to death but not	reaulting in	the underlyi	ng cause given in	Part I. 24a, WAS AF	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
CAL	Viral ENTERITIS		•		PERFO	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MED					1 □ YES	2 100	OF DEATH? 1 YES 2 NO				
Σ.					—		1 120 1 100				
IAN	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF OEATH (Ch	eck only one)						
SIC	EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpet lent		OTHER: Nursing Ho	me 5 🗆 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 26c. II	JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	0				
ВУ	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO							
ED	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, st	treet, factory, of	ce	281. LOCATION (Street City or Town, State		irel Route Number,				
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurre	d at the time, da	te end place, and due	to the cause(e) end me	enner ee stated.					
OME	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/o						use(e) end menner ee atated.				
	29b. SIGNATURE AND TALE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. OATE SIG	NEO (Month, Day, Year)				
) BE	Toeslew (Ilm)	110		D 273	34	19	NN 91				
5	30. NAME AND APPRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type,	Print)	0 / \	IOH SNA	LR.	. 15				
3	31. DATE FILED (Month, Day, 1637)	7	TO	0 10 9	10 718	1/20	11				
	NOV 22 1991 Julia Davidson-M	andell				212	- 11				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF H	IEALTH AND	MENTAL HYGI				
	1. DECEDENT'S NAME (First, Middle, Last) HELEN	ROSE	NBE	PG.		2. DATE OF DEATH		YEAR 3.	TIME OF DE	ATH M
	212.03-9336	8. AGE (In yrs.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year FEB. 11				Foreign
TOR	9a. FACILITY NAME (If not institution, give street PIKESVILLE NURSING				RESVILLI		9c. COUNT	COUNTY OF DEATH BALTIMORE		
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		10c. CITY	10c. CITY, TOWN OR LOCATION BALTIMORE				10d, INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 5715 PARK HEIGHTS	AVE.		101. ZIP CODE 21215				1 Y YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA		
ВУ	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	, NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spell yes, specify Cuban, Maxican, Puarto Rican, 1 VES 2 NO Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete comp	(Give kind of w life, Do NOT use	ECEDENT'S USUAL OCCUPATION She kind of work done during most of working DOMESTIC DOMESTIC			BUSINESS/INDU	STRY	WIII	•	
BE CON	17. FATHER'S NAME (First, Middle, Last) LOUIS ROSENBERG			en Sumame) E SHA	FFER					
TO B	198. INFORMANT'S NAME (Type/Print) MRS. EVA ROSENBERG		196. MAILING 116 W.	ADDRESS (Street a	PARKWAY,	Route Number, City or APT • 103	Town, State, Zip C 2 BALT		212	210
	20e. METHOD OF DISPOSITION W Burlel 2 Cremation 3 Ramoval 4 Denation 5 Other (Specify)	HAR	crematory or oth			DATE 20c.	LOCATION — CI	DALE		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	tillman		SOL	LEVINSON		INC.		2121	5
	29. PART I. Enter the diseases or complications that ceused the deeth. Do not enter the mode of dying, such se cerdisc or reepiratory srrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. SPORE									
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERT	resulting in deeth) LAST									
PHYSICIAN: MEDICAL	PART II. Other significant conditions co	ntributing to deeth but no	t reculting in	the underlying	PER	I. 24a. WAS AN AUTOPSY PERFORMED? 24		RE AUTOPSY NLABLE PRIDI MPLETIDN OF DEATH?	R TO CAUSE	
SICIA		DSPITAL:		OTHER/	ACE OF DEATH (Ch	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJI		28d. DESCRIBE HO	W INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, st			281. LOCATION (Stre City or Town, Str	et and Number or Ite)	Rural Route	Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN:	To the best of my knowledge, the bests of examination and/o	death occurred	d at the time, data , in my opinion, de	and place, and due	to the cause(s) and s	nanner as stated	Cause(a) any	f manner as	mining
BE	290-BIOMATURE AND TITLE OF CERTIFIER	21			29c. LICENSE NUN				gth, Day, Year	
2	JU. NAME AND ADDRESS OF PERSON WHO COL	MPLETED CAUSE OF DEATH (IT	TEM 27) (Type, I	Print) PA	1130 W	1574	>1'	15	_	$\overline{}$
	31. DATE FILED (1001), Pag 22 1991	32. REGISTRAN'S SIGNATURE	Pandale	<u>V 1.778</u>	N	Jan	e- [4	-00		



	Pos	Che		65
	age age	det		5
	2	e		ĕ
	ned	Short		Hed
	reta	5 Sh		To the
ì	8	age		96
	May	J.		Ist
	e 6	recto		Ē
	E	al di		ner
	eath.	uner		am.
	er de	he f	7	ex
	affi	5	BMO	Ilca
-	DOUR	E. P	0,0	med
Į	24.1	fille	OU.	he
	thin	stely	mati	1,1
	D W	mple	Cre	ve
	cute	80	urial	2
	exe	an I	to b	ma
	e pe	iciar	noc	T P
	ficat	É	ne p	Je.
	certi	gui	ygie	ŧ
	ath	tten	프	0
•	e de	he a	Мел	=
	at th	P	pur	틀
	s the	ned	=	all
	Juire	Sig	Hea	SMO
	/ rec	peer	. of	Sh
	e law	has	Dec O	23
	Ē	ate	tate	tem
	JAN	rtific	he S	5
	NSI(SCe	it i	5
	E.	5	*	嵩
	DIN	Afte	deal	E
	TEN	9	Her	80
	3 AT	REGI	S	E
	WITHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	PITA	ERA	72	
në.	HOS	FUN	with	M
1	¥	世	Bed	8
ľ	9	P	pe p	휣

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

SIFFRERS CHARLOTTE 213347404 ISO83504 27/07/21 WEINER 3 891 SIFFRENTS DVOICE STA

	1 - STATE REGISTRAR	STATE OF M	IARYLAND / Ce	DEPAR	TMEN'	OF H	DEAT	AND N	REG. NO.	BEI	3	1990
	1. DECEDENT'S NAME (First, Middle, Last)	EDURNA							2. DATE OF DEATH NOV. 20	Y 1	95971	3. TIME OF OEATH
	CHARLOTTE L. ST 4. SOCIAL SECURITY NUMBER	EPHENS 5. SEX	6. AGE (In yrs. lest	historia	IF UNDER	I VEAR	IF UNDER	24.1000	7. DATE OF BIRTH			11:05 P M
	213-34-7604	1 M 2 TF	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	. 1.	Country	
	9a. FACILITY NAME (If not institution, give :	street and number)	11		9b. CITY	, TOWN O	R LOCATIO	ON OF DE	MAY 10,191	9c. COUNT		YLAND
OR	GOOD SAMARITAN HO			В	ALTI	MORE						
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		10c CIT	Y, TOWN (tod. INSIDE CITY
DIRECTOR	MARYLAND				LTIM							LIMITS?
	10e. STREET AND NUMBER		DA	DITTI		ZIP COOE	:		10g. CITIZE	N OF W	HAT COUNTRY?	
FUNERAL	1147 SCOTT STREET				21230						U.S	S . A .
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEOENT EVER IN U.S., FORCES? 1 YES 2 FORCES? IF YES, GIVE WAR OR DATES			RMEO 13 WAS DECEMBENT OF HISPANIC ORIGINS (Specific					C ORIGIN? (Specify Yea , Puarto Rican, atc.)			
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DEC	EDENT'S	USUAL O	CCUPATIO	N st of workin	0	16b. KIND OF BUS	INESS/INOUS	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me.	Do NOT us	se retired.)	ouring mod	n or workin	v				
N N	8TH GRADE 17. FATNER'S NAME (First, Middle, Last)		HOI	MEMAI								
		LOUIS HUNDERTMARK							IE (First, Middle, Maiden :	Surname)		
BE C				MAILING	ADDRESS	(Street ar			CKER Outle Number, City or Town	State. Zip C	ode)	
٩	19a. INFORMANT'S NAME (Types/Print) HOWARD B. STEPHENS 1147 SCOTT STREET, BALTIMORE, MARYLAND 21230										21230	
	20s. METNOO OF DISPOSITION 1 To Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place) LAKE VIEW MEMORIAL PARK 11/25 SYKESVILLE.											
	21. BIGNATURE OF FUMERAL SERVICE LA	region .	1	LLIN	1 22	NAME AN	O ADDRES	S OF FAC			البليل.	
	Mein &	mitt	\supset						VENUE, BAL		7. M	D. 21229
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory srrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
	PART II. Other eignificent condition	s contributing to	death but not re	sulting i	n the un	derlying	ceuse g	Iven in P	art I. 24a, WAS AN A	WTOPSY	24b.	WERE AUTOPSY FINOINGS
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL								PERFOR			AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3 [1004	OTHER	1:			k only one)			
Ŧ	27. MANNER OF DEATH-	28a. DATE OF I	NJURY	28b. TIM	E OF	28c. INJU	IRY AT		Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCU	RED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	r, Year)	INJ	M	WOR						
	3 Suicide 8 Could not be determined	28s. PLACE OF building, s	INJURY — At horr tc. (Specify)	78, farm, s	treat, facto	ory, office			28f. LOCATION (Street ar City or Town, State)	d Number or	Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CIAN: To the best of mR: On the basis of axi	ny knowledge, desi	th occurre	d at the ti	me, date a	and place,	and due to	o the cause(a) and mann	er as stated.	euse(s)	and manner as stated.
TO BE (29b ADDITUTE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WIN	IHYU	, M. E	7,	PG	Y	29c. LICE	NSE NUMB	PER	29d. DATE SIGNED (Month, Day, Year) ► 11 - 20 - 91		
	THE RESERVE OF PERSON WAY	O COMPLETED CAUSE	. OF DEATH (ITEM	∡r) (lype,	rrint)							
	NOV 2 2 1991	32 REGISTRAR	's signature	tall		_	<u></u>	-				

0
9
~
1.7
68760,
9
×
800
\circ
m
-
_*
0
٧.
n'
and the
ഗ
DS
RECOR
-
0
- 7.
0
111
-
_
-
-
-
-
>
ш.
Ö
0
-
Z
0
U
S
-
>
-
0

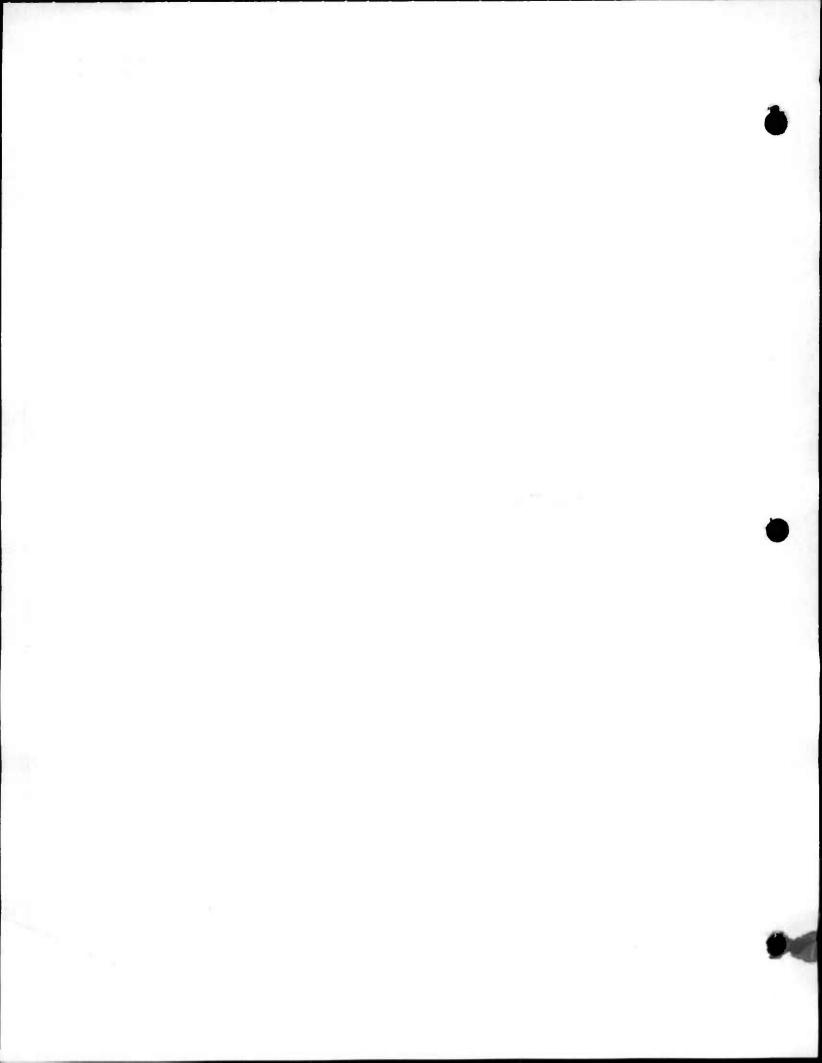
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Lest) MINERVA A.	STEYERT	0		DEATH	2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	11-20-91		2:15 A. M
	212-62-8173 9e. FACILITY NAME (If not institution, give str	1 - M 2 1 96		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-24-18		BIRTNPLACE (State or Foreign Country) a.
οc	Meridian Cromwell				OR LOCATION OF DI	EATN	9c. COUNTY	OF DEATN
DIRECTOR	RESIDENCE OF DECEDENT			Towso	n		Balti	more
35	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			tod. INSIDE CITY
	Maryland Howar	'd	E11	icott Ci				1 TYES 2 X NO
FUNERAL	3728 MacAlpine Rd				1. ZIP CODE 1043		U.S.A	N OF WHAT COUNTRY?
5		12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No- 14	BACE - American Indian
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecify Cuban, Maxica 2 X NO Specifi	n, Puarlo Rican, etc.)		Black, Whita, atc. Specify:
								White
	15. DECEOENT'S EDUCA (Specify only highest grade of	ATION ompleted)	(Give kind of	USUAL OCCUPATION Work done during me	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) 8 Yrs.	College (1-4 or 5+)	life. Do NOT u	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
8	17. FATNER'S NAME (First, Middle, Last)		Homemal	ker				
	David Hieter					ME (First, Middle, Maiden		
8	19a. INFORMANT'S NAME (Type/Print)		19h MAILING	ADDDESS (Ctmet	Rebecc	Augstan	d	
2	Harry D. Stevert							
	20g, METHOD OF DISPOSITION	20b.	PLACE AND DATE	OF DISPOSITION (No	me of	Ellicott C		0.21043
	t X Burlal 2 ☐ Cremation 3 ☐ Ramov 4 ☐ Donatton 6 ☐ Other (Specify)	ral from State	etery, cremetory or o	ther place)	11-22-	_ !	to. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			D AOORESS OF FA		W., M.	
	Roy H. Cather	40. 7		Leonard	.1 Duck I	no E20E Unw	Fored Dd	D-34- MI 04044
	23. PART i. Entar the diseases, or co	mpiicationa that caused	the death Do r	of enter the mo	de of dulan avei	nc.,5505 nar	oru ku.	,Balto.,Md. 21214
	shock, or haart failure. Li iMMEDIATE CAUSE (Final disease or condition	st only one cause on as	ich iina.					Interval Between
	resulting in death) a.	DUE TO (OR AS A	sclen	ticlor	mary a	itery Dis	ease	
_		DOL TO (OH AS A	CONSEQUENCE OF	r):	8	1		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):				
8	cause. Enter UNDERLYING CAUSE (Disease or injury							
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):				
H	resulting in death) LAST							
	PART ii. Other aignificant conditions	contributing to death bu	rt not resulting i	n the underlying	Cause given in	Part i. 24s. WAS AN	ALFTONOV	
PHYSICIAN: MEDICAL		man of			dadse givan in	PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
입	Cor a ser	- P Day	Linene	0		t YES 2	□ NO	COMPLETION OF CAUSE OF CEATH?
2	Sheri	M William	1002 30	cery	<u> </u>	-]		1 TES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	ork only one)		
SI		HOSPITAL:	tlant 3 DOA	OTHER:				
₹	27. MANNER OF DEATH	28a, DATE OF INJURY	26b. TiMi	E OF 28c. INJ	● 5 □ Realdenca URY AT	28d. DESCRIBE NOW II	LIURY OCCUR	FD
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	LINI		RK? ES 2 NO			
	3 Suicide 6 Could not be	28a. PLACE OF INJURY building, atc. (Special	At home, farm, a	treal, factory, office		261. LOCATION (Street a	nd Number or F	Rural Route Number,
	4 Nomicide determined	benuing, atc. (Special	Y)			City or Town, Stete)		140
COMPLETED	29a. CERTIFIER (Check only	AN: To the beat of my knowla	dga, daath occurre	d at the time date	and place, and due	to the sever(e) and man		
No.	one) 2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation	n, in my opinion, d	eath occured at the	Nme, date and place, and	d due to the ca	suse(a) and menner sa stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM			
BE	Moriay C.K.	malendia	MA		1) 21			GNED (Month, Day, Year)
2	30. NAME AND ACCRESS OF PERSON WHO	COMPLETED CAUSE OF DEA		Print)	1) 0(1	U deal	(1-21-71
	Marion C. Kowalew				Ralto	Md 21224		
	NOV 2 1991	A. HEGISTHAMSISIGNA	Fand DO	or a na.	, Darco.	, mu. 21234		
	MAA 5 1931	Hamphan Mala						1



. ?

BALTIMORE, MARYLAND 21215-0020	2 - rouns after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	
BALT	rs after death.	n by the funera	on or removal
	NO:	filled is	On or

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

The state of the s	
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriaf, cremation, or removal.
e funeral director, page 5 should be detached for use as the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, name 5 should be distributed for use as the
r death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospital or attending

STA	TE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH		DEC NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT OF I	HEALTH AND	MENTAL HYGIE		
	1. PSCEDENT'S NAME (First, Middle, Lest)	GRACE THER				2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER		rs. leaf birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	20 19	BIRTHPLACE (State or Foreign
	218-28-3971 9e. FACILITY NAME (If not institution, give s	1 - M 2 - 60		MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-7-193	1	MARYLAND
DIRECTOR	MERCY HOSPITAL RESIDENCE OF DECEDENT	reat and number)			IMORE C		9c. COUNTY	OF DEATH
EC	10e. STATE 10b. COUNTY	,	10c, CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY
	MARYLAND 10s. STREET AND NUMBER				IMORE CI	ITY		LIMITS?
FUNERAL	1729 GOUGH STREET				2122			U.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATE	S. ARMED	If yes, sp	DENDENT OF HISP/ Hecify Cuben, Maxie NO Spec	ANIC ORIGIN? (Specify Yean, Puarto Ricen, alc.)		RACE — American Indien, Black, White, atc. Specify: WHITE
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION 18	a. DECEDENT'S	USUAL OCCUPATE	ON as a working	16b. KIND OF B	USINESS/INDUST	
COMPLETED	Elementary/Secondary (0-12) 1 2TH GRADE	College (1-4 or 5+) N/A	life. Do NOT us	MAKER	of working		HOME	
8	17, FATHER'S NAME (FIRST, Mickelle, Last)	1,77	HOME	PROCE	18. MOTHER'S N	AME (First, Middle, Maide		
BE C	VINCENT SERGI				1	EAH DECRES	SANT	
0	19s. INFORMANT'S NAME (Type:Print)		19b. MAILING	ADDRESS (Street	and Number or Rura	Route Number, City or To	wn, State, Zip Cod	ie)
-	ROBERT STELLA					BALTIMORE		
	1 ♥ Burisi 2 □ Cremation 3 □ Ramo 4 □ Donation 5 □ Other (Specify)	well from State 20b. PL cemeter SAC	ACE AND DATE OF ACE AND DATE OF ACE AND LINE OF ACE AND LINE OF ACE AND LINE OF ACE AND DATE O	of disposition (Na ther place)	ESUS CEA	DATE 20c. L	OCATION — City	or Town, Slets RE, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	V. Fish	/	DUDA-R	ND ADDRESS OF F UCK FUNE	RAL HOME		ALK INC.
	23. PART I. Enter the diseeses, or c	omplications that caused th List only one cause on each	e deeth. Do r	not enter the mo	de of dying, au	ch as cardiec or res	piratory arrest,	Approximate
	IMMEDIATE CAUSE (Final	DUE TO (OR AS A CO		tive (ardion	ryopathy	<u> </u>	Interval Batween Onset and Death
ATION	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CO						
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	INSEQUENCE OF	ገ :				
LCE	PART ii. Other eignificent condition							
PHYSICIAN: MEDICAL	PART II. Other significant conditions Hypertensia Diabetes M		not resulting i	n the underlying	g ceuse given in		PRMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
ž						_	_	1 TYES 2 TNO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	heck only one)		
YSI	1 YES 2 NO	1 Pinpatient 2 ER/Outpatie	nt 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residenca	8 Other (Specify)		
ву Рн	27. MANNER OF DEATH 1 Yending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b, TIMI INJ	URY WO	URY AT RK? (ES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, a	treet, factory, offic		287. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)	CIAN: To the best of my knowledg	a, daeth occurre	d at the time, date	end place, and du	e to the cause(s) and mo	enner as stated.	
S	2 MEDICAL EXAMINER	R: On the basis of examination an	d/or investigation	n, in my opinion, d	eath occured at the	time, date and place, a	nd dus to the car	use(a) and manner ea stated.
BE	296. SIGNATAIRE AND TITLE OF CERTIFIER	/	-		29c. LICENSE NU			NED (Month, Oey, Year)
10	30. NAME AND ADDRESS OF PERSON WHO Aida Coffey N	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)	1.1.4	2 ; /	.04	and
1	Aida Coffey N 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	Mery la	nd Hust	Ital 1	paltimore	maryl	and
	NOV 2 2 1991	Julia Davidson To	andell					

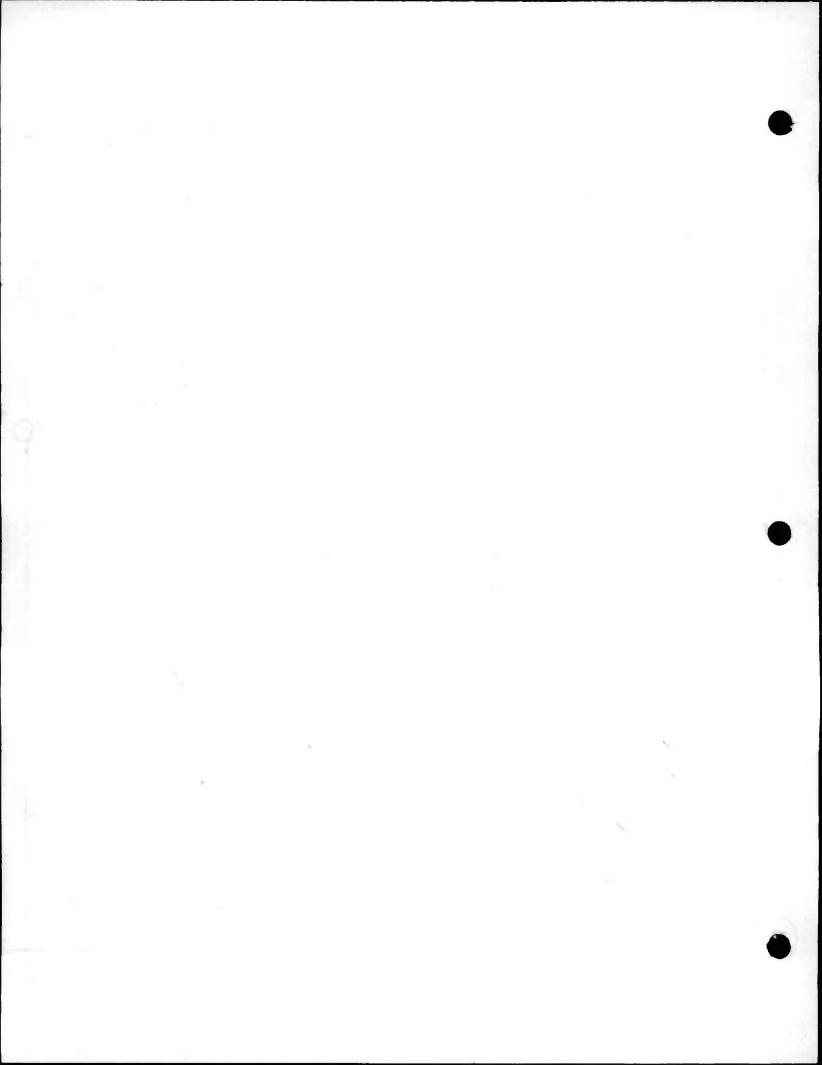
Y. - 1.

ó	
3140	
ב ב ב	
.0.7	
J.	
RECOMDS,	
ZEC.	
VITAL	
SION OF	
SIO	

OR ATTENDING PHYSCIAN. The law requires that the death certificate be executed within convince after death. Page 6 may be retained by the hospital or attending physician.	The function American be an incompleted by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	If them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING	TO THE PUNERAL DIRECTOR After	be filed within 72 hours after death	IMPORTANT: If Item 28 is ma	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR					NTAL HYGIE			
	1. DECEDENT'S NªME (First, Middle, Last)							DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
3.6	BLANCHE E. S				-			11 20	3	91	5:30 P. M
			(In yrs. last birthday) YRS.	MONTHS 1	DAYS	HOURS M		(Month, Day, Year)	021	Countr	PLACE (State or Foreign TIMORE
	9e. FACILITY NAME (if not institution, give stre) Tha.	9h CITY	TOWN O	R LOCATION C		CT.16, 1		DAL INTY OF D	
E	2625 GEORGETOWN R					MORE	JI DEAN		0.000		
6	RESIDENCE OF DECEDENT										
DIRECTOR	MARYLAND 10b. COUNTY		10c. Cl	BAL.							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10a. STREET AND NUMBER			DAL.	_	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
E.B.	2625 GEORGETOWN R	ROAD					230			U.S.	Α.
FUNERAL	1	12. WAS DECEDENT EVER I FORCES? 1 YES	IN U.S. ARMED					ORIGIN? (Specify) Puerto Rican, etc.)	fea or No-	14. RACI	E — American Indian, k, White, etc.
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D					Specify:	derio ricali, etc.)		Spec	
	15. DECEDENT'S EDUCA	ATION	16a. DECEDENT	S USUAL OC	CUPATIO	N		16b. KIND OF E	USINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	work done d	uring mos	it of working		100 M/2/8/0			
린	9TH GRADE		HOME	MAKER							
ğ	17. FATHER'S NAME (First, Middle, Last)							(First, Middle, Meid			
BE	JOHN H. BENGES							E E. BE			
2	190. INFORMANT'S NAME (Type/Print) SHEILA BENGES							te Number, City or T			21220
	200. METHOD OF DISPOSITION	20	b. PLACE OF DISPO					BALTIMOR	LOCATION -		21230 own, State
	1 N Buriel 2 Cremation 3 Remon	val from State	EADOWRID	GE ME	MOR	IAL PA	RK		LKRID		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE >		22. !	NAME AN	D ADDRESS	OF FACIL	AL HOME	TNC		
	- Christopp	H. Miles)							E, M	D. 21229
	23. PART I. Entar the diseases, or co			not enter	the mo	de of dying.	, such e	es cerdiec or res	spiratory a	rrest,	Approximate
	shock, or heart failure. L IMMEDIATE CAUSE (Final	ist only one cause on t	eech line.								Interval Between Onset end Death
	disease or condition resulting in death)	<u> </u>	physe	ma		ser	es				
		DUE TO (ON AS	**CONSEGVENCE	OF):		ser	00				
S S	Sequentially list conditions, if eny, leading to immediate	DUE TO (OR AS		OF):		Ma	Co				
CAT	cause. Entar UNDERLYING CAUSE (Disease or injury										
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):							
CERTIFICATION	d	J									
CAL	PART II. Other algorificant conditions	contributing to death	but not resulting	in the un	derlyin	g ceuse give	en in Pa	PERF	AN AUTOPSY	r 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								_ 1 □ YES	2 NO		COMPLETION OF CAUSE OF DEATH?
ME								_			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				00 00	ACC OF DEAT	TH 405				
PHYSICIAN: MEDI	EXAMINER?	HOSPITAL:	tostleet 3 DOA	OTHER	₹:	ACE OF DEAT		Other (Specify)			
HX	27. MANNER OF DEATH	26a. DATE OF INJURY	7 26b. T	ME OF	28c. INJ	URY AT		ed. DESCRIBE HO	W INJURY O	CCURED	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		NJURY M		YES 2 N	10				
	3 Suicide 6 Could not be	28e. PLACE OF INJUF building, etc. (Sp		, street, fact	ory, offic	•	2	City or Town, St		er or Rural	Route Number,
ETE	4 Homicide determined										
COMPLETED	cont only	CIAN: To the best of my kno									
S		R: On the basie of examinati	ion and/or investige	tion, in my c	opinion, o						
BE	296. SIGNATURE AND TITLE OF CERTIFIER	11.000	mo			29c. LICENS	L G	& 7_	29d. D/	ATE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Ty	pe, Print)	_	20	01			11/2	- 1 11
	JOSEPH H	Miller	no 9	00 (Car	ton a	ive	Bu	hime	21	0/91 229 Mg
	31. DATE NOV 2 2 1991	32. REGISTRAR'S SIG	n-pandale								





1 - FOR STATE REGISTRAR

	24
50,	withIn
687	executed
\simeq	20
<u> </u>	ficate
O.	Cert
ري ص	death
ŏ	the
OR	that
REC	requires
1	WE
1	Ĕ
FV	SICIAN
0	¥
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
5	80
	IAI

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1 MONTH 20 20 DAY 91 Schilling Frank C. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Mogth, Day, 1994) - 37 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 215-34-7084 HOURS 1 X 2 - F 54 Md YRS. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Ctr DIRECTOR Baltimore Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Baltimore Dundalk 1 - YES 2 NO permit. 10f. ZIP CODE 21222 FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 1917 August Ave USA been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or. of Health and Mental Hygiene prior to burial, cremation, or removal. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 TO NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexicen, Puerio Ricen, etc.)
 \(\subseteq \text{YE} \)
 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried Specify: White ВҰ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondery (0-12) 12th College (1-4 or 5 +) Continental Can 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Grouling Anthony C. Schilling Margaret notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Shirley J. Schilling 1917 August Ave Baltimore, Md 21222 å 20e. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE examiner must of cemetary, crematory or other place)
Oak Lawn Cemetery 11/2 Balt., Md 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. CAN MAN TO THE TOWN OF Dundalk olt 7110 Sollers Pt. Rd., Balt, Md 21223 onnel traumatic event, the medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete shock, or heart feliure. Liet only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finei **Onset and Death** 24 disease or condition resulting in death) Un Known arccaona DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): on CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Sone CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, or PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL YES 2 NO OF DEATH? 1 TES NO PHYSICIAN: Dept. 23 certificate has the the country of the State Dept 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item 2 OTHER: 1 TES 2 NO HOSPITAL:

1 inpatient 2 ER/Outpatient 3 DOA 4 🗆 Nur ng Home 6 🗆 Residence 6 🗀 Other (Specify) 6 L DIRECTOR: After this cert hours after death with the litem 28 is marked, o 27. MANNER OF DEATH 280. DATE OF INJURY 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 2st. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 8 29e. CERTIFIER

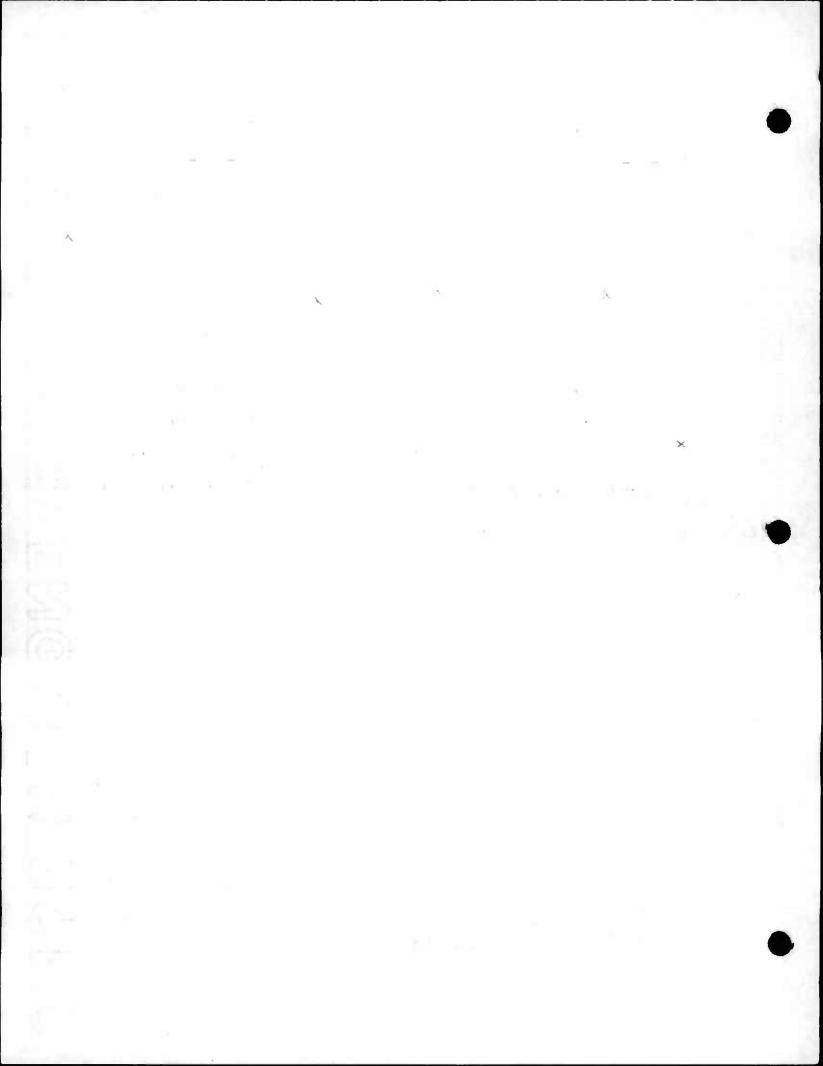
Chart and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) B argust ay. O. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 95 Aquahar7 Glen Burace Gorbat Rd Mayer 31. DATE FILED (Month, Day, Year) NOV 2 2 1991 cha Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

31994

DHMH-16 Rev 1/89





DHMH-16 Rev 1/89

2	E	10	9
BALLIN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within princurs after death. Par	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Miled in by the funeral of be filed within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines
Ď	after	by the	Ical
_	OULS	d in	med
	E	Alle lon.	3
	thin	etely emat	nt, 1
0	M Da	ompl II, cr	eve
2	cecute	and c	atic
<	be en	ian a	mne
2	ate	hysic pric	1
	artific	ng p	othe
?	th C	endi Hy	6
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	he dea	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely Alfed in by the 1 be filed within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal,	njury,
2	hat t	and	my i
Ş	res ti	ignec	50
ŭ	requi	of H	how
	AMP.	as be	23 8
4	: The	tate D	tem
>	CIAN	ertific the S	-
2	HYSI	his c	ked,
Z	NG P	fter t	mar
5	ENDI	R: A	99
2	ATT	Saft	28
5	S.	DIR	Herr
	TA	A B	=
	40SP	UNE	ANT
	프	HE F	OFT
	TO T	TO T	IMP

E HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within remounts after death. Page 6 may be retained by the hospital or attending physician.	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Aifed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 d within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the medical examiner must be notified at once.
6 тау ре	ector, page	must be
ath. Page	uneral dire	aminer
rs after de	removal.	dical ex
nou L	filled in	the me
d within	mpletely I, cremat	event. 1
e execute	an and co	umatic
rificate be execute	g physician and co lene prior to burla	ther traumatic
death certificate be execute	attending physician and co ental Hygiene prior to burial	iry, or other traumatic
that the death certificate be execute	ed by the attending physician and co	any injury, or other traumatic
requires that the death certificate be execute	seen signed by the attending physician and co. of Health and Mental Hyglene prior to burial	shows any injury, or other traumatic
The law requires that the death certificate be execute	ate has been signed by the attending physician and co tate Dept, of Health and Mental Hygiene prior to burtal	lem 23 shows any injury, or other traumatic
YSICIAN; The law requires that the death certificate be execute	s certificate has been signed by the attending physician and co ith the State Dept, of Health and Mental Hygiene prior to burla	or item 23 shows any injury, or other traumatic
DING PHYSICIAN; The law requires that the death certificate be execute	After this certificate has been signed by the attending physician and co death with the State Dept, of Health and Mental Hygiene prior to burta	s marked, or item 23 shows any injury, or other traumatic
R ATTENDING PHYSICIAN: The law requires that the death certificate be execute	RECTOR: After this certificate has been signed by the attending physician and co urs after death with the State Dept, of Health and Mental Hyglene prior to burta	m 28 is marked, or item 23 shows any injury, or other traumatic
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely Alled in by the funeral director, page 5 should be detache s within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	T if item 28 is marked, or item 23 shows any injury, or other traumatic

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Midgle, Last) 2. DATE OF DEATN 3. TIME OF DEATN Robert S. Syllivan YEAR 91 3:50 11 20 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign YRS. 21234 0037 5/29/39 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Universtiy Hospital Baltimore RESIDENCE OF DECEDENT Md. 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3819 Byfield Avenue 21207 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puarto Rican, atc.)

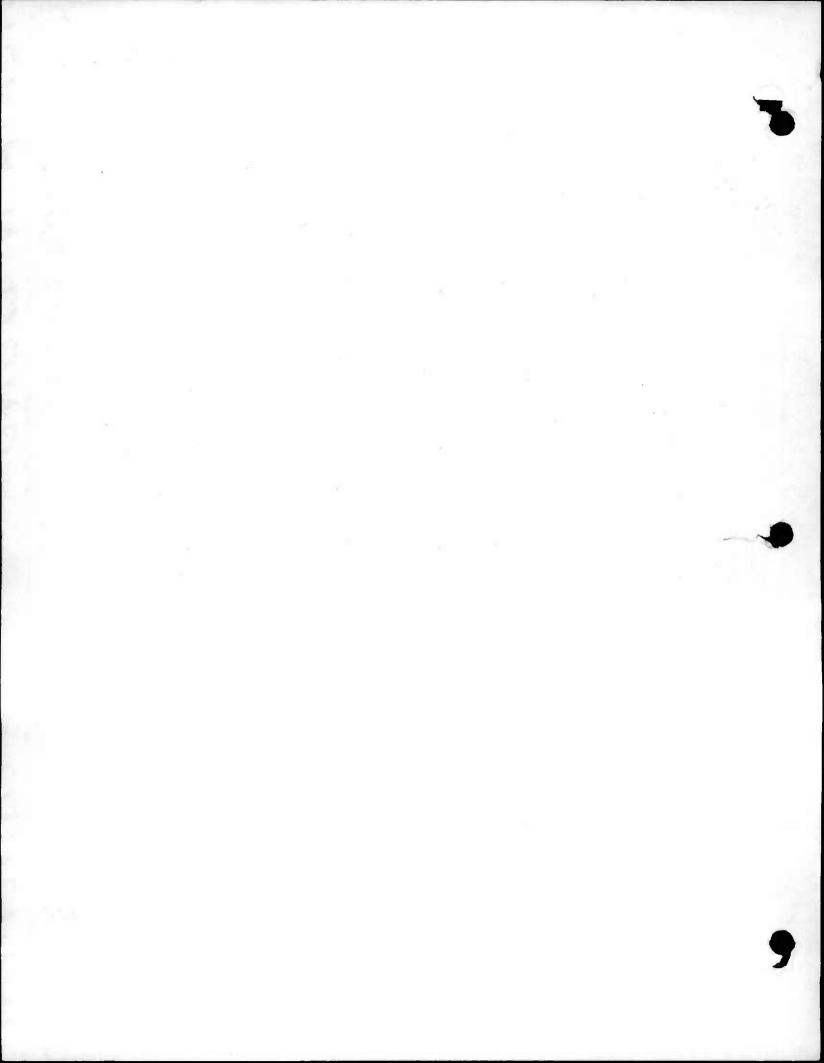
1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Merried Spooth Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Bldg. Construction 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Surname) Julius Sullivan Elizabeth Stewart BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles Sullivan 3819 Byfield Avenue Balto., Md. 21207 20a. METNOD OF DISPOSITION

Lack Burlel 2 Cremation 3 Removal from State
4 Donation 5 Differ (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stata WoodTawn 1/25 Balto, Md. James A. Morton & Sons 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Umes 1701 Laurens St. Balto., Md. 21217 23. PARY). Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiac or respiratory arrest, Approximata shock, or haert fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) & reck Cancer Head 2/90-11/91 DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO cance COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** 1 YES 2 NO OTHER: 1 | Inpetiant 2 | ER/Outpetient 3 | DOA 4 🗌 Nurs ng Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY 27. MANNER OF DEATN 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 5 Pending м 1 YES 2 NO BY Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my kno 29a, CERTIFIER viedge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bi igstion, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER CEURCE arrowal 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Hematolom 0 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH TEM 27 (Typo, Print) Univ Marylail) Canles CLUTEN 22 So GREDE ST BATTIMINE MD 21201

32. REGISTRAR'S SPENATURE

una cherton-Randoll





MARY

3. TIME OF DEATH 7:30PM

		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH
		Anns PH	11:00	:m?					- 1	MONTH
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t hirthriau)	IF UNDER	1 VCAD	IE LIMPEI	R 24 HRS.	7. DATE OF BIRTH
		215 05 8301 B	1 M 2 K F	0.5	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)
should		9e. FACILITY NAME (If not institution, give:		82						PARCHA
3 sho	œ	() - O - O - O	Control on a number)	PI		96, CITY	, TOWN C	R LOCATI	ION OF DE	ATH
.2	2	RESIDENCE OF DECEDENT	ERRID	GIARKI	NAY	IA	RKV	14	S	
8	DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	, TOWN C	B LOCAT	ION		
Pages	E I	Maryland Bai	20 - 00			0	101/	110	11	
permit.		10e. STREET AND NUMBER	111.06			1 51	168	Mr	Wh	
	FUNERAL	110-11 11-01	V. 0				101	ZIP COD	E	
an. trans	N	4904 LUNTO	10	AO				21	33 F	>
-AND 21215-0020 the hospital or attending physician. detached for use as the burial-trans-	FU	11. MARITAL STATUS 1 Never Married 2 Married		T EVER IN U.S. AR		13.	WAS OEC	ENOENT (OF HISPANI	C ORIGIN? (Specify 'Puerto Rican, etc.)
o o o o	ВУ	3 Widowed 4 Divorced	IF YES, GIVE V				YES	2 NO	Specify:	Poerto Hicari, etc.)
21215-0020 If or attending physic for use as the burial	ED		1							
use use	ETE	15. DECEDENT'S EDU (Specify only highest grade		(Gi	CEDENT'S	rork done	CCUPATIO	N st of worki	ng	166. KIND OF E
ital o	<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT us	e retired.)			-	_
AND he hospit detached once.	물)	LIBI	546	IA	7		200
AN the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)	0					18. MOT	HER'S NAM	E (First, Middle, Malde
1 8 8 E	ш	VIVIAN	12HIT	Lips						
MARYLAND retained by the hospit 5 should be detached notified at once.	8	19e. INFORMANT'S NAME (Type/Print).		191	. MAILING	ADDRESS	(Street a	nd Numbe	r or Rumi B	oute Number, City or To
63	임	FAMILY REC	0800	i i	~	000	. (2.6	00.	. P
BALTIMORE, er death. Page 6 may be the funeral director, page val.		20e. METHOD OF DISPOSITION	01/02	20b. PLACE	NDDATEO	FII 1-	2 1	10	LIP	1// 5
FOR e 6 ma ector, p		1 ₹ Buriel 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State	cemetery, crei	matory or oth	her plece)	TION (Na	ne of	pro.	DATE 20c.
Page I direc		31 BIGNATURE OF PUNERAL SERVICE LIC	TENCEE	1000	OTU	200	77	15/3	RY	191 3
ALTIN death. Pag e funeral di f. examiner	- 1		A			22.			SS OF FAC	
		Levels to	rouns, /			2	325	Va	ak C	T- OOG
B hours after td in by the or removal		23. PART I. Enter the diseases, or a		t caused the de	ath. Do no	ot enter	the mod	te of du	ing such	se cardiac or rea
d in or re	J	anock, or neart rangre.	Liat only one cat	ae on aach line		or onner	1110	ac or uy	A aucr	aa cardiac or rea
y filled the m		IMMEDIATE CAUSE (Final disease or condition		0		+		1		1
within 24 pletely fille cremation.	1	resulting in death)	a	Con	ass	tiY	e	17	Pal	1 10
D 2 2 2	l		DUE TO	OFFIRE A CONSEC	DUMPE OF	ř.	0	11		1
O. BOX 6870 ertificate be executed ing physician and con givene prior to buriat, other traumatic ex	Z	Sequentially list conditions,	b	STro	Ke		ola	1 a	ma	neu
BOX cate be ex thysician a prior to pr traum	CATION	If any, leading to immediate	DUE TO	OR AS A COMSEC	UÉNCE OF	1)	4.	100	1	
BOX ficate be ophysician the prior to	2	CAUSE (Disease or injury	с.	Dia	bee \$	20	M	ell	ilu) .
.O. BC certificate ding physic fygiene pri	RTIF	that initiated events	DUE TO	OR AS A CONSEC	HUENCE OF	1		1	7	
· 0 0 7 L	CERI	reaulting in death) LAST					1 -	1		à sease
	77		d.	(DO A)	raru	1	+ca		1.00	
S, deat deat tenta tenta		DART II ON A LEWIS AND AND AND AND AND AND AND AND AND AND	d.	Coror	rary		tca	14	- 4	
RDS, P.O. I t the death certifica by the attending ph nd Mental Hygiene Injury, or other		PART ii. Other significant condition	a contributing to	death but not re	sulting in	the un	derlying	cause (lven in P	
ORDS, s that the deat ned by the att th and Menta any injury,		PART II. Other significant condition	a contributing to	death but not re	esulting in	the un	derlying	cause (lven in P	PERF
CORE signed by Health and ws any in		PART II. Other significant condition	a contributing to	death but not re	esulting in	the un	derlying	cause	given in P	
RECORE requires that the signed by the signed by the signed by the signed by the signed by the signer and the s	MEDICAL	PART II. Other significant condition	d.	death but not re	esulting in	the un	derlying	cause (given in P	PERF
AL RECORE Jaw requires that the mass been signed by 1 Dept. of Health and 23 shows any in	MEDICAL		d.	death but not re	esulting in	the un				PERFO
TAL RECORE The law requires that the tell has been signed by the best of Health and tem 23 shows any in	MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PL/		given in P	PERFO
TAL RECORE The law requires that the tell has been signed by the best of Health and tem 23 shows any in	MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO				OTHER	26. PL/	ACE OF D	EATH (Chec	PERFO
TAL RECORE The law requires that the tell has been signed by the best of Health and tem 23 shows any in		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ▼ NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpetient 3		OTHER	26. PL/	ACE OF DI	EATH (Checostdence 6	PERFC 1 TYES
OF VITAL RECORE HYSICIAN: The law requires that it his certificate has been signed by with the State Dept, of Health and ked, or Item 23 shows any in	PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL: 1 Inpatient 2 28a. DATE OF	ER/Outpetient 3	□ DOA 28b, TIME	OTHER	26. PL/	ACE OF DI	EATH (Checostdence 6	PERFO 1 YES k only one) Other (Specify)
OF VITAL RECORE HYSICIAN: The law requires that it his certificate has been signed by with the State Dept, of Health and ked, or Item 23 shows any in	BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpetient 2 26a. DATE OF (Month, D.) 26a. PLACE O	ER/Outpetient 3 INJURY By, Year) FINJURY — At hor	DOA 28b. TIME	OTHER WE Nurs OF IRY	26. PL/i: ing Home 28c. INJU WOF 1 YI	ACE OF DI	EATH (Checked Seldence 6	PERF(1 YES 1 YES Nonly one) Other (Specify) 286. DESCRIBE HOW
OF VITAL RECORE HYSICIAN: The law requires that it his certificate has been signed by with the State Dept, of Health and ked, or Item 23 shows any in	TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO 27. MANNER OF DEATH 1 ☑ Netural 5 □ Pending Investigation	HOSPITAL: 1 Inpetient 2 26a. DATE OF (Month, D.) 26a. PLACE O	ER/Outpetient 3 INJURY sy, Year)	DOA 28b. TIME	OTHER WE Nurs OF IRY	26. PL/i: ing Home 28c. INJU WOF 1 YI	ACE OF DI	EATH (Checked Seldence 6	R only one) Other (Specify) Other DESCRIBE HOW
OF VITAL RECORE HYSICIAN: The law requires that it his certificate has been signed by with the State Dept, of Health and ked, or Item 23 shows any in	TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpetient 2 26s. DATE OF (Month, D.) 26s. PLACE Of building,	ER/Outpetient 3 INJURY At horsels, (Specify)	DOA 28b. TIME INJU	OTHER	26. PLJ: ling Home 28c. INJU WOF 1 YI	ACE OF DI 5 Re BRY AT NK? 2 C	EATH (Checked Reldence 6	PERFO 1 YES 1 YES Other (Specify) 26d. DESCRIBE HOW 28t. LOCATION (Street City or Town, State
DIVISION OF VITAL RECORD OR ATTENDING PHYSICIAN: The law requires that th DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or item 23 shows any in	TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 26s. DATE OF (Month, D.) 26s. PLACE Of building,	ER/Outpetient 3 INJURY INJURY — At horetc. (Specify) my knowledge, dea	DOA 28b. TIME INJU	OTHER Nurse Provide August 1 and the the	26. PLJ: Ing Home 28c. INJU WOF 1 YO	S Representation of the second place, and pl	EATH (Checked And Checked And	PERFO 1 YES 1 YES Other (Specify) 281. LOCATION (Street City or Town, Stell the cause(e) end m
DIVISION OF VITAL RECORD OR ATTENDING PHYSICIAN: The law requires that th DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or item 23 shows any in	TED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only) 25. WAS CASE REFERRED TO MEDICAL EXAMINER: 1 Could not be determined	HOSPITAL: 1 Inpatient 2 26s. DATE OF (Month, D.) 26s. PLACE Of building,	ER/Outpetient 3 INJURY INJURY — At horetc. (Specify) my knowledge, dea	DOA 28b. TIME INJU	OTHER Nurse Provide August 1 and the the	26. PLJ: Ing Home 28c. INJU WOF 1 YO	S Representation of the second place, and pl	EATH (Checked And Checked And	PERFO 1 YES 1 YES Other (Specify) 281. LOCATION (Street City or Town, Stell the cause(e) end m
DIVISION OF VITAL RECORD OR ATTENDING PHYSICIAN: The law requires that th DIRECTOR: After this certificate has been signed by hours after death with the State Dept. of Health and Item 28 is marked, or item 23 shows any in	E COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 26s. DATE OF (Month, D. 26s. PLACE Of building, CIAN: To the best of R: On the basis of ex	ER/Outpetient 3 INJURY sy, 'bear' F INJURY — At hore etc. (Specify) my knowledge, des samination end/or in	DOA 28b. TIME INJU	OTHER Nurse Provide August 1 and the the	26. PLJ: Ing Home 28c. INJU WOF 1 YOR The york, office	ACE OF DI 5 Re REY AT KK? ES 2 and place, eth occur 29c. LICE	EATH (Checked and Checked and	R only one) Other (Specify) Red. DESCRIBE HOW Red. DESCRIBE HOW Red. DESCRIBE HOW Other (Specify) The cause(e) end m me, date and plece, of ERI
DIVISION OF VITAL RECORD TAL OR ATTENDING PHYSICIAN: The law requires that the VAL DIRECTOR: After this certificate has been signed by 72 hours after death with the State Dept. of Health and If Item 28 is marked, or Item 23 shows any in	COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 26s. DATE OF (Month, D. 26s. PLACE Of building, CIAN: To the best of R: On the basis of ex	ER/Outpetient 3 INJURY INJURY — At horetc. (Specify) my knowledge, dea	DOA 28b. TIME INJU	OTHER Nurse Provide August 1 and the the	26. PLJ: Ing Home 28c. INJU WOF 1 YOR The york, office	ACE OF DI 5 Re REY AT KK? ES 2 and place, eth occur 29c. LICE	EATH (Checkerstein) NO NO end due to the ti	R only one) Other (Specify) Red. DESCRIBE HOW Red. DESCRIBE HOW Red. DESCRIBE HOW Other (Specify) The cause(e) end m me, date and plece, of ERI

30 NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

23/8454Santas

7991

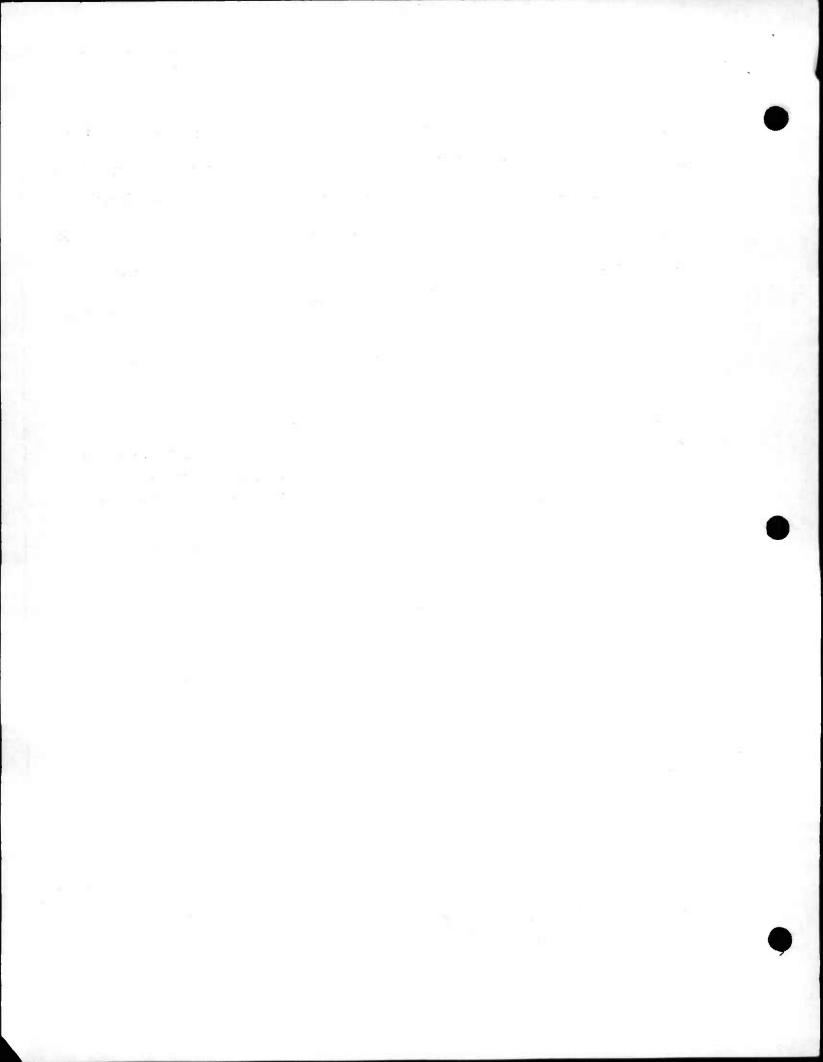
NOV 2 2

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

9c. COUNTY OF DEATH BALTI mores 10d. INSIDE CITY LIMITS? 1 YES 2 18 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. F BUSINESS/INDUSTRY alden Surname) or Town, State, Zip Code) c. LOCATION — City or Town, State CHIMES monivo reapiratory arreat, Approximate Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE AS AN AUTOPSY RFORMED? ES 274 NO DF DEATH? 1 _ YE\$ 2 _ NO OW INJURY OCCURED treet and Number or Rural Route Number, State) occured at the time, date and piece, end due to the ceuse(e) end menner ee atated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) OHMH-16 Flev 1/89



	- 15
	- 7
	- 3
\sim	- 75
ထ	-
_	₹
-	è
2	- 1
~~	- 2
യ	2
_	5
\sim	- 9
\sim	
	- 2
\mathbf{u}	_
-	- 5
ш	ē
	- 5
	45
~	- 7
u	- 12
Ξ.	ě
•	
ш.	- 4
	7
65	- 6
10	- 4
47	
\sim	- 9
-	- ‡
000	- 1
ш.	- 5
_	4
€ 3	•
_	
(1	- 6
	5
111	- 12
-	- 5
2	- 5
-	- 6
	2
_1	ě
_	-
o	- 4
	-,4
_	-
-	
=	- 2
>	~
	-
0 .	~
lide -	ei
_	- 5
U	- 5
_	ನ
	-
_	
Z	65
Ž	2
N	SINIC
N O	DINIC
0	NOME
NOIS	SMONE
SION	TENDING
ISION	TENDME
VISION	ATTENDING
VISION	ATTENDING.
IVISION	DINJUNIAL BU
NOISINI	DISTANDING
DIVISION	DISTANCE OF ATTENDRING
DIVISION	AL DRIATTENDING
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL DRIVING
DIVISION	SITAL DR ATTENDING
DIVISION	SOLTAL DR ATTENDING
DIVISION	INCOITAL DR ATTENDING DUVELDIAM. The law sequipments the death conditions to executed distributed

IN THE HOSPITAL OF ALTENDING PHYSICIAN! THE ISM requires that the death certificate be executed within 24 flours after death. Pag TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dis be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner.

								9	1	319	97
	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT OF I	HEALTH AN	ND MENT	AL HYGIEN			
	1 DECEDENT'S NAME (First Middle Loot)										. TIME OF DEATH
1		ALVIN	SOLOMON					5v. 20,	199	1 YEAR	4:30 A
1	4. SOCIAL SECURITY NUMBER	5. SEX	or risk (iii)/o. rast shirtday)			IF UNDER 24 H	HRS. 7, DAT	E OF BIRTH			ACE (State or Foreign
İ	212-16-6145	1 🗙 M 2 🗆 F	67	YRS.	MONTHS DAYS	HOURS M	HN. (Mo	2/9/23		Country)	RYLAND
1	9e. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN	OR LOCATION (-, -,	9c. COU	INTY OF DEA	
8	2412 VELVET VALLEY WAY OWINGS MILLS BALTIMORE										
DIRECTOR	RESIDENCE OF DECEDENT										
<u>E</u>	106. CITY, TOWN OR LOCATION 10d. INSIDE CITY										Dd. INSIDE CITY
	MARYLAND B 100. STREET AND NUMBER	ALTIMORE			OWINGS	MILLS				1	X YES 2 NO
FUNERAL					10	f. ZIP CODE			10g. CIT	IZEN OF WH	AT COUNTRY?
N.	2412 VELVET VAL					211				USA	
	1 Never Merried 2 Merried	12. WAS DECEDENT FORCES? 1	TEVER IN U.S. ARN YES 2 NO AR OR DATES	MED O	13. WAS DEC	CENDENT OF H	ISPANIC ORIG	IN? (Specify Yea	or No-	14. RACE Black, V	- American Indian, White, etc.
₽	3 Widowed 4 Divorced	WWII	AR OR DATES				Specify:			Specify:	WHITE
8	15, DECEDENT'S EDU	CATION	16a, DEC	EDENT'S	USUAL OCCUPATION	ON	16	b. KIND OF BUS	NESS/INI	DIJETRY	
THE I	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		ne kind of v Do NOT us	vork done during mo e retired.)	ost of working			JIVE 337 II 41	5031H1	
AP.		5+	´	ATT	ORNEY			AT L	AW		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (First,	Middle, Maiden	Surneme)		
ш	BALL	SOLOMON	1					BROZE			
TO B	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street	and Number or R	Rural Route Nur	mber, City or Town	n, Stete, Zip	Code)	
F	DAVID R. SOLOMO	N			AMLET DR			LLS, M		1117	
	20e. METHOD OF DISPOSITION Suriel 2 Cremetion 3 Rem	oval from State	20b. PLACE AI	NDDATEC	F DISPOSITION (No	ime of	DA	TE 20c. LO	CATION -	City or Town	, State
	W Buriel 2 Cremetion 3 Removal from State A Donation 5 Other (Specify) BETH TFILOH DATE										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.										
	Toex	170	eugs					IN RD.		10,. M	ID 21215
	23. PART i. Entartha diaaases, Dr o	omplications that	caused the dea	th. Do n	Ot anter tha mo	da of dying,	auch as ca	rdiac or reapi	ratory an	reat.	Approximate
	interval Batween										
	disease or condition and dath of the course of the control of the control of the condition of the control of th										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	disease or condition a. a. accuse Coronary Ischemia with Suspected and Daith Due to (OR AS A CONSCOURAGE OF): Sequentially list conditions D. Possible fulmonary Embolis										
ERTIFICATION	If any, leading to immediate										
2	CAUSE (Disease or injury					wynt	Vasc	uth			
	that initiated eventa resulting in death) LAST		OR AS A CONSECU		us der						
CEF		71			- acci	001)					
	PART II. Other significant condition	a contributing to	death but not ra	sulting i	n tha underlying	cauaa giver	n in Part i.	24e. WAS AN	AUTOPSY	24b. WE	FRE AUTOPSY FINDINGS
20	PERFORMED? MAILABLE PROPERTY COMPETED PERFORMED?										
MEI	Longten Steroid Use 1 yes 2 NO OF DEATH?										
ä	Sever Pepre	sch								1	_ 1ES 2 _ NO
CIA	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?				26. PL	ACE OF DEATH	(Check only o	ne)			
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Resider	nce 8 🗆 Oth	er (Specify)		71	
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE OF I (Month, Day		28b. TIME	OF 28c. INJ	URY AT		SCRIBE HOW IN	JURY OCC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		,, ,,,,,,	11450		RK? 'ES 2 NO	,				
	3 Suicide 8 Could not be	28e. PLACE OF building, a	INJURY At hom	e, term, si	reet, fectory, office		281. LO	281. LOCATION (Street and Number or Rural Route Number,			
E	4 Homicide determined						City	or Town, State)			
3	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of n	ny knowledge, deet	h occurre	d at the time, date	end piece, end	due to the ce	use(e) and man	nor on stat	ed	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beele of exa	mination end/or im	vestigation	, in my opinion, d	eath occured at	the time, date	e end place, end	due to th	e ceuse(e) en	d menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	. 1				29c, LICENSE	NUMBER		204 DATE		onth, Day, Yeer)
BE O	Henry	Kulin				DZ	2367	9	> /		
D 2 3 6 7 9 1/- 20								*		1	11
_	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	20 Crossroads Dr S12 Owings Mills MD 21117								
	20 CrossRoad	S Dr S	-12 C	wi.	rgs M	115	Me	7 2	111	7	
	30. NAME AND ADDRESS OF PERSON WHO 20 CrossRoad 31. DATE FILED HOPPY (29, 19, or) 1991	ts Dr S	s signature	Iw,	gs M	115	Mi	7 2	111	7	

All the second of the second o

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF H	HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF	DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEA		AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		OVID	NMT DICI	2. DA	TE OF DEATH 11-18-	91 3. TI	ME OF DEATH
OUT D WAT			NMI TIGE	L	1 18	91 7	E (State or Foreign
2464-22-5708	15/M 2 🗆 F	C YRS. MO	NTHS DAYS HO	OURS MIN. (MC	1-22-25	Country)	
9s. FACILITY NAME (If not institution, give s WH-CC (06			ELKTO	OCATION OF DEATH		TY OF DEATH	9
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	,	Inc CITY TO	OWN OR LOCATION			104	INSIDE CITY
MD CE			ORTH	EAST			LIMITS? YES 2 NO
10e. STREET AND NUMBER		-		CODE	10g. CITIZ	EN OF WHAT	COUNTRY?
	R PLACE			1901		USA	-
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN FORCES? 1 WYES IF YES, GIVE WAR OR DAT	2 NO	If yes, specify	ENT OF HISPANIC ORIGINATION OF HISPANIC ORIGINAL PROPERTY:		Black, Whi	merican Indian, ita, etc.
15. DECEDENT'S EDU		16a. DECEDENT'S US	UAL OCCUPATION	1	6b. KIND OF BUSINESS/IND	USTRY	white
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of	working			
12					Electronic S	pecial	ist
17. FATHER'S NAME (First, Middle, Last)			16	MOTHER'S NAME (Firs	t, Middle, Maiden Surname)		
Monroe NM	I Tigert			Mable	Black	200	
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street and I	lumber or Rural Route N	umber, City or Town, State, Zip	Code)	
Betty Tiger	Wife	18 Wes	stover Pl	ace, Nort	h EAst, MD	21901	·2
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State of co	PLACE AND DATE OF emetary, crematory or	other place)		ATE 20c. LOCATION —	City or Town, 8	tats
21 SIGNATURE OF FUNERAL SERVICE U	Ronald Wa	de, Dir	22. NAME AND A	ADDRESS OF FACILITY	State Anato	my Boa	ard
Y SMIMOLE! // C	Maren -	1 1-19-91	655 W.	Baltimor	e St, Balto.	.MD 21	1201
IMMEDIATE CAUSE (Finsi	a. SUD DEN DUE TO (OR AS A DUE TO (OR AS A	CARD ACCONSEQUENCE OF):	DEATH		and the spiratory and		Approximate Interval Between Onset and Deeth
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	C. CAD DUE TO (OR AS A	CONSEQUENCE OF):					
	d. 74174	011				1	
PART II. Other algoliticent condition	na contributing to deeth bu	it not resulting in t	the underlying c	nuss given in Part I	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	CON	LABLE PRIOR TO
					,		DEATH? YES 2 NO
İ					,		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				E OF DEATH (Check only	one)		
1 YES 2 NO	HOSPITAL: Uninpetient 2 - ER/Outpa		THER:	8 - Residence 6 - O	ther (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WORK	AT 28d.	DESCRIBE HOW INJURY OCC	CURED	
1 Natural 5 Pending 2 Accident Investigation				2 🗌 NO			
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— Al home, farm, stre	et, factory, office		OCATION (Street and Number Olty or Town, State)	or Rural Route	Number,
(contour comp	ICIAN: To the best of my knowle						i manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE				C. LICENSE NUMBER		E SIGNED (Mor	
A Pr	\wedge		1) 3730 E	> 1	-10_	91
30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	rint)	2000		18	
Thomas Finus	A. H.D. E	Mauld		e, North	East, M	d. 21	901

6881 77107

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit pe	noval.	1.28 is marked, or item 23 shows any injury, or other traumatic event, the medical avainings must be notified at once
HOURS	d in be	or rer	medi
24	1111	tion,	the
within	npletely	сгета	vent
ecuted	nd con	burial,	atic e
pe ex	cian a	01 10	3um
ficate	physic	ne pri	her tr
h certi	nding	Hygie	or ot
deat	e afte	Vental	UN.
at the	by th	and	IV Ini
res th	igned	ealth	rs an
requi	een s	0	Show
₩e	as p	Dept.	23
The	ate h	tate	tem
CIAN	ertific	the S	10
HXS	his o	with	ked.
NG P	fter t	eath	mar
9	3: A	o d	65
ATTE	B	afte	28
-	44	25.3	-

91-6850-510 Items:23 part I,27,28a,b,c,d,e,f per MEO G-682
FOR STATE 12/4/91 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 12/4/91 reb CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN Joseph Terry 11 21 1991 12:50 A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 2-5-54 213-60-6590 1 M 2 - F 37 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Union Memorial Hospital Baltimore 10e. STATE 10c. CITY, TOWN OR LOCATION MD BALTIMORE 1 X YES 2 - NO 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1903 E. 31ST STREET U.S.A. 21218 WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yae or No 14. RACE — American Indien, Black, White, atc. 1 Never Merried 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced BLACK 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5 +) 2yrs. UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SAM C. TERRY, 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LULA TERRY 1903 E. 31ST STREET/BALTIMORE, MD 21218 20a. METNOD OF DISPOSITION
1 XI Burlel 2 Cremation
4 Donation 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State BALTIMORE "CEMETERY Donation 5 Other (Specify) BALTIMORE, MD 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART LEnter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete shock, or heart failure. List only one ceuse on each line Intervel Between **IMMEDIATE CAUSE (Final** Onset end Deeth disease or condition_ resulting in deeth) Cocaine intoxication DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART il. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 X YES 2 NO OF DEATN? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 ☐ Inpetient 2X ER/Outpetient 3 ☐ DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 11/21/91 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO Unknown 2 Accident 3 Sulcide 28a. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Bural Route Number, City or Town, State) 1903 E. 31St. Street 8 X Could not be 4 Homicide detarmined 29e. CERTIFIER

(Check only

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(e) and manner ee stated.

2 🔀 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the ilme, date and piece, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 21 1991 O.C.M.E 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MD DOME 111 Penn Street, Baltimore Maryland 21201 22. REGISTRAR'S SIGNATURE This Day door - Randole DHMN-16 Rav 1/89

en ef de la filma

Fee

permit. Pages 1, 2, 3 should

PLETED BY FUNERAL DIRECTOR
TO BE CO

1'- STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Lest) ALVIN EDWARD TH	EAL.		2. DATE OF DEATH		AR	TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest		IF UNDER 1	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.		CE (State or Foreign
	078-14-3015 90. FACILITY NAME (If not institution, give	1 X M 2 🗆 F	76	YRS.				10 29	1915 N	EW Y	
DIRECTOR	505 OAKLEIGH AVE.					N BURNI		ATH	ANNE A		
REC	10e. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OR	LOCATION				100	I. INSIDE CITY LIMITS?
	MD ANNE 100. STREET AND NUMBER	ARUNDEL		GLE	N BUR						YES 2 X NO
FUNERAL	505 OAKLEIGH AVE.					21061	_		COUNTRY?		
N _D	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1 X	VER IN U.S. ARM	1ED	13. W	S DECENDENT	OF HISPAN	IC ORIGIN? (Specify Ye	U.S.	RACE -	American Indian,
ВУ	1 Never Merried 2 Nerried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	J	1	res, specify Cub	en, Mexicen Specify:	, Puerto Rican, atc.)		Black, Wi Specify:	
	15. DECEDENT'S EDU	I ARMY WWI	18e, DEC	EDENT'S	USUAL OCC	UPATION		16b. KIND OF BU	JSINESS/INDUST		HITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) NONE	100.00		vark done du le retired.) OPER	ring most of work ATOR	ing	PHILADE			Z CORP.
SOM	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	AE (First, Middle, Maider			
BE (HENRY THE	EAL				EMM			ARNDT		
2	190. INFORMANT'S NAME (Type/Print) MARY C. THEAL					Street and Number		oute Number, City or Tov EN BURNIE		1061	
ľ	20a_METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Rem	noval from State	20b. PLACEA	ND DATE	OF DISPOSIT	ION (Name of		DATE 20c. LC	OCATION — City	or Town,	State
	4 Donetion 5 Other (Specify)	CENSEE	MEADOW	RIDG	E MEN	ORIAL .	PARK	11-22 EL	KRIDGE	MD	21227
	SINGLETON FUNERAL HOME										D 21061
	23. PART i. Enfer the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, interval Retween interval Retween										
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	Metas	whi	C	anc	n					intarval Batween Onset and Death
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CAT	cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST										
CALC											RE AUTOPSY FINDINGS
	PERFORMED? A								CON	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
PHYSICIAN: MEDI		1 TES 2 NO OF DEATH? 1 YES 2 NO									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSEITAL MOSEITAL 26. PLACE OF DEATH (Check only one)										
YSI	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 Ef		□ DOA	OTHER:	g Home 5 (1)-fi	esidence (B Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day, 1		28b, TIM INJ	E OF 2 URY M	8c. INJURY AT WORK? 1 YES 2	□ NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
3 Suicide 4 Homicide 5 Could not be determined 200. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the										use(e) end	i menner es stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIE	YH	7			29c, LIC	256	54	29d. DATE SI	CINED (MOI	nth, Day, Year)
	30. NAME AND ADDRESS OF PEASON WE	un HW	OF DEATH (ITEM	27) (Type,	Print)	M	D	21	06/		
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S	SIGNATURE	n-Ran	della				- 0 1		
	11 4 17 19 1	- ()			- 40-						

				•	
					3,
					Del-
					1
					40.00
					5.
No. of the last of					